

2023

ANNUAL ENROLLMENT GUIDE

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

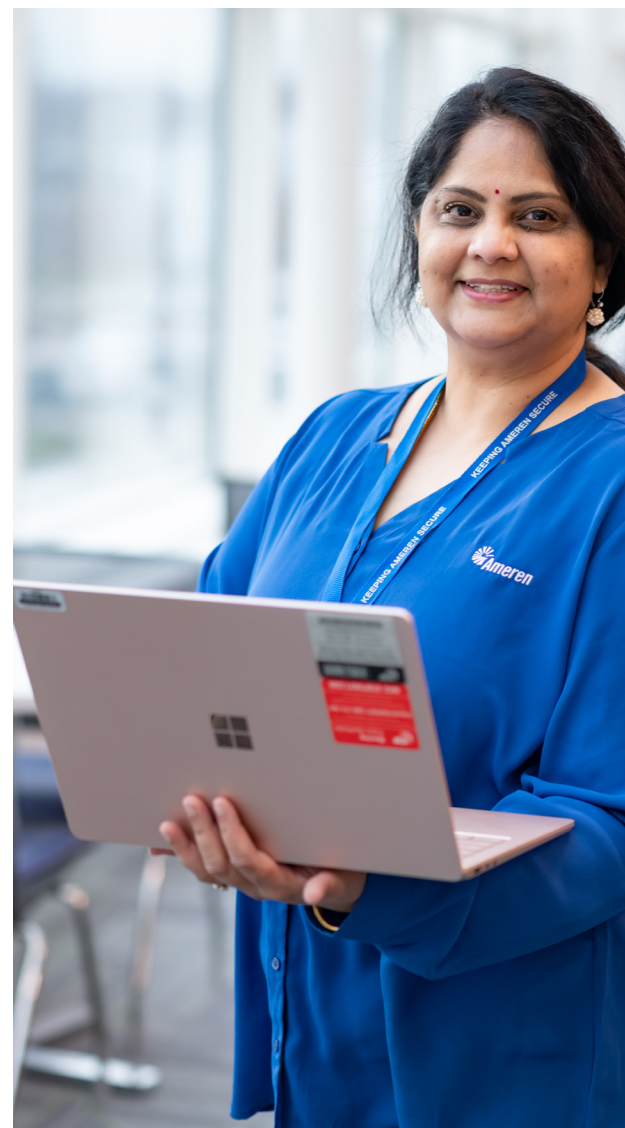


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Information presented in this 2023 Benefits Guide is not a guarantee of coverage or benefits under the Ameren Employee Medical Plan (Plan) or the various benefit plans offered thereunder. Any claims for benefits will be processed according to the Plan 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 2023 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 material Plan 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, will describe the benefits effective as of Jan. 1, 2023, and 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, 2022



Visit myAmeren.com for Annual Enrollment Information

- Review your benefits elections for the current year.
- Evaluate your medical plan using the planning tools and resources.



Make Your 2023 Benefits Elections

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

Go to myAmeren.com and use your myAmeren.com User ID and Password to log in, then click on **Annual Enrollment**. You can access 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.

Or

Enroll by calling myAmeren Benefits at **877.7my.Ameren** (877.769.2637), Option 2. The hours for phone service will be Mon. through Fri. from 7 a.m. to 7 p.m. CT and Saturdays (Nov. 5 and Nov. 12) from 8 a.m. to 2 p.m. CT.



Don't Forget

- If you miss the Nov. 16, 2022 deadline, your next opportunity to enroll or make changes will be the fall of 2023, with benefit changes effective Jan. 1, 2024. The only other time you can make changes is if you experience a qualified life event (i.e. marriage, birth, adoption, or loss of other healthcare coverage).
- 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.
- If you add any new family members to medical, dental or vision coverage, documentation is required to verify eligibility. **Please note:** Requests for documentation will be sent via email and must be provided by the deadline or your family member will not be enrolled.
- Review all your beneficiary designations and update them as needed.
- Enroll or cancel MetLife Legal plan.
- If you participated in a Healthcare Flexible Spending Account or a Dependent Care Flexible Spending Account, you will need to re-enroll for 2023.

Take Action - Qualified Life Event

If you have a qualified life event (i.e. marriage, birth, adoption or loss of other healthcare coverage) during the plan year you will also be required to provide documentation to verify eligibility of a new dependent along with documentation of the date of the event. Changes to your coverage can only be made within 31 days of the event. Visit myAmeren.com > **Healthcare Elections** > **Verify My Dependent or Event** for a complete list of required documents. **Please note:** Requests for documentation for a qualified life event will also be sent via email and must be provided by the deadline before any change in coverage occurs.

2023 Healthcare and Life Changes

MEDICAL

- Fertility coverage is being added to the medical plan with a \$25,000 lifetime maximum.
- You will receive a new and separate medical ID card from Anthem due to the change in your pharmacy drug administrator to CVS Caremark.

PRESCRIPTION DRUGS

- Your prescription drug administrator is changing from Express Scripts to CVS Caremark.
- Due to the change in your pharmacy drug administrator to CVS Caremark, you will be receiving a new and separate pharmacy ID card.

HEALTH SAVINGS ACCOUNT (HSA)

- Maximum contribution limits set by the IRS each year will increase to \$3,850 if you only cover yourself and \$7,750 if you cover yourself and any other family members.

FLEXIBLE SPENDING ACCOUNT (FSA)

- The maximum contribution limit for the Healthcare FSA and Limited Purpose FSA increased to \$2,850.

Planning Tools and Resources

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

AVAILABLE ON MYAMEREN.COM > ANNUAL ENROLLMENT > ENROLL NOW

[MyChoice Recommendation Engine](#) – Helps you choose the plan that is right for you and your family.

[Calculate Life Insurance Needs](#) – Determine how much coverage makes sense for you and your family.

ADDITIONAL RESOURCES

[Anthem.com](#) or [Anthem Engage App](#) (also accessible through [myAmeren.com](#)) – Review your medical claims, locate in-network providers, compare prices for medical procedures, update personal health information and much more.

Keeping You Connected

Important benefits updates and information is sent to your Ameren email address. You may select to have myAmeren Benefits messages sent to your personal email address. During Annual Enrollment, go to **myAmeren.com > Annual Enrollment > Enroll Now** to update your communication preferences.

Your Well-Being

At Ameren, we care about your health and well-being. Live Well, Ameren's approach to well-being, offers tools and resources to support your physical, emotional, financial and social health. Live Well also rewards you for making healthier choices and habits.

LIVE WELL PORTAL

Complete recommended activities on the Live Well portal and be rewarded for making healthy choices.

Activate your account at **Ameren.com/LiveWell** and download the Virgin Pulse mobile app for mobile access to your account.

Earn up to \$200 (\$50 each quarter) during the Live Well program year, which runs Jan. 1 – Dec. 1, 2023.

Elect to have your 2023 Live Well incentive paid as a paycheck deposit or Health Savings Account contribution during Annual Enrollment.



WELL-BEING SHAREPOINT SITE

A comprehensive site that includes quick links to Ameren health and well-being resources. The **Well-being SharePoint Site** can be found on Co-Worker Connect under "Who We Are."

- Find a variety of virtual workouts and classes provided by the Ameren wellness team.
- Join the Yammer well-being communities dedicated to movement, mindfulness and nutrition.
- Get personalized physical well-being assistance provided by the Ameren wellness team.
- Find educational health and well-being content and upcoming webinars.
- Learn about Ameren's discount with Weight Watchers for co-workers and spouses.
- Find well-being meeting starters to kick off your next meeting.

ANTHEM ENGAGE: YOUR PERSONALIZED HEALTH ASSISTANT

Use the Anthem Engage mobile app to get the most out of your healthcare. Anthem Engage provides co-workers with mobile access to their Anthem benefits and coverage. See all of your medical and pharmacy benefits in one place, **including your ID card**. Search for doctors in your plan, read reviews from patients and get directions to the nearest urgent care. Download the app from the App Store or Google Play (search for "Engage Wellbeing"), register for a new account, and **earn 5,000 points toward your Live Well incentive**.

Health Savings Account (HSA) Overview

Participating in an HSA is a great way to start planning for current and future healthcare costs. If you choose the Health Savings Plan or the 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, now and into retirement. Here are four key things to know about an HSA.

HSA Advantages and How You Benefit

1

Ameren will make contributions, and you can too.



- Ameren will contribute annually \$650 to your HSA if you only have coverage for yourself, or \$1,300 if you have coverage for you and any family members. Ameren deposits HSA contributions per-pay-period.
- You can also contribute to your HSA on a before-tax basis through payroll deductions.

2

It has tax advantages, and you own the account.



- An HSA is your individual account which you can use to pay for qualified medical expenses tax-free.
- You decide how much before-tax money to contribute (up to the IRS limit), and when to use your HSA.
- The entire balance is yours even if you change jobs, change medical coverage, or retire.

3

It's flexible: You can spend, save or invest.



- Spend your HSA money today or save it for tomorrow – it's up to you. Your balance automatically carries over from year to year.
- Money not needed for current qualified medical expenses can be invested in a wide variety of investment options if you choose.
- You can start investing your HSA contributions from your first paycheck.

4

It's easy to use.



- You can save money in your HSA on a before-tax basis through payroll deductions or by transferring money from an outside bank (up to the annual IRS limit).
- You can access your funds by using a debit card, checkbook, or online bill pay.
- If you decide to pay out of pocket for a qualified expense, you can reimburse yourself from your HSA.

Next Steps

If You Elect a Health Savings Plan with an HSA

Verify you're eligible for an HSA. You must be:

- Enrolled in one of the Health Savings Plans.
- If currently enrolled in an HSA, you will have to re-elect your contribution for 2023 as it does not automatically rollover.
- Not claimed as a dependent on another person's tax return.

You may contribute before-tax income to an HSA. Your before-tax contributions from your paycheck can be set during Annual Enrollment and can be changed at any time.

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.

| | 2023 ANNUAL AMEREN EMPLOYER CONTRIBUTION | 2023 MAXIMUM CO-WORKER PAYROLL CONTRIBUTION | 2023 IRS HSA CONTRIBUTION MAXIMUM |
|---|--|---|-----------------------------------|
| You Only Coverage | \$650 | \$3,200 | \$3,850 |
| You + Any Family Member Coverage | \$1,300 | \$6,450 | \$7,750 |
| 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.
- Set up your HSA contributions to begin investing immediately.
- 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 myAmeren Benefits to notify them of your Medicare enrollment.

MyChoice Recommendation Engine

During Annual Enrollment, use the online MyChoice Recommendation Engine 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 during Annual Enrollment through **myAmeren.com > Annual Enrollment > Enroll Now**.

Medical Plan Comparison Chart

| | HEALTH SAVINGS PLAN | | HEALTH SAVINGS PLAN – VALUE | STANDARD PLAN |
|---|--|--|---|---|
| Annual HSA Employer Contribution | \$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 |
| 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 covered costs. | Combined medical and prescription costs In-network: \$4,000 per person \$8,000 per family Out-of-network: \$6,700 per person \$13,400 per family | | Combined medical and prescription costs In-network: \$5,000 per person \$10,000 per family Out-of-network: \$7,000 per person \$15,000 per family | Medical costs only In-network: \$3,500 per person \$7,000 per family Out-of-network: \$7,000 per person \$14,000 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 services. The specific plan document supersedes this guide.

Prescription Drug Coverage

Transitioning to CVS Caremark

CVS Caremark is replacing Express Scripts as Ameren's new prescription drug vendor. The goal is to continue to provide an easy and cost-effective way for you to get the prescription medication you need.



You will receive a new ID card in the mail. Make sure you bring your new CVS Caremark ID card to the pharmacy when you pick up your next prescription in 2023.

When you receive your ID card, you can register your new account on **Caremark.com** to utilize helpful tools to manage your prescription needs.

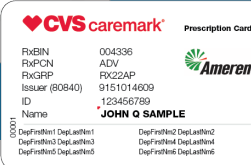
CVS Caremark customer service is available 24/7 to answer any of your prescription benefit questions. Please contact a CVS Caremark representative at **877.817.0479**.

Visit **Caremark.com** for easy refills, timesaving tools and more.

Present this prescription card to fill your prescription at any participating retail pharmacy.

Customer Care Representative: 1-877-817-0479
Pharmacy Help Desk for Pharmacists: 1-800-364-6331

Submit paper claims to:
CVS Caremark Claims Department
PO Box 52136
Phoenix, AZ 85072-2136



Using Your Rx Benefits

You will have access to thousands of retail pharmacies in CVS Caremark's national network, including all large national chains, and many local pharmacies as well as CVS Caremark's mail order pharmacy. To see if your pharmacy is in network, use the pharmacy locator tool or contact a CVS Caremark representative at **877.817.0479**.

Refills

If you have refills remaining on your medications, **most** mail order and retail prescriptions will automatically transfer. Examples of medications that do not automatically transfer are narcotic pain medications or sleep agents.

Mail Order

If you currently use the mail order option with Express Scripts your credit card information will not transfer automatically to CVS Caremark. You must take action to provide credit card information to CVS Caremark before requesting refills of your medication. On or after Jan. 1, 2023, you may call CVS Caremark to provide this information or set up your profile at **Caremark.com** (or using the Caremark mobile app).

Maintenance Choice

You have the opportunity to fill your 90-day prescriptions through your local CVS pharmacy or by the CVS Caremark Mail Service Pharmacy by paying two copays for a 90-day supply.

Specialty Pharmacy

Specialty medications will be filled through the CVS Specialty Pharmacy. You will receive 24/7 support from your CVS Specialty Pharmacy team. If you are currently taking an approved specialty medication, the CVS Specialty Pharmacy will contact you in writing a few weeks before Jan. 1, 2023. You can have the medication sent to any CVS pharmacy or have your order delivered to you. Effective Jan. 1, 2023, call **800.238.7828** and CVS will get you enrolled and work with your doctor to obtain a prescription and any authorization needed for coverage.

PLANNING TOOLS AND RESOURCES – Available on other sites

| | |
|------------------------------------|--|
| Caremark.com | Review your year-to-date prescription costs, verify medication coverage, view detailed drug information and much more. |
| info.caremark.com/oe/Ameren | Beginning October 15, 2022, check your prescription drug coverage for 2023 and compare medication costs under different plans. |

Prescription Drug Coverage

You will automatically be enrolled in prescription drug coverage through CVS Caremark if you enroll in a medical plan.

| | 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 price; deductible waived. | 30% of discounted price; deductible waived. | N/A |
| Generic | 20% of discounted price after you reach the medical deductible. | 30% of discounted price after you reach the medical deductible. | \$10 |
| Preferred Brand Name | 20% of discounted price after you reach the medical deductible. | 30% of discounted price after you reach the medical deductible. | \$40 |
| Non-Preferred Brand Name | 20% of discounted price after you reach the medical deductible. | 30% of discounted price after you reach the medical deductible. | \$60 |
| Specialty | 20% of discounted price after you reach the medical deductible. | 30% of discounted price 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. |
| Mail Service Pharmacy | Save time and money by refilling 90-day prescriptions through Mail Service Pharmacy. | | Pay two copays for a 90-day supply. |

2023 Per Paycheck Deductions for Medical Coverage

| | HEALTH SAVINGS PLAN | HEALTH SAVINGS PLAN – VALUE | STANDARD PLAN |
|-------------------------------|---------------------|-----------------------------|---------------|
| You Only | \$26 | \$16.50 | \$50 |
| You + Spouse/Domestic Partner | \$98.50 | \$64 | \$178 |
| You + Child | \$78 | \$50 | \$136.50 |
| You + Family | \$150.50 | \$97.50 | \$264.50 |

*Payroll deductions will be taken pre-tax from two paychecks each month.

Choosing the Right Plan for You

Let's look at three fictional Ameren co-workers and compare their annual cost of coverage in each of the medical plan options for 2023 to see what plan would be the least expensive choice overall. Assume each uses in-network providers for all healthcare needs. If an HSA plan is elected, assume all have completed the required activities of the Live Well program to receive the Live Well HSA incentive. In each example, annual deductions have been rounded to the nearest whole dollar and costs are based on national averages.

The first co-worker is Jake

Jake is 27 years old and single. He is active and exercises regularly. However, he has high cholesterol and takes the generic form of a prescription medication to keep it under control. During 2023, Jake will see his in-network doctor for his annual wellness exam and flu vaccination.

Here's what Jake's total in-network, out-of-pocket costs would be under each option.

| | ESTIMATED COST | HEALTH SAVINGS PLAN | HEALTH SAVINGS PLAN – VALUE | STANDARD PLAN 4-TIER RX |
|---|----------------|---------------------|--------------------------------|----------------------------|
| Deductible | | \$1,550 | \$2,500 | \$600 |
| Annual payroll deduction | | \$624 | \$396 | \$1,200 |
| Jake has his annual wellness exam | \$150 | \$0 | \$0 | \$0 |
| Jake gets his flu vaccination | \$35 | \$0 | \$0 | \$0 |
| Jake gets his generic, cholesterol prescription (statin) | \$600 | \$0 | \$0 | \$0 |
| Jake makes a trip to Urgent Care for a sinus infection | \$260 | \$260 | \$260 | \$260 |
| Total Cost | \$1,045 | \$884 | \$656 | \$1,460 |
| Ameren HSA Contribution | | \$650 | \$650 | \$0 |
| Live Well HSA Incentive | | \$200 | \$200 | \$0 |
| Final out-of-pocket costs | | \$34 | -\$194 | \$1,460 |

For a detailed breakdown of medical and prescription deductibles and out-of-pocket maximums for all medical and prescription plans, see pages 8 and 10. Negative final out-of-pocket costs represent HSA balance(s) that may be carried forward into the following year.

The second co-worker is John

John is 39 and married. He is covering his 32-year-old wife and two children, ages 4 and 6, under his Ameren medical plan. During 2023, John and his wife learn they are pregnant and prepare for the baby to be born later in the year without complications. John and his family will see their in-network healthcare providers.

Here's what John's in-network, out-of-pocket costs would be under each option.

| | ESTIMATED COST | HEALTH SAVINGS PLAN | HEALTH SAVINGS PLAN – VALUE | STANDARD PLAN 4-TIER RX |
|---|-----------------|---------------------|--------------------------------|----------------------------|
| Deductible | | \$3,100 | \$5,000 | \$600/\$1,200 |
| Annual payroll deduction | | \$3,612 | \$2,340 | \$6,348 |
| John and his wife have an annual physical | \$150 | \$0 | \$0 | \$0 |
| John and his wife get flu shots | \$70 | \$0 | \$0 | \$0 |
| John's two children have well-child visits | \$500 | \$0 | \$0 | \$0 |
| John's two children have three sick visits each over the year | \$600 | \$600 | \$600 | \$600 |
| John buys three one-time prescriptions for his two children (two generics and one preferred brand) | \$150 | \$150 | \$150 | \$60 |
| John's wife has a baby | \$12,000 | \$4,000 | \$5,000 | \$1,740 |
| Total Cost | \$13,470 | \$8,362 | \$8,090 | \$8,748 |
| Ameren HSA Contribution | | \$1,300 | \$1,300 | \$0 |
| Live Well HSA Incentive | | \$200 | \$200 | \$0 |
| Final out-of-pocket costs | | \$6,862 | \$6,590 | \$8,748 |

For a detailed breakdown of medical and prescription deductibles and out-of-pocket maximums for all medical and prescription plans, see pages 8 and 10.

The third co-worker is Jennifer

Jennifer is 61 and she is covering her 19-year-old son under the Ameren medical plan. Unfortunately, during 2023, Jennifer has to have gall bladder surgery.

Here's what Jennifer's in-network, out-of-pocket costs would be under each option.

| | ESTIMATED COST | HEALTH SAVINGS PLAN | HEALTH SAVINGS PLAN – VALUE | STANDARD PLAN 4-TIER RX |
|---|-----------------|---------------------|--------------------------------|----------------------------|
| Deductible | | \$3,100 | \$5,000 | \$600/\$1,200 |
| Annual payroll deduction | | \$1,872 | \$1,200 | \$3,276 |
| Jennifer and her son had an annual physical | \$300 | \$0 | \$0 | \$0 |
| Jennifer has a mammogram | \$250 | \$0 | \$0 | \$0 |
| Jennifer requires surgery, inpatient services (2 days in hospital) | \$10,000 | \$4,000 | \$5,000 | \$1,540 |
| Jennifer's son has two sick visits to the doctor | \$200 | \$40 | \$60 | \$200 |
| Jennifer's son received three one-time, generic prescriptions | \$150 | \$30 | \$45 | \$30 |
| Total Cost | \$10,900 | \$5,942 | \$6,305 | \$5,046 |
| Ameren HSA Contribution | | \$1,300 | \$1,300 | \$0 |
| Live Well HSA Incentive | | \$200 | \$200 | \$0 |
| Final out-of-pocket costs | | \$4,442 | \$4,805 | \$5,046 |

For a detailed breakdown of medical and prescription deductibles and out-of-pocket maximums for all medical and prescription plans, see pages 8 and 10.

Dental Coverage

| DENTAL SCHEDULE OF BENEFITS | | | |
|--|----------------------------------|--------------------------------------|---|
| PLAN FEATURES | IN-NETWORK (DELTA DENTAL PPO) | IN-NETWORK (DELTA DENTAL PREMIER) | OUT-OF-NETWORK (NON-PARTICIPATING DENTISTS) |
| Annual Deductible per individual per year | \$25 | \$25 | \$25 |
| Annual Deductible per family per year | \$75 | \$75 | \$75 |
| Diagnostic and Preventive Services Includes office visits, exams, cleanings and X-rays | 100% (no deductible) | 100% (no deductible) | 90% (no deductible) |
| Basic Restorative Services 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 |
| Major Restorative Services Includes crowns, bridges, inlays, on lays and dentures | 50% after deductible is met | 50% after deductible is met | 50% after deductible is met |
| Orthodontic Treatment 12-month waiting period applies; coverage under any Ameren dental plan applies toward waiting period. | 50% | 50% | 50% |
| Maximum Annual Benefit | \$3,000 per covered individual | | |
| Orthodontic Treatment Lifetime Maximum | \$2,000 per covered individual | | |

| 2023 PER PAYCHECK PAYROLL DEDUCTIONS FOR DENTAL COVERAGE | | | |
|--|-----------------------------------|----------------|--------------|
| You Only | You + Spouse/ Domestic Partner | You + Children | You + Family |
| \$5.50 | \$10.50 | \$12 | \$18 |

*Payroll deductions will be taken pre-tax from two paychecks each month.

Vision Coverage

| VISION SCHEDULE OF BENEFITS | | |
|---|--|---|
| PLAN FEATURES | IN-NETWORK | OUT-OF-NETWORK |
| Annual Eye Exam (once every plan year) | \$10 copayment | \$10 copayment Plan pays up to \$50 |
| Contact Lens Exam | Plan pays up to \$60 | Plan pays up to \$60 |
| LENSES EACH PLAN YEAR (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 |
| Frames (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 |
| CONTACT LENSES (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 |
| 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 |

| 2023 PER PAYCHECK PAYROLL DEDUCTIONS FOR VISION COVERAGE | | | |
|--|-------------------------------|----------------|--------------|
| You Only | You + Spouse/Domestic Partner | You + Children | You + Family |
| \$1.50 | \$2.50 | \$2.50 | \$4 |

*Payroll deductions will be taken pre-tax from two paychecks each month.

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

| | |
|---------------------------------------|---|
| HEALTHCARE FSA | Use toward qualified healthcare expenses – including medical, dental or vision – for you and your covered dependents. The maximum contribution limit for 2023 is \$2,850. A Healthcare FSA is not available if you elect a Health Savings medical plan. |
| LIMITED PURPOSE HEALTHCARE FSA | This type of FSA is only open to those enrolled in the Health Savings Plan or Health Savings Plan – Value. It can only be used for qualified dental and vision expenses for you and your covered dependents. The maximum contribution limit for 2023 is \$2,850. |
| DEPENDENT CARE FSA | Use toward qualified dependent day care expenses for children under age 13 and older adults who are your tax dependents. The IRS maximum household contribution for 2023 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 Mar. 31, 2024, to submit claims for reimbursement for expenses incurred from Jan. 1 through Dec. 31, 2023.

Eligible Expenses

Eligible expenses are determined by IRS rules. Some over-the-counter medications are eligible for reimbursement; visit [wageworks.com](https://www.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. 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.

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 and/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 and/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 myAmeren Benefits 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 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. To obtain a copy of Ameren's privacy notice, please contact myAmeren Benefits at **877.7my.Ameren (877.769.2637)**, Option 2, or visit **myAmeren.com > myAmeren Benefits > Reference Center**. For TDD communication services for the hearing impaired, call **800.TDD.TDD4 (800.833.8334)**.

This notice is also available in your Summary Plan Description (SPD).

Summary of Benefits and Coverage

You can access a Summary of Benefits and Coverage (SBC) for each medical plan choice at **myAmeren.com > Annual Enrollment > Enroll Now > Reference 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.

Contact Information

| RESOURCE | WEBSITE | PHONE NUMBER |
|--|--|--|
| MYAMEREN BENEFITS Enrollment, eligibility, long-term disability, pension and general questions other than Annual Enrollment questions. Available Monday through Friday, from 8:00 a.m. to 6:00 p.m., CT, except on holidays | HealthCare & Life Benefits myAmeren.com > Healthcare Elections For Pension myAmeren.com > Estimate Pensions | 877.7my.Ameren (877.769.2637), Option 2. Hearing-Impaired: 800.TDD.TDD4 (800.833.8334) |
| ANTHEM BlueCross BlueShield Medical coverage, claims, pre-approvals, etc. Available Monday through Friday, from 7:00 a.m. to 6:00 p.m., CT Engage Personal health assistant | anthem.com Telemedicine (Virtual Doctor Visit): livehealthonline.com Engage: app.engage-wellbeing.com | 844.344.7410 24/7 NurseLine: 800.700.9184 Behavioral Health and Substance Abuse: 866.621.0554 |
| DELTA DENTAL Dental and orthodontic coverage and claims Available Monday through Friday, from 7:00 a.m. to 5:00 p.m., CT | deltadentalmo.com | 800.335.8266 |
| CVS CAREMARK Prescription medications, cost and coverage Available 24 hours per day, 7 days per week | Caremark.com CVS Caremark Annual Enrollment information tool: info.caremark.com/oe/Ameren | CVS Caremark: 877.817.0479 CVS Specialty Pharmacy: 800.237.2767 |
| FIDELITY HSA Available Monday through Friday, from 8:00 a.m. to 8:00 p.m., CT FIDELITY 401(K) SAVINGS INVESTMENT PLAN Available Monday through Friday, from 7:30 a.m. to 11:00 p.m., CT | myAmeren.com > Check 401(k)/HSA | 800.544.3716 877.7my.Ameren (877.769.2637), Option 1 |
| LIVE WELL PROGRAM Available Monday through Thursday, from 7 a.m. to 10 p.m., CT; Friday, from 7 a.m. to 7 p.m., CT; Saturday, from 7 a.m. to 2 p.m., CT | Ameren.com/LiveWell | Program and Incentives: LiveWell@Ameren.com Technical Support: 833.724.4637 |
| MAGELLAN HEALTH SERVICES Work/Life Employee Assistance Program Available 24 hours per day, 7 days per week | member.magellanhealthcare.com | 800.289.1109 |
| METLIFE LEGAL PLANS Legal assistance services Available Monday through Thursday, from 7:00 a.m. to 8:00 p.m., CT, and Friday, from 7:00 a.m. | myAmeren.com > myLife | 800.821.6400 |
| VSP VISION Vision coverage | vsp.com | 800.877.7195 |
| HEALTH EQUITY/WAGeworks FSA and Commuter Pass Available Monday through Friday, from 8:00 a.m. to 8:00 p.m., CT | wageworks.com When registering, use the last 4 digits of your employee ID (not the last 4 of your SSN) | 877.924.3967 |