

2020

# ANNUAL ENROLLMENT

For Retirees Retiring on or after January 1, 1992

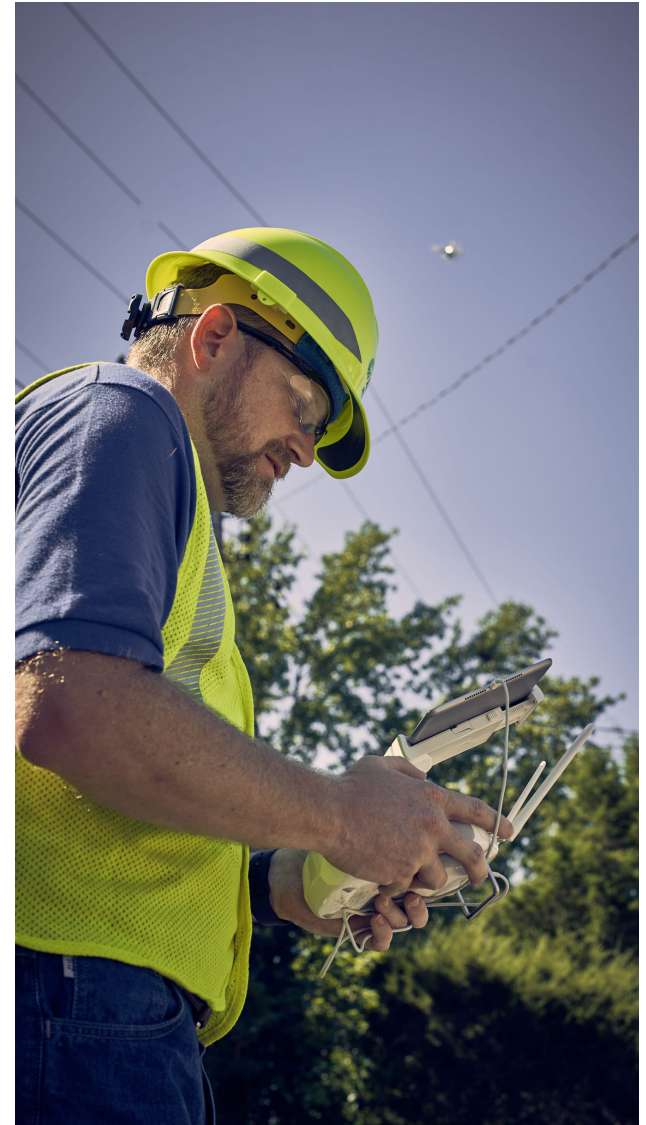
## myAmeren BENEFITS GUIDE



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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**.



## 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**.

Enroll by Calling the Ameren Benefits Center

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

If you don't make changes by November 13, 2019, your next opportunity to make changes to your elections will be the fall of 2020, with benefit changes effective January 1, 2021, unless you have a qualified change in status.



# 2020 Benefit Package Changes

## If You Are Not Eligible for Medicare

<b>MEDICAL</b>	<ul style="list-style-type: none"><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 (deductible and coinsurance apply).</li><li>• The Standard Plan will no longer have an emergency room copay effective January 1, 2020.</li><li>• Applied Behavioral Analysis (ABA) Therapy will be a covered benefit. Coverage for ABA Therapy is subject to a \$45,000 annual maximum.</li></ul>
<b>PRESCRIPTION DRUG</b>	Certain preventive immunizations will be available through your pharmacy benefit. This means that in addition to receiving the covered vaccinations from your doctor's office, you can have them administered by your local participating pharmacy. Example of preventive immunizations include but are not limited to flu, pneumonia, shingles, hepatitis, diphtheria and HPV.
<b>RETIREE MEDICAL AND LIFE</b>	All Ameren Illinois Union co-workers (except Legacy AmerenCILCO Local 51) and Ameren Missouri Union co-workers (except UGSOA Local 11) 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.

## Important Reminders:

- The maximum benefit payable for medical and prescription drugs for each person covered by this plan who is not Medicare eligible is \$750,000. If you reach the maximum at any time, you will no longer have coverage under the plan. Contact Anthem to determine the dollar amount of covered expenses you have accumulated.
  - Expenses incurred by retirees and their covered dependents prior to January 1, 2008 do not apply toward the lifetime maximum benefit.
- 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 Aon Retiree Health Exchange with financial assistance from Ameren. You will receive information directly from Aon Retiree Health Exchange regarding the Medicare Open Enrollment Period and opportunities to change your supplemental Medicare coverage for 2020. For questions, contact Aon Retiree Health Exchange at **855.819.0011**.





# Medical Plans

## If You Are Not Eligible for Medicare

	HEALTH SAVINGS PLAN	HEALTH SAVINGS PLAN – VALUE	STANDARD PLAN
<b>Lifetime Maximum</b> Per person – includes prescription drug costs	\$750,000	\$750,000	\$750,000
<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: In-network: 10% Out-of-network: 30%
<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 the cost of covered services.	In-network: \$3,000 per person \$6,000 per family  Out-of-network: \$5,000 per person \$10,000 per family	In-network: \$4,000 per person \$8,000 per family  Out-of-network: \$6,000 per person \$12,000 per family	In-network: \$2,500 per person \$5,000 per family  Out-of-network: \$5,000 per person \$10,000 per family

### Medical Plan Comparison Tool

During Annual Enrollment, use the online comparison tool that can help you choose the one that is right for you and your family. This 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**.

# Prescription Drug Coverage

If You Are Not Eligible for Medicare

	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 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
<b>Generic</b>	20% of discounted rate after you reach the medical deductible.	30% of discounted rate after you reach the medical deductible.	\$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
<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
<b>Specialty</b>	20% of discounted rate after you reach the medical deductible.	30% of discounted rate 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 copayments for a 90-day supply.





# Medical Plans

## If You Are Eligible for Medicare

	CONVENTIONAL PLAN	MEDICARE SUPPLEMENT PLAN
<b>Lifetime Maximum</b> Per person – includes prescription drug costs	\$200,000	\$200,000
<b>Deductible</b>	\$150 per person \$300 per family	Part A: \$0 Part B: Equal to the Medicare Part B Deductible for 2020
<b>Coinsurance</b>	20% after deductible is met	20% after deductible is met

*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.*

### Important Reminders:

If you are Medicare-eligible and not at 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
<p>If you choose Medicare Part D, you can return to Ameren prescription drug coverage in the future. During Annual Enrollment for 2021, 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.</p>	VS.	<p>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.</p>

# Prescription Drug Coverage

If You Are Eligible for Medicare and Not Eligible for the Aon Retiree Health Exchange

	CONVENTIONAL PLAN WITH PRESCRIPTION COVERAGE	MEDICARE SUPPLEMENT PLAN WITH PRESCRIPTION COVERAGE
Preferred Brand Name	\$40	\$40
Non-Preferred Brand Name	\$60	\$60
Specialty	\$125	\$125
Home Delivery	Save money by refilling 90-day prescriptions through Home Delivery. Pay two copayments for a 90-day supply.	







# 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.

## 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 > Ameren Benefits Center > Library > Regulatory Notices**. For TDD communication services for the hearing impaired, call **800.TDD.TDD4** (800.833.8334).

This notice is also available in your SPD.



**TOOL**

**Summary of Benefits and Coverage**

You can access a Summary of Benefits and Coverage (SBC) for each medical plan choice at **myAmeren.com > Health Elections > Library > Regulatory Notices**. 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.



# 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; Healthcare Elections</b>  FOR PENSION Go to <b>myAmeren.com &gt; 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> For questions about your medical coverage	<b>anthem.com</b> <b>livehealthonline.com</b> Telemedicine (Virtual doctor visit)	<b>877.403.0610</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>EXPRESS SCRIPTS</b> For questions about prescription medications or prescription coverage	<b>express-scripts.com</b> Express Scripts Annual Enrollment pricing tool: <b>express-scripts.com/ameren</b>	Express Scripts <b>888.256.6131</b> 24/7 Accredo Specialty Pharmacy <b>877.895.9697</b>

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



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