

# 2019

# ANNUAL ENROLLMENT

myAmeren Benefits Guide

Active Management, UGSOA Local 11,  
All Ameren Illinois Unions and  
Certain Former AER Co-Workers



# POWERING THE QUALITY OF LIFE

This Benefits Guide provides information about what is new and/or changing in 2019. It gives you the tools to evaluate your benefit choices during Annual Enrollment so you can **Maximize Your Benefits** to meet your and your family's unique needs.

Information presented in this 2019 Benefits Summary is not a guarantee of coverage or benefits under the Ameren Retiree Welfare Benefit Plan or the various benefit plans offered thereunder. Any claims for benefits will be processed according to the Plan document in force at the time of the event. In the event of a conflict between the legal Plan Documents, including contracts with insurance carriers, policies and certificates, which contain all of the details about the benefits provided, and this 2019 Benefit Summary, the legal Plan documents will control.



## ANNUAL ENROLLMENT: November 1 to November 15, 2018



### MAXIMIZE YOUR BENEFITS

This guide will help you understand what’s important when looking at the different plan options, so you can maximize your benefits regardless of which plan you choose. Inside, you’ll find details about benefits and changes for the 2019 plan year, such as the new Health Savings medical plan option. Like the existing Health Savings Plan, it allows you to deposit before-tax income in a Health Savings Account (HSA) that you can use for healthcare expenses. Ameren contributes to the account too, and the money in it is yours to use from year to year.

As an Ameren co-worker, you have valuable medical benefits that offer meaningful coverage at a reasonable cost. All plans use the same network through Anthem Blue Cross Blue Shield and recommended preventive care is free under all medical plans — no deductibles or copayments!

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# ANNUAL ENROLLMENT: November 1 to November 15, 2018

## Annual Enrollment Checklist

To enroll, go to [myAmeren.com](http://myAmeren.com) > **myAnnual Enrollment**.

- Evaluate and choose** your medical plan using the planning tools and resources listed on p. 23.
- Make** annual elections:
  - Confirm the family members you want to cover for each benefit plan.
  - Choose how much to contribute to your Health Savings Account (HSA) if you enroll in either Health Savings Plan A or B and are eligible for an HSA.
  - Elect an annual contribution amount if you want to participate in a Healthcare Flexible Spending Account (FSA), Dependent Care FSA or Limited Purpose FSA.
  - Enroll in or cancel MetLaw Legal Services.
- Confirm** your Working Spouse/Domestic Partner Contribution if you cover your spouse/domestic partner in one of Ameren's medical plans.
- Review** all your beneficiary designations and update them.
- Respond** promptly to dependent eligibility verification requests if you added new dependents.



**TIP**

**Special Note for Surviving Dependents, COBRA, Long-Term Disability, Leave of Absence Participants and Certain Former AER Co-workers**

Surviving dependents may be eligible for medical and prescription drug benefits.

COBRA participants are eligible for medical, prescription drug, dental, vision and Work-Life Employee Assistance Program (EAP) benefits.

Co-workers on long-term disability or an unpaid leave of absence are eligible for most active healthcare and life benefits, but not the Healthcare or Dependent Care FSA.

Certain Former AER Co-workers are eligible for most active healthcare and life benefits, but not the Healthcare or Dependent Care FSA.



# 2019 Benefit Package Changes

Here is a quick overview of changes to your 2019 benefits. Learning about your 2019 medical, dental and vision coverage options, will allow you to take action and maximize your benefits.

<p><b>MEDICAL</b></p>	<ul style="list-style-type: none"> <li>• You have a <b>new medical plan option</b>: Health Savings Plan B, which is similar to Health Savings Plan A but has a lower premium, higher deductible and out-of-pocket maximum and different co-insurance. See page 9 for a comparison of all four medical plans.</li> <li>• <b>Defined Plan Changes:</b> <ul style="list-style-type: none"> <li>– The deductible is \$300 per person and \$600 per family.</li> <li>– You are not required to meet your deductible for office visits to your primary care provider or specialist. However, if your physician orders tests or other services, you will be charged the deductible.</li> <li>– For visits to the emergency room, urgent care, outpatient and inpatient facilities, your visit will apply to your deductible first. Then you will pay the applicable copayment.</li> </ul> </li> </ul>
<p><b>PRESCRIPTION DRUG</b></p>	<ul style="list-style-type: none"> <li>• If you elect either the Standard or Defined medical plan, you will pay a copayment for covered prescriptions. The coinsurance plan for prescriptions is no longer available. See page 13 for new copayment amounts.</li> <li>• The Smart90 program is now also available for all AmerenIllinois Union co-workers. See page 14 for details.</li> </ul>
<p><b>COVERED DEPENDENTS</b></p>	<ul style="list-style-type: none"> <li>• For coverage starting January 1, 2019, you will be able to enroll eligible domestic partners, both same-sex and opposite-sex and their children under Ameren’s medical, dental, vision and life insurance benefits. See page 17 for eligibility.</li> </ul>
<p><b>WORKING SPOUSE/ DOMESTIC PARTNER CONTRIBUTION</b></p>	<ul style="list-style-type: none"> <li>• If you choose medical coverage for your spouse/domestic partner, you will pay a Working Spouse/Domestic Partner Contribution unless you verify your spouse/domestic partner does not have group medical coverage available through their employer. The amount is an additional \$100 per month.</li> </ul>
<p><b>FSA MAXIMUM</b></p>	<ul style="list-style-type: none"> <li>• The maximum contribution for the Healthcare FSA and Limited Purpose FSA is increased to \$2,650 for the 2019 plan year.</li> </ul>
<p><b>HEALTH SAVINGS ACCOUNT FEE</b></p>	<ul style="list-style-type: none"> <li>• The quarterly HSA account fee will be waived if the balance in your HSA account is greater than \$5,000.</li> </ul>





# Health Savings Account Overview

Co-workers can now choose between two HSA eligible medical plans.

Here are a few common questions about HSAs and HSA eligible medical plans to help you decide if one might be right for you.

## 1. What is an HSA?

An HSA allows you to save for medical expenses. You choose how much to contribute, the money is tax protected and the account rolls over from year to year.

## 2. Is Health Savings Plan A or B with an HSA a smart choice for me and my family?

It can be — the main advantages include the ability to:

- Grow your HSA each year to use for healthcare expenses — even into retirement.
- Contribute to your account pre-tax and invest funds without being taxed on earnings.
- Pay a lower monthly premium for medical coverage.

## 3. How do I learn more?

- See pages 10-11 of this guide for additional resources.
- Use the Health Plan Evaluator Tool online to compare medical plan options.





# Important Reminders



MAXIMIZE YOUR BENEFITS

## Don't Miss this Opportunity

Make sure to set aside time to evaluate your options so you can choose the plan that best meets your needs now and helps you save for the future.

If you miss the November 15 deadline, your next opportunity to enroll or make changes will be the fall of 2019, with benefit changes effective January 1, 2020. The only exception is if you have a qualified change in status (see list on page 22).



**LEARN MORE**

For more information on your Healthcare & Life benefits, including Summary Plan Descriptions, visit [myAmeren.com](https://myAmeren.com).

## Working Spouse/Domestic Partner Contribution ACTION IS REQUIRED

If you choose to cover your spouse/domestic partner and they are eligible for group medical coverage through their employer, there will be a \$100 Working Spouse/Domestic Partner Contribution per month, in addition to the monthly premiums to have them covered by Ameren's medical plan.

You must verify whether your spouse/domestic partner is working and is eligible for coverage through their employer during each Annual Enrollment period.

The additional contribution does not apply if your spouse/domestic partner does not work, works but does not have group coverage available through their employer, is retired, or is covered by Medicare. This provision only applies to medical coverage regardless of which plan you choose. The Working Spouse/Domestic Partner Contribution does not apply to dental and vision.





# Your Well-being

Ameren has well-being resources and support to improve the quality of life for you and your family, now and into retirement.

## Energize Your Life

Your pursuit of good health has many benefits, including:

- Improved quality of life with more energy
- The ability to work safely
- The ability to perform at your best
- Cost savings related to out-of-pocket healthcare costs

## No-Cost Tobacco Cessation Support

Time to quit tobacco? Support makes all the difference. As an Ameren co-worker, you and your spouse/domestic partner have the opportunity to use QuitNet — a free program to help quit using tobacco. Start today at **Quitnet.com/Ameren** or call **866.577.7173**. Co-workers who quit while using this program are eligible for a \$100 incentive!

## Free Onsite Biometric Screenings and Flu Shots

- Co-workers can take advantage of free onsite biometric screenings and flu shots at many work locations.
- Biometric Screenings are short, confidential tests that check for certain conditions by testing your cholesterol and glucose levels, and measuring blood pressure and body mass index (BMI).
- Flu shots are the best way to reduce your risk of getting and spreading the flu. If your worksite does not offer onsite screenings or flu shots, you can still get a free annual physical and flu shot through your primary care physician.



TIP

## Health and Well-being Discounts

Ready for a healthier you? Go to **myAmeren.com** to check out the various fitness center discounts you are eligible for as an Ameren co-worker.

Weight Watchers and Ameren have teamed up to offer discounted program options. Ameren covers 50% of the cost of a program for co-workers and spouses. Choose the program that is right for you:

- Weight Watchers Monthly Meeting in your community
- Weight Watchers Online
- Weight Watchers @ Work (onsite meetings)

Get started today! Go to **myAmeren.com** to learn more.



# Health Coverage



## MAXIMIZE YOUR BENEFITS

### Medical Plans

For 2019, there are four medical plans available — Health Savings Plan A, Health Savings Plan B, Standard Plan and Defined Plan. All plans are administered by Anthem Blue Cross Blue Shield and have the same national network of providers.

Choosing the right medical plan is an important medical and financial decision for you and your family. Consider what option is best for you now, as well as how to maximize your benefits in the future.

### How to Choose the Best Plan for You and Your Family

An online Health Plan Evaluator tool is available to help you determine which plan is right for you. Go to [myAmeren.com](http://myAmeren.com) > **Enroll Now** then click on the various tools in the **Annual Enrollment To-Do list**.



### Key Health Plan Terms

A **deductible** is the annual amount you pay for services before you and the plan share costs. If you choose either the Health Savings Plan A or B and cover yourself and another person, the family deductible must be met before coinsurance applies. In the Health Savings Plans, one person's medical expenses may meet the family deductible.

**Coinsurance** is your share of the allowed amount of a covered health service after you meet the deductible. For example, 20% coinsurance means you are responsible for 20% of a covered expense and the plan pays the other 80%.

**Out-of-pocket maximum** is the maximum amount, including deductibles, copayments and coinsurance you must pay annually before the plan pays 100% of covered expenses. Each covered family member only needs to satisfy his or her individual out-of-pocket maximum, not the entire family out-of-pocket maximum, before the plan will pay 100% of expenses.

### Preventive Care

Getting regular checkups and exams can help you stay well and catch problems early. All health plans offer preventive care services and immunizations — at no cost to you. Find a list of what is considered preventive care online at [myAmeren.com](http://myAmeren.com) > **Ameren Benefits Center > Library**.





### Medical Plan Comparison Chart

	HEALTH SAVINGS PLAN A	HEALTH SAVINGS PLAN B	STANDARD PLAN	DEFINED PLAN
<b>Annual Health Savings Account Employer Contribution</b>	\$650 if you only cover yourself \$1,300 if you cover you plus anyone else	\$650 if you only cover yourself \$1,300 if you cover you plus anyone else	N/A	N/A
<b>Deductible</b>	\$1,400 for single coverage or \$2,800 if you and any family members are covered	\$2,400 for single coverage or \$3,600 if you and any family members are covered	\$400 per person \$800 family maximum Out-of-network: \$600 per person / \$1,200 max	\$300 per person \$600 family maximum No out-of-network benefits
<b>Coinsurance</b> In-network / Out-of network	20% / 40% after deductible is met	30% / 50% after deductible is met	10% / 30% after deductible is met	0% (no cost to you) / No out-of-network benefits
<b>Preventive Care</b> In-network / Out-of network	0% (no cost to you) / 30%	0% (no cost to you) / 30%	0% (no cost to you) / 30%	0% (no cost to you) / No out-of-network benefits
<b>Office and Facility Visits</b>	Deductible met then coinsurance applies	Deductible met then coinsurance applies	Deductible met then coinsurance applies, except for emergency room Emergency Room: \$150 copayment	<b>Copayment –</b> <b>For in-network providers</b> \$25 Primary Care Physician \$40 Specialist <b>The following copays apply after the deductible is met:</b> \$40 Urgent Care \$150 Outpatient Facility \$150/day Inpatient Hospital (\$600 maximum) \$150 Emergency Room
<b>Lab/X-Ray/Other Covered Tests</b> In-network / Out-of-network	20% / 40% after deductible is met	30% / 50% after deductible is met	10% / 30% after deductible is met	0% (no cost to you) after deductible is met/No out-of-network benefits
<b>LiveHealth Online (Virtual Doctor Visit)</b> Deductible met then coinsurance applies	\$49 max per visit for medical	\$49 max per visit for medical	\$49 max per visit for medical	\$15 copayment
<b>Out-of-Pocket Maximum</b> In-network / Out-of-network	\$3,000 / \$5,000 per person \$6,000 / \$10,000 per family	\$4,000 / \$6,000 per person \$8,000 / \$12,000 per family	\$2,500 / \$5,000 per person \$5,000 / \$10,000 per family	\$2,500 per person / \$5,000 per family No out-of-network benefits

*This chart is intended to provide a comparison of the most commonly used services to help you understand how the plans pay for benefits. The specific plan document supersedes this summary. All plans use Anthem’s National PPO network of providers (BlueCard).*



### Monthly Payroll Deductions

	HEALTH SAVINGS PLAN A	HEALTH SAVINGS PLAN B	STANDARD PLAN	DEFINED PLAN
You Only	\$33.00	\$20.00	\$76.00	\$85.00
You + Spouse/Domestic Partner	\$118.00	\$71.00	\$243.00	\$284.00
You + Child	\$90.00	\$54.00	\$188.00	\$219.00
You + Family	\$175.00	\$105.00	\$355.00	\$418.00

**The Working Spouse/Domestic Partner Contribution of \$100 per month will be applied in addition to the monthly premium unless you certify each year that your spouse/ domestic partner does not have group coverage available through their employer.**

### HSA Advantages

Participating in a Health Savings Account (HSA) is a great way to start planning now for both current and future healthcare costs. If you choose the Health Savings Plan A or B with an HSA, an HSA will be opened at Fidelity, and Ameren will make contributions to the account that can be used to help meet your annual deductible or for other healthcare expenses.

ADVANTAGES	HOW YOU WIN
TRIPLE TAX-SAVING POWER	<ol style="list-style-type: none"> <li>1. HSA contributions are withheld from your paycheck before federal taxes are taken.</li> <li>2. Your HSA earns interest tax-free.</li> <li>3. Withdrawals from the account for qualified healthcare expenses are tax-free.</li> </ol>
INVESTMENT OPTIONS	When the account balance reaches \$500, you may invest in a broad range of funds for more tax-free earnings.
NO USE IT OR LOSE IT RULE	Unlike flexible spending accounts, HSAs roll over from year to year. Use it — or <b>save it!</b>
YOU OWN THE ACCOUNT	Your HSA and all the money in it are yours, even if you leave Ameren or retire. For 2019, Ameren will annually contribute \$650 to your HSA if you have <b>You Only</b> coverage or \$1,300 if you have <b>You + any family members</b> covered. Ameren deposits HSA contributions quarterly.
QUALIFIED EXPENSES	Qualified medical expenses are those expenses generally would qualify for the medical, dental and vision expenses. Visit <a href="https://www.irs.gov/pub/irs-pdf/p502.pdf">irs.gov/pub/irs-pdf/p502.pdf</a> to see all qualified and non-qualified expenses.



**TIP** Consult with your tax advisor for additional IRS rules and eligibility information.



## Next Steps If You Elect Health Savings Plan A or B With a Health Savings Account

- Verify your eligibility for a Health Savings Account. You must be:
  - Enrolled in one of the Health Savings Plans.
  - Not enrolled in Medicare, TRICARE or another medical plan that is not a High Deductible Health Plan.
  - Not claimed as a dependent on another person's tax return.

Note: The type of plan your spouse is enrolled in can impact your eligibility. Contact Fidelity at **877.7my.Ameren** (877.769.2637), option 1 or refer to IRS Publication 969.
- Determine your payroll contribution through **myAmeren.com > Ameren Benefits Center**. Your HSA contribution election does not carry over from one year to the next. You can change the amount you contribute to the account any time throughout the plan year. The 2019 annual contribution limit for HSA **You Only** coverage is \$3,500 and the annual contribution rate for HSA **You + any family members** is \$7,000. Keep in mind Ameren's employer contributions count toward this IRS maximum.
- Keep record of your expenses.
- Keep in mind that your account may be charged a nominal quarterly account fee until the account balance reaches \$5,000.
- Contact Fidelity to learn more about investment options for balances over \$500.

**Important Reminder:** Any dependents you cover on your medical plan must also be a qualified tax dependent for healthcare purposes in order to use HSA funds for them. Any funds you use from your HSA for ineligible expenses (including ineligible dependents) may be subject to a 20% tax penalty. Check with your tax advisor if you have any questions.



## LEARN MORE

Visit **Fidelity.com/HealthSavingsAccount** to watch a short video and tap into additional resources.

### VIRTUAL DOCTOR VISIT

LiveHealth Online  
(available for all  
medical plans)

lets you have a virtual office visit with a doctor 24 hours a day through your smartphone or computer with Internet access and a camera. Avoid the wait in the ER or the doctor's office and take care of minor physical or mental health issues with just a few clicks. To access LiveHealth Online, go to **livehealthonline.com**.





# Prescription Drug Coverage

 MAXIMIZE YOUR BENEFITS

You will automatically be enrolled in prescription drug coverage through Express Scripts if you enroll in a medical plan. The cost for prescription drug coverage is included in the cost of your medical plan.

Your cost for a prescription drug depends on which medical plan you choose and which category the medication falls into. If you are enrolled in the Standard or Defined Plan in 2018 with Coinsurance Prescription Drug coverage, be aware that the coinsurance option will no longer be available in 2019. Prescription drug coverage will still be included when you choose a medical plan but you will pay a copayment (flat amount) for prescription medication.

For 2019, there is a new copay tier for specialty medications. Express Scripts defines specialty medicine as higher-cost, oral or injectable medications, and you will be notified by Express Scripts or your pharmacist if one is prescribed for you or a family member. Accredo is the Express Scripts Specialty Pharmacy. Under the Standard and Defined Plan, the copayment for a 30-day supply of all specialty medications will be \$125.





### Prescription Coverage Comparison Chart

	HEALTH SAVINGS PLAN A	HEALTH SAVINGS PLAN B	STANDARD PLAN	DEFINED PLAN
<b>Generic Statin and Generic Contraceptives</b>	No Cost	No Cost	No Cost	No Cost
<b>Preventive Medications</b>	20% of discounted rate. This amount does not apply to your medical deductible.	30% of discounted rate. This amount does not apply to your medical deductible.	N/A	N/A
<b>Generic</b>	20% of discounted rate after you reach the medical deductible.	30% of discounted rate after you reach the medical deductible.	\$10	\$10
<b>Preferred Brand Name</b>	20% of discounted rate after you reach the medical deductible.	30% of discounted rate after you reach the medical deductible.	\$40	\$40
<b>Non-Preferred Brand Name</b>	20% of discounted rate after you reach the medical deductible.	30% of discounted rate after you reach the medical deductible.	\$60	\$60
<b>Specialty</b>	20% of discounted rate after you reach the medical deductible.	30% of discounted rate after you reach the medical deductible.	\$125	\$125
<b>Annual Out of Pocket Maximum</b>	Combined medical and prescription maximum (in network): \$3,000 per person; \$6,000 per family.	Combined medical and prescription maximum (in network): \$4,000 per person; \$8,000 per family.	\$4,000 per person/\$8,000 per family. Prescription out-of-pocket maximum is separate from medical out-of-pocket maximum.	\$4,000 per person/\$8,000 per family. Prescription out-of-pocket maximum is separate from medical out-of-pocket maximum.
<b>Home Delivery</b>	Save time and money by refilling 90-day prescriptions through Home Delivery.		Pay two copays for a 90-day supply.	

**TIP** Prescription Drug Costs

For a list of preventive medications, go to [myAmeren.com](http://myAmeren.com) > **Ameren Benefits Center > Library > Enrollment Resources.**

You can research medication costs, verify medication coverage, view detailed drug information and much more at [express-scripts.com](http://express-scripts.com).

If you are not currently enrolled in medical plan coverage or want to compare medication costs as you consider choosing a different medical plan, visit [express-scripts.com/Ameren](http://express-scripts.com/Ameren).





### Did you know that some medications are provided at no cost to you?

Generic cholesterol-lowering prescriptions and generic contraceptives can be filled to you at no cost, as well as prescription tobacco cessation and clinically approved weight loss prescriptions. Patches and gum for tobacco cessation are covered by QuitNet (see page 7).

#### Smart90 Program

Smart90 is a money-saving feature of your prescription benefit. It makes it easy for you to fill prescriptions for your maintenance medications (those drugs you take regularly for ongoing conditions). With Smart90, you fill a 90-day supply of your maintenance medications through Express Scripts Home Delivery or at a local Walgreens pharmacy at your normal copay/coinsurance level. If you do not take advantage of either option, you will pay the entire cost of your maintenance medication prescription.

With a three-month supply of your medicine on hand, you're less likely to miss a dose, which can keep you healthier. Also, you don't have to refill as often, which can save you time and money.

To find out if your medication is a maintenance medication, utilize the Express Scripts Annual Enrollment Tool at [express-scripts.com/ameren](https://www.express-scripts.com/ameren). Express Scripts will notify you if you refill a 30-day maintenance medication at your local pharmacy and will give you instructions to switch to a 90-day refill through Home Delivery or at Walgreens.

Smart90 is a new program for all AmerenIllinois Union Co-workers. If the program applies to a medication you are taking you will be notified directly by Express Scripts.



# Dental Coverage

**MAXIMIZE YOUR BENEFITS**

Dental coverage is provided through Delta Dental. After you pay the annual deductible, the dental plan pays for a portion of your covered expenses as shown in the Schedule of Benefits. To find a provider in the network, go to [deltadentalmo.com](http://deltadentalmo.com).

**2019 MONTHLY PAYROLL CONTRIBUTIONS FOR DENTAL COVERAGE**

YOU ONLY	YOU + SPOUSE/ DOMESTIC PARTNER	YOU + CHILDREN	YOU + FAMILY
\$7	\$18	\$22	\$33

**TIP****Protect Your Smile**

Make sure you are maximizing your benefits by taking advantage of the routine cleanings and exams available at no cost to you.

**DENTAL SCHEDULE OF BENEFITS**

PLAN FEATURES	IN-NETWORK (Delta Dental PPO)	IN-NETWORK (Delta Dental Premier)	OUT-OF-NETWORK (Non-Participating Dentists)
<b>Annual Deductible</b>			
Per individual per year	\$25	\$25	\$25
Per family per year	\$75	\$75	\$75
<b>Diagnostic and Preventive Services</b> Includes office visits, exams, cleanings and X-rays	100% (no deductible)	100% (no deductible)	90% (no deductible)
<b>Basic Restorative Services</b> Includes fillings, extractions, periodontics, endodontics, oral surgery, space maintainers and sealants	90% after deductible	80% after deductible	70% after deductible
<b>Major Restorative Services</b> Includes crowns, bridges, inlays, onlays and dentures	50% after deductible	50% after deductible	50% after deductible
<b>Orthodontic Treatment</b> 12-month waiting period applies; coverage under any Ameren dental plan applies toward waiting period	50%	50%	50%
<b>Maximum Annual Benefit</b>	\$3,000 per covered individual		
<b>Orthodontic Treatment Lifetime Maximum</b>	\$2,000 per covered individual		



# Vision Coverage



MAXIMIZE YOUR BENEFITS

Vision coverage is provided through Vision Service Plan (VSP). To find a VSP doctor, visit [vsp.com](http://vsp.com) or call **800.877.7195**.

## 2019 MONTHLY PAYROLL CONTRIBUTIONS FOR VISION COVERAGE

YOU ONLY	YOU + SPOUSE / DOMESTIC PARTNER	YOU + CHILDREN	YOU + FAMILY
\$3	\$6	\$7	\$10

## VISION SCHEDULE OF BENEFITS

PLAN FEATURES	VSP PROVIDER (You Pay)	NON-VSP PROVIDER (Out-of-Network)
<b>Annual Eye Exam</b> ( <i>once every plan year</i> )	\$10 copayment	You pay \$10. Plan pays up to \$50.
<b>Contact Lens Exam</b>	Plan pays up to \$60	Plan pays up to \$60.
<b>Lenses Each Plan Year</b> ( <i>cost provided per pair</i> )		
Single Vision	\$10 copayment	You pay \$10. Plan pays up to \$50.
Lined Bifocal	\$10 copayment	You pay \$10. Plan pays up to \$75.
Lined Trifocal	\$10 copayment	You pay \$10. Plan pays up to \$100.
Lined Lenticular	\$10 copayment	You pay \$10. Plan pays up to \$125.
<b>Frames</b> ( <i>once every plan year</i> )	Frame of your choice covered up to \$200 ( <i>if frame is a featured brand name, it will be covered up to \$220</i> )	Frame of your choice covered up to \$70.
<b>Contact Lenses</b> ( <i>once every plan year, you may receive benefits for eyeglasses or contact lenses, but not both</i> )		
Instead of glasses and if medically necessary	Plan pays 100%, after \$10 copayment.	You pay \$10. Plan pays up to \$210.
Instead of glasses, if elective	Plan pays 100% up to \$200.	Plan pays 100% up to \$150.
Laser Vision Correction Surgery	In addition to discounts available from VSP, there is a \$500 annual benefit for corrective surgical procedures.	\$500 annual benefit for corrective surgical procedures.





# Eligibility

You can enroll yourself and your eligible dependents for coverage. You must participate in the plan yourself to enroll your eligible dependents.

## Dependent Eligibility Verification

You will be asked to verify eligibility of any newly added dependents (spouse, domestic partner, new children, etc.) by providing documentation to verify eligibility.

## Dependents Who Are Also Ameren Co-Workers or Retirees

Enrollment of your dependents must comply with eligibility rules for your specific benefit plan.

If your spouse is eligible for their own coverage as an Ameren co-worker or retiree, they are not eligible for coverage under this plan as a dependent. Also, only one parent may cover eligible dependent children under Ameren Healthcare & Life benefits.

## Domestic Partner Eligibility

Beginning in 2019, same and opposite-sex domestic partners of Ameren co-workers will be eligible for healthcare benefits (medical, dental, vision and life insurance). Dependent children of domestic partners will also be eligible for coverage under the same guidelines as dependent children of spouses.

You will need to provide documentation about your partner to verify eligibility. Make sure you respond to document requests from the Ameren Benefits Center timely or coverage will be cancelled.

The Working Spouse/Domestic Partner Contribution of \$100 per month will apply to Domestic Partners. See page 6 for additional information about the Working Spouse/Domestic Partner Contribution.





# Flexible Spending Accounts (FSAs)



## Maximize Tax Savings

When you enroll in a FSA, you are not taxed on the money you elect for the year. This reduces your taxable income, because your contributions to an FSA are made through before-tax payroll deduction. Annual contribution limits are set by the IRS. You will be able to contribute up to the IRS maximum.

## Ameren Offers Healthcare and Dependent Care FSAs

You must re-enroll in each of the FSAs you would like to use for the upcoming year. FSA enrollments will not carry over from year to year.

## Use It or Lose It

Remember with all FSA accounts, you must use the entire amount you elect, during the 2019 plan year (January 1 – December 31, 2019). You have until March 31, 2020, to submit claims and substantiate expenses (if required). If you don't use all the money in your FSA during the 2019 plan year, you will forfeit any unused amounts. You can use the FSA calculators at [myAmeren.com](http://myAmeren.com) to plan how much to put into the account for 2019.

**HEALTHCARE FSA (HCFSA)** — For qualified healthcare expenses including medical, dental or vision for you and your covered dependents. The IRS maximum contribution for 2019 is \$2,650.

**LIMITED PURPOSE FSA (LPFSA)** — For qualified dental and vision expenses for you and your covered dependents. NOTE: This type of FSA is only open to those enrolled in Health Savings Plans A or B. The IRS maximum contribution for 2019 is \$2,650.

**DEPENDENT CARE FSA (DCFSA)** — For qualified dependent **day care** expenses for children under age 13 and older adults who are your tax dependents. The IRS maximum household contribution for 2019 is \$5,000.

## Eligible Expenses

Eligible expenses are determined by IRS rules. Some over-the-counter medications are eligible for reimbursement; visit [wageworks.com](http://wageworks.com) for a searchable list of eligible items.

## Expense Substantiation

WageWorks may request documentation to verify that an expense is valid under the IRS rules. This process is called substantiation. It is very important to respond to these requests because if you do not, the claims could be determined to be invalid and you will be required to pay back the reimbursements you received. Failure to respond to a substantiation request will result in your WageWorks debit card being deactivated until you respond, and may also have tax implications.

## The Convenience of a FSA

Choose the best reimbursement method for you.

MOBILE APP	WAGWORKS DEBIT CARD	SUBMIT ONLINE, MAIL OR FAX
The EZ Receipts mobile app lets you manage your account from anywhere.	Use your pre-funded WageWorks debit card and pay your provider directly (Healthcare FSA only).	Log on to <b>WageWorks</b> to file a claim for reimbursement online. You can also download a Pay Me Back claim form to fax or mail.

Refer to the Cafeteria Plan Summary Plan Description for more information about Healthcare FSA.



## Life Insurance

### Basic Coverage

Ameren provides a basic amount of Life Insurance and Accidental Death and Dismemberment (AD&D) coverage at no cost to you. Verify the amount of basic coverage you have at any time on [myAmeren.com](http://myAmeren.com) or by calling the Ameren Benefits Center.

### Supplemental Coverage

Help protect your loved ones by purchasing additional coverage. Annual Enrollment is a good time to evaluate how much supplemental life and AD&D coverage you have.

If evidence of insurability (EOI) is required when you enroll, you will have an opportunity during enrollment to provide the information online to Prudential Life Insurance Company. Prudential will contact you directly if additional information is needed.



**TOOL**

**Do You Have Enough Life Insurance?**

To help determine how much life insurance you need, log on to [myAmeren.com](http://myAmeren.com), click on **Enroll Now** and then access the various tools from the home page.



## Legal Services

You can gain easy access to more than 11,000 carefully selected, experienced network attorneys nationwide who can provide you with a wide range of legal services — all for \$18.90 per month, paid through payroll deduction. With the legal services benefit, provided through MetLaw, attorneys can provide you with telephone and office consultations for a number of matters including wills and estate planning, civil litigation defense, debt matters and purchase, sale or refinancing of your primary residence.

If you enroll this fall, you will be covered for services from January through December 2019. Once you enroll, your coverage will continue for subsequent one-year periods until you submit a cancellation request during a future Annual Enrollment period. For more information about MetLaw Legal Services, call **800.821.6400** or visit [myAmeren.com](http://myAmeren.com) and select the **myLife** link.



## Work-Life Employee Assistance Program (EAP)

The Work-Life EAP provided through Magellan also includes services that provide support and resources for daily life issues.

**WORK-LIFE SERVICES** — Professional consultations with work-life specialists who can assist with finding or providing childcare, pregnancy and adoption support, college planning, adult care, education and career development, as well as other services to support everyday life:

- Seminars and webinars on topics, such as achieving balance for working parents and improving your credit score
- Online library and resources
- Discount center offering on average 25% off retail prices for products and services

**LEGAL SERVICES** — One free consultation with an attorney on each new legal matter you may have, such as will preparation, estate planning, personal or family issues, real estate, civil disputes and more.

**FINANCIAL SERVICES** — Unlimited telephonic consultations with a financial counselor on issues such as budgeting, debt consolidation, consumer credit, buying or leasing your next car, retirement, saving for college, IRS matters and more.

Magellan Health Services also offers 24 hours a day, seven days a week access to specialists who can provide guidance, information and referrals to providers. Visit Magellan to take advantage of the many services available to you at [magellanhealth.com/member](http://magellanhealth.com/member) or call them at **800.289.1109**.

**COUNSELING SERVICES** — You have access to confidential counseling and referral services to help deal with big or small challenges. Program benefits are available at no cost to you because they are paid by Ameren. Take advantage of six free counseling sessions for things like anxiety, depression, parenting and more.





# Planning Now for Retirement

Ameren provides two retirement plans for eligible co-workers — a 401(k) plan and an employer credited pension plan. Both offer long-term retirement growth opportunities.

## 401(k) Savings Investment Plan

Ameren's Savings Investment Plan is a 401(k) plan that enables you to save for retirement on a before-tax basis and take advantage of company matching contributions. Ameren also has a Roth after-tax contribution option in the plan. Contributing to a 401(k) account through regular payroll deductions is one of the best ways to enhance your retirement security.

## Ways to Maximize Your Retirement Benefits

- Run or request a retirement benefit estimate.
- Contribute the maximum allowable by the IRS to your 401(k) or contribute at least six percent (6%) to get the full Company Match.
- Utilize some of the 401(k) plan automatic features, such as auto increase to raise your contribution percent automatically each year or auto rebalance to keep your account on track.
- Take advantage of free online planning tools.

For details on your retirement benefits review the Summary Plan Description available on your benefit websites or on the Employee Center on Scholar. To speak with a Benefits Representative at **877.7my.Ameren** (877.769.2637), option 1 for your 401(k) or option 2 for your Pension Benefit.

## Your Pension Benefit

Do you know how your pension plan works? Your pension benefit is an important part of your financial future and it's included in your benefit package. Ameren contributes to your pension account on your behalf.

Ameren's retirement plan can provide you with a lifetime annuity at your retirement along with various survivor benefit options.





# Your Annual Enrollment Toolbox



MAXIMIZE YOUR BENEFITS

## How to Enroll or Make Changes to Your Benefits

### Enroll Online

1. Go to **myAmeren.com** and use your myAmeren.com User ID and Password to log in. You can access **myAmeren.com** from a computer at home or work. If you have not already created an account, you will need to register on **myAmeren.com** first by following the prompts.
2. Click on the **Enroll Now** link.

**NOTE:** Your myAmeren.com User ID and Password may be different from your network user ID and password. If you forgot your myAmeren.com User ID or Password, click **Forgot User ID** or **Forgot Password** for assistance.

### Enroll by Calling the Ameren Benefits Center

1. Call **877.7my.Ameren** (877.769.2637), option 2, Monday through Friday, from 8:00 a.m. to 6:00 p.m. CT. For TDD communication services for the hearing impaired, call **800.TDD.TDD4** (800.833.8334).
2. To protect your privacy, you will be required to answer questions to verify your identity.

### Making Changes to Your Coverage During the Year

Once you enroll, you cannot change certain benefit elections until the next Annual Enrollment, unless you have a qualified change in status, including, but not limited to:

- Marriage or divorce
- Birth or adoption
- Certain changes to your (or your spouse/ domestic partner's) job or employment status
- Certain changes in your child's dependent status
- Death of a covered dependent

If you have a qualified change in status, **you only have 31 days from the date of the event to make a change** to your benefits by contacting the Ameren Benefits Center at **877.7my.Ameren** (877.769.2637), option 2, to add a new baby, report a marriage or divorce, or any other family status change. Otherwise, you will have to wait until the next Annual Enrollment period to make changes. See your SPD for details on qualified changes in status.

Dependent verification will be required for any new dependent added to medical, dental or vision coverage. Requests for information with instructions on what and how to submit will come in the mail from the Ameren Benefits Center after your dependent has been added. If the required documentation is not submitted by the deadline, or if a dependent is deemed ineligible, the dependent will lose coverage and you will not be able to add them again until the next Annual Enrollment period.



# Planning Tools and Resources



Take advantage of the tools and resources available online to help choose the benefits that are right for you.

PLANNING TOOLS AND RESOURCES available on <a href="https://myAmeren.com">myAmeren.com</a> > Ameren Benefits Center > Tools & Resources	
<b>HEALTH PLAN EVALUATOR</b> Estimate your total out-of-pocket healthcare expenses for each plan option.	
<b>FLEXIBLE SPENDING ACCOUNT (FSA) CALCULATORS</b> Calculate how much you should contribute to your Healthcare FSA or Dependent Care FSA.	
<b>CALCULATE LIFE INSURANCE NEEDS</b> Determine how much coverage makes sense for you and your family.	
PLANNING TOOLS AND RESOURCES available on other sites	
<a href="https://anthem.com">anthem.com</a> (also accessible through <a href="https://myAmeren.com">myAmeren.com</a> )	Review your medical claims, locate in-network providers, compare prices for medical procedures, update personal health information and much more.
<a href="https://express-scripts.com">express-scripts.com</a>	Review your year-to-date prescription costs, verify medication coverage, view detailed drug information and much more.
<a href="https://express-scripts.com/ameren">express-scripts.com/ameren</a>	Check prescription drug coverage for 2019 and compare medication costs under different plans.



## Are Your Beneficiaries Current?

It's important you name the people, estate or trust that will receive the benefits related to your benefit programs (for example, 401(k) savings, pension, HSA and life insurance benefits) in the event of your death. Annual Enrollment is a good time to review your beneficiaries and update them as necessary. Go to [myAmeren.com](https://myAmeren.com) and click on **Beneficiaries**.



CONTACT INFORMATION		
Resource	Website	Phone Number
<b>AMEREN BENEFITS CENTER</b> (For enrollment, eligibility, long-term disability, pension and general questions)	FOR HEALTHCARE & LIFE BENEFITS Go to <b>myAmeren.com &gt; Ameren Benefits Center</b>  FOR PENSION Go to <b>myAmeren.com &gt; Pension Benefits</b>	<b>877.7my.Ameren</b> (877.769.2637), option 2 Hearing-Impaired <b>800.TDD.TDD4</b> (800.833.8334) Monday through Friday, 8:00 a.m. - 6:00 p.m., CT, except on holidays
<b>ANTHEM BLUECROSS BLUESHIELD</b> (For questions about your medical coverage)	<b>anthem.com</b> <b>livehealthonline.com</b> Telemedicine (Virtual Doctor Visit)	<b>844.344.7410</b> Monday through Friday, 7:00 a.m. - 6:00 p.m., CT 24/7 NurseLine <b>800.700.9184</b> Mental Health and Substance Abuse <b>866.621.0554</b>
<b>FIDELITY</b> (For questions about your HSA)	<b>myAmeren.com &gt; Fidelity HSA/Defer Comp</b>	<b>800.544.3716</b> Monday through Friday, 8:00 a.m. - 8:00 p.m., CT
<b>WAGeworks</b> (For questions about FSA, DORP and Commuter Pass)	<b>wageworks.com</b>	<b>877.924.3967</b> Monday through Friday, 8:00 a.m. - 8:00 p.m., CT
<b>EXPRESS SCRIPTS</b> (For questions about prescription medications or prescription coverage)	<b>express-scripts.com</b> Express Scripts Annual Enrollment Information tool: <b>express-scripts.com/ameren</b>	Express Scripts <b>888.256.6131</b> 24/7 Accredo Specialty Pharmacy <b>877.895.9697</b>
<b>DELTA DENTAL</b> (For questions about your dental coverage)	<b>deltadentalmo.com</b>	<b>800.335.8266</b> Monday through Friday, 7:00 a.m. - 5:00 p.m., CT
<b>VSP</b> (For questions about your vision coverage)	<b>vsp.com</b>	<b>800.877.7195</b> 24/7
<b>FIDELITY NETBENEFITS</b> (For questions about your 401(k) Savings Investment Plan)	<b>myAmeren.com &gt; Ameren 401(k) plan</b>	<b>877.7my.Ameren</b> (877.769.2637), option 1 Monday through Friday, 7:30 a.m. - 11:00 p.m., CT
<b>MAGELLAN HEALTH SERVICES</b> (For questions about your Work-Life Employee Assistance Program)	<b>magellanhealth.com/member</b>	<b>800.289.1109</b> 24/7
<b>METLAW LEGAL SERVICES PLAN</b> (For questions about legal assistance services)	<b>myAmeren.com &gt; myLife</b>	<b>800.821.6400</b> Monday through Thursday, 7:00 a.m. - 8:00 p.m., CT, and Friday, 7:00 a.m. - 5:00 p.m., CT





# Legal Notices

## General Notice of Special Enrollment Rights Under the Health Insurance Portability and Accountability Act (HIPAA)

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in an Ameren medical option if you or your dependents lose eligibility for that other coverage (or if another employer stops contributing toward your or your dependents' other coverage). You must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). The plan will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible.
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days — instead of 31 days — from the date of the Medicaid/CHIP eligibility change to request enrollment in the plan. Note that the 60-day period doesn't apply to enrollment opportunities other than the Medicaid/CHIP eligibility change.

Also, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself or your dependents in an Ameren medical option. You must request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

To request special enrollment or to learn more, contact the Ameren Benefits Center at **877.7my.Ameren** (877.769.2637), option 2.

## HIPAA Notice of Privacy Practices

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this is a reminder that Ameren's group health plan maintains a privacy notice, which provides a complete description of your rights under HIPAA's privacy rules. To obtain a copy of Ameren's privacy notice, please contact the Ameren Benefits Center at **877.7my.Ameren** (877.769.2637), option 2 or visit [myAmeren.com](https://myAmeren.com) > **Ameren Benefits Center > Library > Regulatory Notices**.

This notice is also available in your Summary Plan Description.

**TOOL****Summary of Benefits and Coverage**

You can access a [Summary of Benefits and Coverage \(SBC\)](#) for each medical plan choice at [myAmeren.com](https://myAmeren.com) > **Ameren Benefits Center**. A requirement of the Patient Protection and Affordable Care Act (PPACA), the SBC outlines what each medical plan option covers and your out-of-pocket costs.



## Women's Health and Cancer Rights Act

Under the Women's Health and Cancer Rights Act — and/or according to the provisions of the Ameren Employee Medical Plan and the Ameren Retiree Medical Plan — a participant who receives benefits for a medically necessary mastectomy will also be provided coverage in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prosthesis and treatment of physical complications of the mastectomy, including lymphedema.

Benefits will be subject to the same annual deductibles and coinsurance provisions as for all other medically necessary procedures. For more information on mastectomy coverage, contact your healthcare provider.





This document serves as a Summary of Material Modification (SMM) as required by the Employee Retirement Income Security Act of 1974 (ERISA). ERISA requires that we inform you of these modifications. If updated SPDs are not yet available to you, this SMM updates the content of your current SPDs. Please keep this document with your current SPDs for future reference. The updated SPDs, when available, which describe these benefits effective as of January 1, 2019, will supersede this SMM in the event of a discrepancy. Ameren reserves the right to suspend, revoke or modify the benefit programs offered to co-workers and retirees. Nothing in this document shall be construed as a contract of employment between Ameren and any co-worker, nor as a guarantee of any co-worker to be continued in the employment of Ameren.

