2019 ANNUAL ENROLLMENT

myAmeren Benefits Guide

For Retirees Retiring On or After January 1, 1992 and Legacy AmerenCILCO Retirees

It's time to enroll for your 2019 Ameren benefits! NOVEMBER 1 – 15, 2018

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.

Ameren

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POWERING
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What's Inside

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If you are a Medicare-eligible retiree or dependent of a retiree and are age 65 or older, instead of enrolling in one of the Plans described in this Benefits Guide, you have access to retiree healthcare coverage through the purchase of an individual policy through the Aon Retiree Health Exchange, with financial assistance from Ameren.

Age 65 or older Medicare-eligible retirees and their Medicare-eligible dependents who access their retiree medical benefits through the Aon Retiree Health Exchange – are listed here:

- Management, AmerenUE and legacy AmerenCIPS retirees who retired on or after January 1, 1992
- Management (legacy AmerenIP) retirees who retired on or after January 1, 2007
- Legacy AmerenCILCO Local 51 and former AER Local 51 union retirees
- UGSOA Local 11 Retirees
- Other union (non-legacy AmerenIP) retirees who retired on or after January 1, 1992, and under a Collective Bargaining Agreement which has since expired
- Legacy AmerenCILCO retirees in the Legacy AmerenCILCO Retiree Medical Plan

Through Aon Retiree Health Exchange, you will have new options that offer more choice, flexibility and access to coverage. A Benefits Advisor will assist you in selecting or enrolling in a plan.

For eligible retirees and spouses who are age 65 and older, Ameren will provide you funding through a Retiree Health Reimbursement Account (RHRA) when you enroll and remain enrolled in a Medicare Advantage, Medicare Supplement and/or Prescription Drug Plan through Aon Retiree Health Exchange. You will be able to use this funding for reimbursement of individual Medicare and/or prescription drug plan premiums and other qualifying healthcare expenses.

Important Reminder: Eligible participants who access their retiree medical benefits through the Aon Retiree Health Exchange receive information directly from the Aon Retiree Health Exchange regarding the Medicare Open Enrollment Period and opportunities to change their supplemental Medicare coverage for 2019. **For questions, contact the Aon Retiree Health Exchange at 855.819.0011**.

Ameren Retiree Medical Plan

If You Are Not Eligible for Medicare (Post-1992)

It's time to review your benefits and determine if you'd like to make changes for the coming year. This Benefits Guide will help you review your 2019 choices so you can choose the coverage that is right for you and your family. Read on to:

- Learn what's new for 2019
- Review important reminders
- Find out how to enroll

If you or your dependents are covered under the Aon Retiree Health Exchange, you should enroll through Aon Retiree Health Exchange. If you or your dependents have Ameren Retiree Medical Coverage, you should enroll through the Ameren Benefits Center.

You need to complete your enrollment through the Ameren Benefits Center if:

- You want to change your current medical coverage
- You need to remove a dependent from coverage, including children up to age 25
- You want to verify or update your beneficiaries

To make changes, go to **myAmeren.com** or call **877.7my.Ameren** (877.769.2637), option 2.

No action is required if you want to continue your current coverage.

Monthly contributions will increase for 2019 but Ameren continues to pay the majority of your healthcare premiums. Refer to your Enrollment Worksheet for your specific contribution amounts for 2019.

If You Are Not Eligible for Medicare (Post-1992)

Dependent Eligibility

For coverage starting January 1, 2019, you will be able to enroll eligible domestic partners, both same-sex and opposite-sex partners, and their children as dependents.

This is a one-time opportunity to add your domestic partner to the retiree plan. Hereafter, your specific plan eligibility rules prevail regarding adding dependents to the plan.

If you add a dependent to coverage during Annual Enrollment, you will be required to provide documentation to verify eligibility. It is important to respond promptly to any requests for dependent eligibility or coverage will be canceled.

Medical Coverage Changes

- **You have a new medical plan option:** 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.
- **Defined Plan Changes:**
  - The deductible is $300 per person and $600 per family.
  - You are not required to meet your deductible for office visits to your primary or specialist. However, if your physician orders tests or other services that are diagnostic, the deductible will apply.
  - For visits to the emergency room, urgent care, outpatient and inpatient facilities, your entire visit will apply to your deductible first, and then the copayment applies.

Prescription Plan Changes

If you elect coverage with the Standard or Defined medical plan, you will pay copayments for covered prescriptions. The coinsurance plan is no longer available. See page 7 for new copayment amounts.

Medical Plan Comparison Chart If You Are Not Eligible for Medicare (Post-1992)

	HEALTH SAVINGS PLAN A	HEALTH SAVINGS PLAN B	STANDARD PLAN	DEFINED PLAN
Deductible	$1,400 for single coverage $2,800 combined if you and any family members are covered	$2,400 for single coverage $3,600 combined 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
Coinsurance In-network / out-of network	20% / 40% after deductible met	30% / 50% after deductible met	10% / 30% after deductible is met	0% (no cost to you)
Preventive Care 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)
Office Visits	Deductible met then coinsurance applies	Deductible met then coinsurance applies	Deductible met then coinsurance applies, except for emergency room. Emergency Room: $150 copayment	**Copayment –** **For network providers** $25 Primary Care Physician $40 Specialist **The following copays apply after the deductible is met:** $40 Urgent Care $150 Outpatient Facility $150/day Inpatient Hospital ($600 maximum) $150 Emergency Room
Lab/X-Ray/Other Covered Tests 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
LiveHealth Online 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
Out-of-Pocket Maximum 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).

Prescription Coverage Changes If You Are Not Eligible for Medicare (Post-1992)

If you elect coverage either the Standard or Defined medical plan, you will pay a copayment for covered prescriptions. The coinsurance plan for prescriptions is no longer available as of January 1, 2019.

Prescription Coverage Comparison Chart

	HEALTH SAVINGS PLAN A	HEALTH SAVINGS PLAN B	STANDARD PLAN Rx	DEFINED PLAN Rx
Generic Statin and Generic Contraceptives	No Cost	No Cost	No Cost	No Cost
Preventive Medications	20% of discounted rate. This amount does not apply to your medical deductible but does apply to your out-of-pocket maximum.	30% of discounted rate. This amount does not apply to your medical deductible but does apply to your out-of-pocket maximum.	N/A	N/A
Generic	20% of discounted rate after you reach the medical deductible.	30% of discounted rate after you reach the medical deductible.	$10	$10
Preferred Brand Name	20% of discounted rate after you reach the medical deductible.	30% of discounted rate after you reach the medical deductible.	$40	$40
Non-Preferred Brand Name	20% of discounted rate after you reach the medical deductible.	30% of discounted rate after you reach the medical deductible.	$60	$60
Specialty	20% of discounted rate after you reach the medical deductible.	30% of discounted rate after you reach the medical deductible.	$125	$125
Annual Out-of-Pocket Maximum	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.
Home Delivery	Save time and money by refilling 90-day prescriptions through Home Delivery.		Pay two copayments for a 90-day supply.	

If You Are Eligible for Medicare and Not Eligible for the Aon Retiree Health Exchange (Post-1992)

Prescription Drug Coverage Changes

If you elect the Conventional or Medicare Supplement Plan with prescription drug coverage, the coinsurance plan for prescriptions is no longer available.

	Conventional Plan with Prescription Coverage	Medicare Supplement Plan with Prescription Coverage
Generic Statin and Generic Contraceptives	No Cost	No Cost
Generic	$10	$10
Preferred Brand Name	$40	$40
Non-Preferred Brand Name	$60	$60
Specialty	$125	$125
Annual Out-of-Pocket Maximum	$4,000 per person; $8,000 per family. Prescription deductible separate from medical deductible.	$4,000 per person; $8,000 per family. Prescription deductible separate from medical deductible.
Home Delivery	Save money by refilling 90-day prescriptions through Home Delivery. Pay two copayments for a 90-day supply.	

If You Are Eligible for Medicare and Not Eligible for the Aon Retiree Health Exchange (Post-1992)

If you are Medicare-eligible and not at the Aon Retiree Health Exchange, your lifetime maximum benefit is $200,000. This includes expenses for medical and prescription drugs. Ameren offers a medical-only option for Ameren Retiree Plan retirees and their dependents who are eligible for Medicare that allows you to enroll in a Medicare Part D plan for prescription drug coverage. Consider choosing the medical-only option to maximize your benefit under Ameren's plan.

CHOOSING MEDICARE PART D		
NOW		**LATER**
If you choose Medicare Part D, you can return to Ameren prescription drug coverage in the future. During next year's Annual Enrollment, you can choose Ameren Retiree Medical Plan medical coverage with or without prescription drug coverage. If you want to drop Medicare Part D coverage in a future year, you should first check with Medicare or your Medicare Part D Plan to make sure you will retain eligibility to re-enroll in Medicare Part D if you ever choose to do so. Your coverage under this Plan will end when you reach age 65.	**VS.**	Your Ameren Retiree Medical Plan medical and prescription drug coverage qualifies as creditable coverage under Medicare rules. If you choose Ameren coverage now and decide later to enroll in Medicare Part D, you may be able to enroll in it without penalty. However, to avoid the penalty, you must enroll in Medicare Part D within 63 days after your Ameren coverage ends. Contact Medicare for more information.

Ameren's Retiree Medical Plan (CILCO)

Plan Changes

There are no changes to your medical benefit options for 2019.

Lifetime Maximum Benefit (CILCO)

If you are Medicare-eligible and not at the Aon Retiree Health Exchange, your lifetime maximum benefit is $75,000. This includes expenses for medical and prescription drugs. Ameren offers a medical-only option for CILCO retirees and their dependents who are eligible for Medicare that allows you to enroll in a Medicare Part D plan for prescription drug coverage. Consider choosing the medical-only option to maximize your benefit under Ameren's plan.

CHOOSING MEDICARE PART D		
NOW		**LATER**
If you choose Medicare Part D, you can return to Ameren prescription drug coverage in the future. During next year's Annual Enrollment, you can choose legacy AmerenCILCO retiree medical coverage with or without prescription drug coverage. If you want to drop Medicare Part D coverage in a future year, you should first check with Medicare or your Medicare Part D Plan to make sure you will retain eligibility to re-enroll in Medicare Part D if you ever choose to do so. Your coverage under this Plan will end when you reach age 65.	**VS.**	Your legacy AmerenCILCO retiree medical and prescription drug coverage qualifies as creditable coverage under Medicare rules. If you choose Ameren coverage now and decide later to enroll in Medicare Part D, you may be able to enroll in it without penalty. However, to avoid the penalty, you must enroll in Medicare Part D within 63 days after your Ameren coverage ends. Contact Medicare for more information.

How to Enroll or Make Changes

Ameren Retiree Medical Plans (Post-1992 and CILCO)

Enrollment

If you do not need to make any changes, no action is necessary. If you don't make changes by November 15, 2018, your next opportunity to make changes to your elections will be the fall of 2019, with benefit changes effective January 1, 2020, unless you have a qualified change in status.

If you decline coverage (that is, you choose No Coverage or drop the coverage you currently have), you will not be able to re-enroll in Ameren retiree medical coverage in the future. Likewise, if you drop coverage for a dependent who is currently enrolled, that dependent will not be able to re-enroll in the future. However, if you are Medicare-eligible and choose a medical-only option from the Ameren Plan (and enroll in a Medicare Part D Plan for prescription drug coverage), you may be able to enroll in an Ameren medical option that includes prescription drug coverage next year.

Not Sure Who You Can Cover? (All Retiree Plans)

Refer to your Summary Plan Description (SPD) for detailed information about dependent eligibility and specifics about adding dependents to your coverage after retirement.

Enroll Online

Go to **myAmeren.com** from **November 1 to November 15** and use your **myAmeren.com** User ID and Password to log in. If you do not have one, you will need to register on **myAmeren.com** to create your personal User ID and Password.

Once you are logged in, click on the **myAnnual Enrollment** link. The website is available 24 hours a day, seven days a week.

If you misplaced or forgot your myAmeren.com User ID or Password, click on **Forgot User ID** or **Forgot Password**.

Enroll through the Ameren Benefits Center

Call **877.7my.Ameren** (877.769.2637), option 2, Monday through Friday, 8:00 a.m. to 6:00 p.m., CT, except on holidays. For TDD communication services for the hearing impaired, call **800.833.8334**.

To protect your personal information, you will be required to verify your identity by answering several questions before speaking with a Benefits Center representative. A password is not required.

Ameren Retiree Medical Plans (Post-1992 and CILCO)

Medical Payment Method

If you are not enrolled in Direct Debit, consider this convenient payment method — it saves you time and money. This service automatically deducts your monthly premiums from your bank account (checking or savings) on the first day of each month. You save money in stamps and checks — and you will rest assured that your monthly bills are paid on time.

To enroll, contact the Ameren Benefits Center at **877.7my.Ameren** (877.769.2637), option 2, and request a Direct Debit Authorization form. Return your completed form, along with a canceled check, to the Ameren Benefits Center. For questions on Direct Debit, call the Ameren Benefits Center.

Prescription Drug Formulary

If you have Ameren prescription drug coverage, be sure to refer to the National Drug formulary at **express-scripts.com** for a listing of the drugs that are Preferred Brand Name. The list of covered drugs can change frequently, so be sure to check for updates.

Dependent Eligibility Verification

If you add a dependent to coverage you will receive a request to provide documentation to verify your dependent's eligibility for coverage. If the required documentation is not received by the deadline, or if a dependent is deemed ineligible, the dependent will be removed from coverage with limited opportunities to re-enroll.

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

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

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because they 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 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.

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.

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. A copy is included with this guide. You also may obtain a copy of Ameren's privacy notice by contacting the Ameren Benefits Center at **877.7my.Ameren** (877.769.2637), option 2, or visit **myAmeren.com** and click on **Ameren Benefits Center**, then **Tools & Resources**, and **Documents & Forms**. For TDD communication services for the hearing impaired, call **800.TDD.TDD4** (800.833.8334).

This notice is also available in your SPD.

CONTACT INFORMATION		
Resource	**Website**	**Phone Number**
AMEREN BENEFITS CENTER (For enrollment, eligibility, long-term disability, pension and general questions)	FOR HEALTHCARE & LIFE BENEFITS Go to **myAmeren.com > Healthcare & Life Benefits** FOR PENSION Go to **myAmeren.com > Pension Benefits**	**877.7my.Ameren** (877.769.2637), option 2 Hearing-Impaired: **800.TDD.TDD4** (800.833.8334) Monday through Friday, 8:00 a.m. to 6:00 p.m., CT, except on holidays
ANTHEM BLUECROSS BLUESHIELD (For questions about your medical coverage)	**anthem.com** **livehealthonline.com** Telemedicine (Virtual Doctor Visit)	**877.403.0610** Monday through Friday, 7:00 a.m. - 6:00 p.m., CT 24/7 NurseLine: **800.700.9184** Behavioral Health and Substance Abuse: **866.621.0554**
EXPRESS SCRIPTS (For questions about prescription medications or prescription coverage)	**express-scripts.com** Express Scripts Annual Enrollment Information tool: **express-scripts.com/ameren**	Express Scripts: **888.256.6131** 24/7 Accredo Specialty Pharmacy: **877.895.9697**
MEDICARE (Including Parts A, B and D)	**medicare.gov**	**800.MEDICARE (800.633.4227)**

For more information on your Healthcare & Life benefits, including Summary Plan Descriptions, visit **myAmeren.com**.

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.

Ameren