

2020

# ANNUAL ENROLLMENT

Active Management, UGSOA Local 11, All Ameren Illinois Union Co-Workers and Co-Workers on Long Term Disability

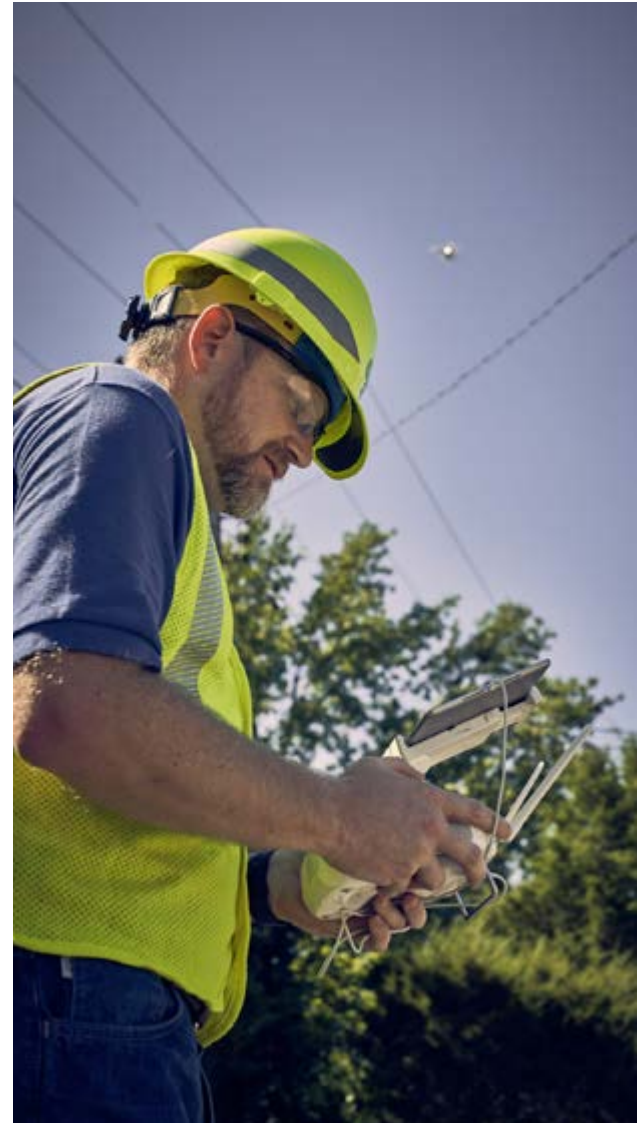
## myAmeren BENEFITS GUIDE



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Information presented in this 2020 Benefits Summary is not a guarantee of coverage or benefits under the Ameren Employee Medical 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 2020 Benefit Summary, the legal Plan documents will control.



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, 2020, 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.



# ANNUAL ENROLLMENT: October 30 to November 13, 2019



## Get Ready

- **Evaluate and choose** your medical plan using the planning tools and resources available at [myAmeren.com](https://myAmeren.com).
- The Ameren Benefits Center website has been upgraded with greater security. If this is your first visit to the website since September 20, 2019, you will need to create a unique User ID and Password.

You will need to establish a personal identification number (PIN), which will be used when you call the Ameren Benefits Center to speak to a Benefits Center Representative. You can create a PIN through the Ameren Benefits Center website by selecting **Profile > Login & Recovery > Reset My Interactive Voice Response (IVR) PIN**.



## Take Action

Enroll at [myAmeren.com](https://myAmeren.com) > **Annual Enrollment**

- Go to [myAmeren.com](https://myAmeren.com) and use your myAmeren.com User ID and Password to log in, then click on **Annual Enrollment**. You can access [myAmeren.com](https://myAmeren.com) from any computer or mobile device.

**NOTE:** Your myAmeren.com User ID and Password may be different from your network User ID and Password.

Enroll by calling the Ameren Benefits Center

- Call **877.7my.Ameren** (877.769.2637), Option 2.



## Don't Forget

- If you miss the November 13 deadline, your next opportunity to enroll or make changes will be the fall of 2020, with benefit changes effective January 1, 2021. The only other time you can make changes is if you experience a qualifying life event.
- If you choose to cover your spouse/domestic partner during Annual Enrollment, you need to indicate if your spouse/domestic partner is eligible for group medical coverage through their employer. If you do not verify this each year, you will pay a \$100 Working Spouse/Domestic Partner Contribution per month in addition to your monthly payroll deduction.
- Respond promptly to requests for documentation to verify eligibility of any new family members you add to health coverage. If you do not provide proper documentation by the deadline, coverage for your family member will be cancelled.
- Review all your beneficiary designations and update them if needed.
- To access information about retirement benefits, life insurance, legal services and the commuter benefit program, visit [myAmeren.com](https://myAmeren.com).



## 2020 Benefit Package Changes

<b>MEDICAL</b>	<ul style="list-style-type: none"> <li>• Health Savings Plan A is now the <b>Health Savings Plan</b>. Health Savings Plan B is now the <b>Health Savings Plan – Value</b>.</li> <li>• The Defined Plan will no longer be available in 2020. If you are enrolled in the Defined Plan for 2019 coverage, you will need to choose a new medical plan for 2020. If you do not choose a new medical plan, you and your dependents currently covered will be automatically enrolled in the Standard Plan for 2020.</li> <li>• The Standard Plan will no longer have an emergency room copay effective January 1, 2020 (deductible and coinsurance apply).</li> <li>• Applied Behavioral Analysis (ABA) Therapy will be a covered benefit. Coverage for ABA Therapy is subject to a \$45,000 annual maximum for each covered person up to age 26.</li> </ul>
<b>PRESCRIPTION DRUG</b>	Certain preventive immunizations will be available through your pharmacy benefit. This means in addition to receiving covered vaccinations from your doctor's office, you can have them administered by your local participating pharmacy. Examples of preventive immunizations include but are not limited to flu, pneumonia, shingles, hepatitis, diphtheria and HPV.
<b>HEALTH SAVINGS ACCOUNT (HSA)</b>	Maximum contribution limits will increase to \$3,550 if you only cover yourself and \$7,100 if you cover yourself and any other family members.
<b>FLEXIBLE SPENDING ACCOUNT (FSA)</b>	The maximum contribution for the Healthcare FSA and Limited Purpose FSA will increase to \$2,700.
<b>RETIREE MEDICAL AND LIFE</b>	All Ameren Illinois Union co-workers (except Legacy Ameren CILCO Local 51) who are hired or rehired on or after January 1, 2020, will not be eligible to participate in Ameren's retiree medical and retiree life insurance plans. Note this is already in effect for Management co-workers hired or rehired on or after October 1, 2015, and UGSOA Local 11 and AmerenCILCO Local 51 co-workers hired or rehired on or after January 1, 2017.

## Your Well-Being

At Ameren, we care about your well-being. That's why we're partnering with RedBrick Health to help you live your best life. To get started, complete the confidential health assessment, and you will receive personalized recommendations based on your needs and interests. Along your journey, you can earn incentives, and the Live Well portal will provide you with meaningful information to help you live well.

<b>STEP 1:</b>	<b>Activate your account.</b> Go online to get complete access to Live Well at Ameren: <a href="https://Ameren.com/LiveWell">Ameren.com/LiveWell</a> .
<b>STEP 2:</b>	<b>Tell us more about you.</b> Complete the confidential online health assessment.
<b>STEP 3:</b>	<b>Know your numbers.</b> Get a confidential biometric screening at an Ameren health fair, through your doctor (using the health screening form), or at a designated lab.
<b>STEP 4:</b>	<b>Choose your focus areas and activities.</b> You will get personalized recommendations for healthy activities based on your results.
<b>STEP 5:</b>	<b>Earn incentives.</b> You can earn incentives for participating in specific activities. See the incentive chart on page 5 for more information.
<b>STEP 6:</b>	<b>Manage your account on the go.</b> Download the RedBrick app from the App Store or Google Play. Search for Ameren in the sponsor list.



## Incentives to Live Well

<p><b>It pays to be healthy – in more ways than one.</b></p> <p><b>Earn up to a maximum of \$150 in your paycheck in 2020 by completing these activities between January 1 and September 30, 2020.</b></p>	<ul style="list-style-type: none"> <li>• Health assessment: \$50</li> <li>• Health screening: \$50</li> <li>• Live Well Challenges: \$25 each</li> <li>• Any visit to your Primary Care Physician: \$50</li> <li>• Health Coaching: \$50</li> <li>• Clickotine (tobacco cessation): \$100</li> </ul>
<p><b>Earn up to 100 entries per quarter for a drawing to win a \$50 Ameren store credit by completing the following activities on the Live Well portal.</b></p>	<ul style="list-style-type: none"> <li>• Journeys: 25 entries</li> <li>• Track: 1 entry/day (max of 25)</li> <li>• Sync a device: 25 entries</li> <li>• Pre-Diabetes Risk Assessment: 50 entries</li> <li>• Preventive Cancer Screenings: 50 entries               <ul style="list-style-type: none"> <li>- Mammogram</li> <li>- Pap Smear</li> <li>- Colonoscopy</li> </ul> </li> <li>• Tobacco-free affidavit: 25 entries</li> <li>• Ameren Mentoring &amp; Connection Community: 50 entries</li> </ul>

### \$ TIP

### Other Ways to Live Well and Save

Ready for a healthier you? Go to [myAmeren.com](https://myAmeren.com) > **Find Discounts** to check out the various fitness center discounts you are eligible for as an Ameren Co-worker.

WW (formerly 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's right for you:

- Digital
- Digital plus workshops
- Workshops in the workplace

Get started today! Go to [myAmeren.com](https://myAmeren.com) > **Find Discounts** to learn more.



# Health Savings Account Overview

Participating in a Health Savings Account (HSA) is a great way to start planning for current and future healthcare costs. If you choose the Health Savings Plan or Health Savings Plan – Value with an HSA, you are choosing a unique approach to healthcare expenses – one that can play a valuable role in your overall health and financial wellness. Here are four key things to know about an HSA.

## HSA Advantages and How You Benefit



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

- ☐ Verify you're eligible 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. For questions, contact Fidelity at **877.7my.Ameren** (877.769.2637), Option 1.

- ☐ Determine your payroll contribution, and enter the amount you want to contribute when completing your Annual Enrollment online. You can change the amount you contribute to the account at any time throughout the plan year, up to the IRS limit.

	2020 ANNUAL AMEREN EMPLOYER CONTRIBUTION	2020 MAXIMUM CO-WORKER PAYROLL CONTRIBUTION	2020 IRS HSA CONTRIBUTION MAXIMUM
You Only Coverage	\$650	\$2,900	\$3,550
You + Any Family Member Coverage	\$1,300	\$5,800	\$7,100
Catch-up Contribution Limit (age 55 and up)	N/A	\$1,000	\$1,000

### Important Reminders:

- Any dependents you cover on your medical plan must also be qualified tax dependents for healthcare purposes in order to use HSA funds for their expenses. 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.
- Keep records of your qualifying expenses for tax purposes or to file a claim in the future.
- Keep in mind your HSA account may be charged a nominal quarterly account fee until the account balance reaches \$5,000.
- If you enroll in Medicare Part A and/or B while you are still working, you can no longer contribute before-tax dollars to your HSA. Contact the Ameren Benefits Center and notify them of your Medicare enrollment.





# Medical Plan Comparison Chart

For Active Management, UGSOA Local 11, All Ameren Illinois Union Co-Workers and Co-Workers on Long Term Disability

	HEALTH SAVINGS PLAN	HEALTH SAVINGS PLAN – VALUE	STANDARD PLAN
<b>Annual Health Savings Account Employer Contribution</b>	\$650 if you only cover yourself \$1,300 if you cover anyone else	\$650 if you only cover yourself \$1,300 if you cover anyone else	N/A
<b>Deductible</b> The annual amount you pay for services before you and the plan share costs.	\$1,400 if you only cover yourself \$2,800 if you and any family members are covered Includes prescription drugs	\$2,400 if you only cover yourself \$3,600 if you and any family members are covered Includes prescription drugs	In-network: \$400 per person \$800 family maximum Out-of-network: \$600 per person / \$1,200 max
<b>Coinsurance</b> Your share of the allowed amount of a covered health service after you meet the deductible.	After deductible is met: In-network: 20% Out-of-network: 40%	After deductible is met: In-network: 30% Out-of-network: 50%	After deductible is met: In-network: 10% Out-of-network: 30%
<b>Preventive Care</b>	In-network: 0% (no cost to you) Out-of-network: 30%	In-network: 0% (no cost to you) Out-of-network: 30%	In-network: 0% (no cost to you) Out-of-network: 30%
<b>Office and Facility Visits</b>	After deductible is met: In-network: 20% Out-of-network: 40%	After deductible is met: In-network: 30% Out-of-network: 50%	After deductible is met, then coinsurance applies
<b>Lab/X-Ray/Other Covered Tests</b>	After deductible is met: In-network: 20% Out-of-network: 40%	After deductible is met: In-network: 30% Out-of-network: 50%	After deductible is met: In-network: 10% Out-of-network: 30%
<b>LiveHealth Online (Virtual Doctor Visit)</b> Deductible met then coinsurance applies	\$59 max per visit for medical	\$59 max per visit for medical	\$59 max per visit for medical
<b>Out-of-Pocket Maximum</b> The most you would pay for your share of covered costs.	Combined medical and prescription costs In-network: \$3,000 per person \$6,000 per family Out-of-network: \$5,000 per person \$10,000 per family	Combined medical and prescription costs In-network: \$4,000 per person \$8,000 per family Out-of-network: \$6,000 per person \$12,000 per family	Medical costs only In-network: \$2,500 per person \$5,000 per family Out-of-network: \$5,000 per person \$10,000 per family

*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.*





# Prescription Drug Coverage

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.

	HEALTH SAVINGS PLAN	HEALTH SAVINGS PLAN – VALUE	STANDARD PLAN
<b>Generic Statin and Generic Contraceptives</b>	No Cost	No Cost	No Cost
<b>Preventive Medications</b>	20% of discounted price. This amount does not apply to your medical deductible.	30% of discounted price. This amount does not apply to your medical deductible.	N/A
<b>Generic</b>	20% of discounted price after you reach the medical deductible.	30% of discounted price after you reach the medical deductible.	\$10
<b>Preferred Brand Name</b>	20% of discounted price after you reach the medical deductible.	30% of discounted price after you reach the medical deductible.	\$40
<b>Non-Preferred Brand Name</b>	20% of discounted price after you reach the medical deductible.	30% of discounted price after you reach the medical deductible.	\$60
<b>Specialty</b>	20% of discounted price after you reach the medical deductible.	30% of discounted price after you reach the medical deductible.	\$125
<b>Annual Out-of-Pocket Prescription 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.
<b>Home Delivery</b>	Save time and money by refilling 90-day prescriptions through Home Delivery.		Pay two copays for a 90-day supply.

# Monthly Payroll Deductions

	HEALTH SAVINGS PLAN	HEALTH SAVINGS PLAN – VALUE	STANDARD PLAN
<b>You Only</b>	\$40	\$26	\$84
<b>You + Spouse/Domestic Partner</b>	\$136	\$88	\$267
<b>You + Child/Children</b>	\$108	\$70	\$207
<b>You + Family</b>	\$204	\$132	\$390

## Medical Plan Comparison Tool

During Annual Enrollment, use the online comparison tool to help you choose the plan that is right for you and your family. The tool can help you decide which option best meets your needs based on how you use medical coverage, so be sure to check it out.

The tool is available on [myAmeren.com](https://myAmeren.com) > **Ameren Benefits Center.**





# Dental Coverage

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
<b>Annual Deductible</b> 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 is met	80% after deductible is met	70% after deductible is met
<b>Major Restorative Services</b> Includes crowns, bridges, inlays, onlays and dentures	50% after deductible is met	50% after deductible is met	50% after deductible is met
<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		

2020 MONTHLY PAYROLL DEDUCTIONS FOR DENTAL COVERAGE			
You Only	You + Spouse/Domestic Partner	You + Children	You + Family
\$7	\$18	\$22	\$33





# Vision Coverage

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

2020 MONTHLY PAYROLL DEDUCTIONS FOR VISION COVERAGE			
You Only	You + Spouse/Domestic Partner	You + Children	You + Family
\$3	\$6	\$7	\$10





# Flexible Spending Accounts (FSAs) Overview

When you enroll in a FSA, you are not taxed on the money you elect to put in the account for the year. This reduces your taxable income because contributions to a FSA are made through before-tax payroll deduction. You must re-enroll in each of the FSAs you would like to use for the upcoming year – enrollments do not carry over from year to year.

## Ameren Offers Healthcare and Dependent Care FSAs

<b>HEALTHCARE FSA</b>	For qualified healthcare expenses including medical, dental or vision for you and your covered dependents. The IRS maximum contribution for 2020 is \$2,700. <b>A Healthcare FSA is not available if you elect a Health Savings medical plan.</b>
<b>LIMITED PURPOSE FSA</b>	This type of FSA is only open to those enrolled in the Health Savings Plan or Health Savings Plan – Value. <b>It can only be used for qualified dental and vision expenses for you and your covered dependents.</b> The maximum contribution limit for 2020 is \$2,700.
<b>DEPENDENT CARE FSA</b>	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 2020 is \$5,000.



## Use It or Lose It

Pay close attention to your account balance – money not spent at the end of the plan year is forfeited. You have until March 31, 2021 to submit claims for reimbursement for expenses incurred from January 1 through December 31, 2020.

## 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.

WageWorks may request documentation to verify an expense is valid under the IRS rules. This process is called substantiation. It is important to respond to these requests because if you do not, the claims could be deemed 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.





# Planning Tools and Resources

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

## PLANNING TOOLS AND RESOURCES – Available on [myAmeren.com](https://myAmeren.com) > Ameren Benefits Center

**HEALTH PLAN EVALUATOR** – Estimate your total out-of-pocket healthcare expenses for each plan option.

**FLEXIBLE SPENDING ACCOUNT (FSA) CALCULATORS** – Calculate how much you should contribute to your Limited Purpose FSA, Healthcare FSA or Dependent Care FSA.

**CALCULATE LIFE INSURANCE NEEDS** – Determine how much coverage makes sense for you and your family.

## PLANNING TOOLS AND RESOURCES – Available on other sites

**[anthem.com](https://www.anthem.com)**  
(also accessible through  
**[myAmeren.com](https://myAmeren.com)**)

Review your medical claims, locate in-network providers, compare prices for medical procedures, update personal health information and much more.

**[express-scripts.com](https://www.express-scripts.com)**

Review your year-to-date prescription costs, verify medication coverage, view detailed drug information and much more.

**[express-scripts.com/ameren](https://www.express-scripts.com/ameren)**

Check prescription drug coverage for 2020, and compare medication costs under different plans.





# Contact Information

Resource		Website	Phone Number
<b>AMEREN BENEFITS CENTER</b> Enrollment, eligibility, long-term disability, pension and general questions		FOR HEALTHCARE & LIFE BENEFITS Go to <a href="http://myAmeren.com">myAmeren.com</a> > <b>Healthcare Elections</b>  FOR PENSION Go to <a href="http://myAmeren.com">myAmeren.com</a> > <b>Estimate Pensions</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. to 6:00 p.m., CT, except on holidays
<b>ANTHEM BLUECROSS BLUESHIELD</b> Medical coverage, claims, pre-approvals, etc.		<b>anthem.com</b> <b>livehealthonline.com</b> Telemedicine (Virtual Doctor Visit)	<b>844.344.7410</b> Monday through Friday, 7:00 a.m. to 6:00 p.m., CT 24/7 NurseLine <b>800.700.9184</b> Behavioral Health and Substance Abuse <b>866.621.0554</b>
<b>DELTA DENTAL</b> Dental and orthodontic coverage and claims		<b>deltadentalmo.com</b>	<b>800.335.8266</b> Monday through Friday, 7:00 a.m. to 5:00 p.m., CT
<b>EXPRESS SCRIPTS</b> Prescription medications, cost and 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>
FIDELITY	HSA	<b>myAmeren.com &gt; Check 401(k)/HSA</b>	<b>800.544.3716</b> Monday through Friday, 8:00 a.m. to 8:00 p.m., CT
	401(K) SAVINGS INVESTMENT PLAN		<b>877.7my.Ameren</b> (877.769.2637), Option 1 Monday through Friday, 7:30 a.m. to 11:00 p.m., CT
LIVE WELL PROGRAM	PROGRAM AND INCENTIVES QUESTIONS	<b>Ameren.com/LiveWell</b>	<b>Email: LiveWell@Ameren.com</b>
	TECHNICAL SUPPORT		<b>833.724.4637</b> Monday through Thursday, 7 a.m. to 10 p.m., CT; Friday, 7 a.m. to 7 p.m., CT; Saturday, 7 a.m. to 2 p.m., CT
<b>MAGELLAN HEALTH SERVICES</b> Work/Life Employee Assistance Program		<b>Magellan Ascend</b>	<b>800.289.1109</b> Available 24 hours per day, 7 days per week
<b>METLAW LEGAL SERVICES PLAN</b> Legal assistance services		<b>myAmeren.com &gt; myLife</b>	<b>800.821.6400</b> Monday through Thursday, 7:00 a.m. to 8:00 p.m., CT, and Friday, 7:00 a.m. to 5:00 p.m., CT
<b>VSP</b> Vision coverage		<b>vsp.com</b>	<b>800.877.7195</b>
<b>WAGeworks</b> FSA and Commuter Pass		<b>wageworks.com</b> When registering, use the last 4 digits of your EE ID (not the last 4 of your SSN)	<b>877.924.3967</b> Monday through Friday, 8:00 a.m. to 8:00 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 > Ameren Benefits Center > Library > Regulatory Notices**.

This notice is also available in your Summary Plan Description.

## 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.



TOOL

Summary of Benefits  
and Coverage

You can access a [Summary of Benefits and Coverage \(SBC\)](#) for each medical plan choice at [myAmeren.com > Ameren Benefits Center > Library](#). 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.



