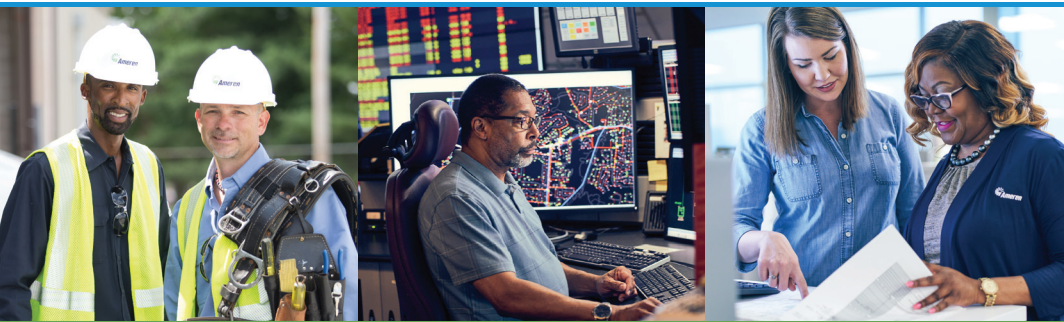


2021

ANNUAL ENROLLMENT

For Retirees retiring on or after January 1, 1992



myAmeren

BENEFITS GUIDE



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Information presented in this 2021 Benefits Guide 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 2021 Benefit Guide, 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, 2021, 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:

November 2 to November 16, 2020



Get Ready

Review your benefit elections for the current year by logging on to myAmeren.com and clicking **Healthcare Elections** on the home screen.



Take Action

Enroll at myAmeren.com > **Annual Enrollment**

- Go to 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 16, 2020, your next opportunity to make changes to your elections will be the fall of 2021, with benefit changes effective January 1, 2022, unless you have a qualified change in status.



2021 Benefit Package Changes

If You Are Not Eligible for Medicare

MEDICAL		
HEALTH SAVINGS PLAN	HEALTH SAVINGS PLAN – VALUE	STANDARD PLAN
Deductible is changing: <ul style="list-style-type: none"> • \$1,550 if you cover yourself only • \$3,100 if you cover yourself and any other family members 	Deductible is changing: <ul style="list-style-type: none"> • \$2,500 if you cover yourself only • \$5,000 if you cover yourself and any other family members 	Medical deductible is changing: <ul style="list-style-type: none"> • In-network: \$600 per person • Out-of-network: \$900 per person • \$1,200 family maximum • \$1,800 family maximum
Out-of-pocket maximum is changing: <ul style="list-style-type: none"> • In-network: \$4,000 per person • Out-of-network: \$6,700 per person • \$8,000 per family • \$13,400 per family 	Out-of-pocket maximum is changing: <ul style="list-style-type: none"> • In-network: \$5,000 per person • Out-of-network: \$7,000 per person • \$10,000 per family • \$15,000 per family 	Medical out-of-pocket maximum is changing: <ul style="list-style-type: none"> • In-network: \$3,500 per person • Out-of-network: \$7,000 per person • \$7,000 per family • \$14,000 per family
Video and telephonic visits with your physician, pediatrician or specialist are covered with normal out-of-pocket costs.		
HEALTH SAVINGS ACCOUNT (HSA)		
As of January 1, 2020, certain over-the-counter medications and other products are eligible for reimbursement.		

Important Reminders:

- You will receive a new Anthem ID card for 2021.
- These plans are subject to a lifetime maximum, which is the maximum benefit payable for medical and prescription drugs for each person covered by this plan who is not eligible for Medicare. The lifetime maximum 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.
- 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 2021. For questions, contact Aon Retiree Health Exchange at **855.819.0011**.

Retired under current contract labor agreement: Certain union represented co-workers who have retired under their current labor agreement will stay under the applicable Ameren Retiree Medical Plans through the end of their current labor agreement.



Medical Plans

If You Are Not Eligible for Medicare

	HEALTH SAVINGS PLAN	HEALTH SAVINGS PLAN – VALUE	STANDARD PLAN
Lifetime Maximum Per person – includes prescription drug costs	\$750,000	\$750,000	\$750,000
Deductible The annual amount you pay for services before you and the plan share costs.	\$1,550 if you only cover yourself \$3,100 if you and any family members are covered Includes prescription drugs	\$2,500 if you only cover yourself \$5,000 if you and any family members are covered Includes prescription drugs	Medical costs only In-network: \$600 per person \$1,200 family maximum Out-of-network: \$900 per person \$1,800 family maximum
Coinsurance 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%
Preventive Care	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%
Office and Facility Visits	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%
Lab/X-Ray/Other Covered Tests	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%
LiveHealth Online (Virtual Doctor Visit) Deductible met then coinsurance applies	\$59 max per visit for medical	\$59 max per visit for medical	\$59 max per visit for medical
Out-of-Pocket Maximum The most you would pay for your share of the cost of covered services.	In-network: \$4,000 per person \$8,000 per family Out-of-network: \$6,700 per person \$13,400 per family Includes prescription drugs	In-network: \$5,000 per person \$10,000 per family Out-of-network: \$7,000 per person \$15,000 per family Includes prescription drugs	Medical costs only In-network: \$3,500 per person \$7,000 per family Out-of-network: \$7,000 per person \$14,000 per family

Prescription Drug Coverage

If You Are Not Eligible for Medicare

	HEALTH SAVINGS PLAN	HEALTH SAVINGS PLAN – VALUE	STANDARD PLAN
Generic Statin and Generic Contraceptives	No Cost	No Cost	No Cost
Preventive Medications	20% of discounted rate; deductible waived.	30% of discounted rate; deductible waived.	N/A
Generic	20% of discounted rate after you reach the medical deductible.	30% of discounted rate after you reach the medical deductible.	\$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
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
Specialty	20% of discounted rate after you reach the medical deductible.	30% of discounted rate after you reach the medical deductible.	\$125
Annual Out-of-Pocket Prescription Maximum	Combined medical and prescription maximum (in-network): \$4,000 per person; \$8,000 per family.	Combined medical and prescription maximum (in-network): \$5,000 per person; \$10,000 per family.	\$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.



Medical Plans

If You Are Eligible for Medicare

	CONVENTIONAL PLAN	MEDICARE SUPPLEMENT PLAN
Lifetime Maximum Per person – includes prescription drug costs	\$200,000	\$200,000
Deductible	\$150 per person \$300 per family	Part A: \$0 Part B: Equal to the Medicare Part B Deductible for 2021
Coinsurance	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 eligible for Aon Retiree Health Exchange, these plans are subject to a lifetime maximum, which is the maximum benefit payable for medical and prescription drugs for each person covered by this plan. The lifetime maximum is \$200,000. This includes expenses for medical and prescription drugs. Ameren offers a medical-only option for retirees and their dependents who are eligible for Medicare. This allows you to enroll in a Medicare Part D plan for prescription drug coverage, and will maximize your medical benefit under Ameren's plan.
- If you choose to enroll in a Medicare Part D Plan:
 - You can return to an Ameren Retiree Medical Plan with prescription drug coverage during a future Annual Enrollment
 - If you drop Medicare Part D coverage you will need to check with Medicare or your Medicare Part D Plan carrier to make sure you retain eligibility to re-enroll in a Medicare Part D Plan in the future
- If you choose an Ameren Retiree Medical Plan with prescription drug coverage:
 - This coverage qualifies as creditable coverage under Medicare
 - You have 63 days to enroll in Medicare Part D after your Ameren coverage ends without penalty
- Contact Medicare for more information online at [medicare.gov](https://www.medicare.gov).

Prescription Drug Coverage

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

	CONVENTIONAL PLAN WITH PRESCRIPTION COVERAGE	MEDICARE SUPPLEMENT PLAN WITH PRESCRIPTION COVERAGE
Generic	\$10	\$10
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.	



Contact Information

RESOURCE	WEBSITE	PHONE NUMBER
<p>AMEREN BENEFITS CENTER</p> <p>For enrollment, eligibility and general questions Available Monday through Friday, 8:00 a.m. to 6:00 p.m., CT, except on holidays</p>	<p>For HealthCare & Life Benefits Go to myAmeren.com > Healthcare Elections</p>	<p>877.7my.Ameren (877.769.2637), Option 2 Hearing-Impaired: 800.TDD.TDD4 (800.833.8334)</p>
<p>ANTHEM BLUECROSS BLUESHIELD</p> <p>For questions about your medical coverage Available Monday through Friday, 7:00 a.m. to 6:00 p.m., CT</p>	<p>anthem.com Telemedicine (Virtual doctor visit) livehealthonline.com</p>	<p>Refer to the back of your Anthem ID card for phone number. 24/7 NurseLine: 800.700.9184 Behavioral Health and Substance Abuse: 866.621.0554</p>
<p>EXPRESS SCRIPTS</p> <p>For questions about prescription medications or prescription coverage Available 24 hours per day, 7 days per week</p>	<p>express-scripts.com Express Scripts Annual Enrollment information tool: express-scripts.com/ameren</p>	<p>Express Scripts: 888.256.6131 Accredo Specialty Pharmacy: 877.895.9697</p>

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

Legal Notices

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. You must request enrollment within 31 days after your dependents' other coverage ends.

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 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 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 > 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.

