

2024

ANNUAL ENROLLMENT GUIDE

For Retirees retiring on or after January 1, 1992

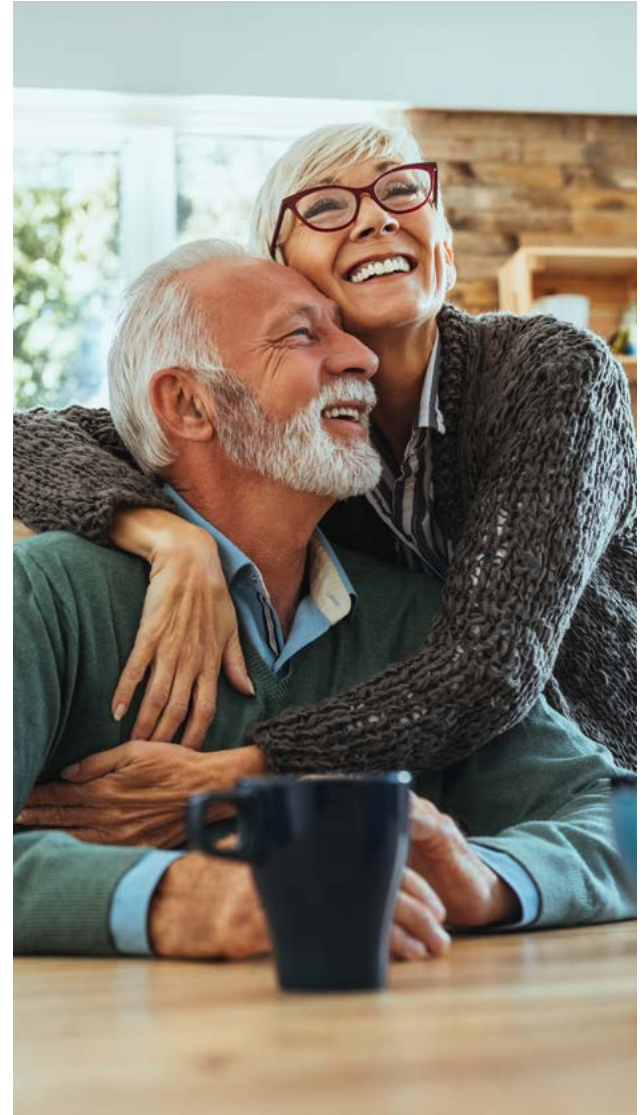


What's Inside

Annual Enrollment	3
How to Use This Guide	4
2024 Healthcare and Life Updates	5
Medical Plans – If You Are Not Eligible for Medicare	6
Prescription Drug Coverage – CVS Caremark	7
Prescription Drug Coverage – If You Are Not Eligible for Medicare	8
2024 Healthcare and Life Reminders – If You Are Eligible for Medicare	9
Medical Plans – If You Are Eligible for Medicare	10
Prescription Drug Coverage – If You Are Eligible for Medicare	11
Legal Notices	13
Contact Information	15

Information presented in this 2024 Benefits Guide is not a guarantee of coverage or benefits under the Ameren Retiree Welfare Benefit 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 2024 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, 2024, 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 1 to November 15, 2023



Visit myAmeren.com for Annual Enrollment Information

Review your benefit elections for the current year.

Enroll online 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 > Enroll Now**. You can access myAmeren.com from any computer or mobile device. If you retired or terminated on August 8, 2023 or after, you will first need to register to create your own UserID and password using your personal credentials if you are accessing myAmeren.com for the first time since your retirement.

Or



Call myAmeren Benefits to enroll 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. 4 and Nov. 11) from 8 a.m. to 2 p.m. CT.

Don't Forget

- If you don't make changes by Nov. 15, 2023, your next opportunity to make changes to your elections will be the fall of 2024, with benefit changes effective Jan. 1, 2025, unless you have a qualified life event (i.e. marriage, birth, adoption, or loss of other healthcare coverage).
- 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.

Take Action

- It is a good idea to regularly review your beneficiaries to ensure your information is current based on life events, such as a birth, death, marriage, or divorce. Please take a minute to review your beneficiary information and make any necessary updates at **Healthcare Elections > Make a Change to My Benefits > Change My Benefits > Change of Beneficiary**
- 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 **> 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.

How to Use This Guide

RETIREE GROUP	USE THIS BENEFIT GUIDE FOR 2024 ENROLLMENT IN AN AMEREN RETIREE MEDICAL PLAN	USE THE ALIGHT RETIREE HEALTH SOLUTIONS MATERIALS FOR 2024 MEDICAL ENROLLMENT
All Management Retirees, All Illinois Union Retirees and Missouri Union Contract Retirees (Expired Contract)		
Retiree and/or dependent who is under age 65 and is not eligible for Medicare	•	
Retiree and/or dependent who is under age 65 and is eligible for Medicare due to disability	• See section "Eligible for Medicare"	
Retiree and/or dependent who is over age 65 and is eligible for Medicare due to age		•
Missouri Union Retirees – Retired Under Active Contract (1/1/23 – 12/31/2026)		
Retiree and/or dependent who is under age 65 and is not eligible for Medicare	•	
Retiree and/or dependent who is under age 65 and is eligible for Medicare due to disability	• See section "Eligible for Medicare"	
Retiree and/or dependent who is over age 65 and is eligible for Medicare due to age	• See section "Eligible for Medicare"	

Keeping You Connected

Important benefits updates and information will be sent to your email address. Choose 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.

2024 Healthcare and Life Updates

If You Are Not Eligible for Medicare

HEALTH COVERAGE

- Based upon the IRS regulations, the Health Savings Plan deductible increases from \$1,550 to \$1,600 for an individual and \$3,100 to \$3,200 for family.

ID CARDS

You will only receive a new and separate ID card in the mail from Anthem or CVS if you are enrolling for the first time or if you are changing plans for Jan. 1, 2024. If you need additional or replacement ID cards, you can request online.

LIFETIME MAXIMUMS

- 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 per person. If you, or a covered dependent reach the maximum at any time, you (or they) will no longer have coverage under the plan. Contact Anthem to determine the dollar amount of covered expenses you have accumulated.

ANTHEM ENGAGE: YOUR PERSONALIZED HEALTH ASSISTANT

Use the Anthem Engage mobile app to get the most out of your healthcare. Anthem Engage provides retirees who are not eligible for Medicare 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”).



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.	\$1,600 if you only cover yourself \$3,200 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	Limit: \$750 per year In-network: 0% (no cost to you) Out-of-network: 30%	Limit: \$750 per year In-network: 0% (no cost to you) Out-of-network: 30%	Limit: \$750 per year 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

CVS Caremark

CVS Caremark, Ameren’s prescription drug vendor, provides an easy and cost-effective way for you to get the prescription medication you need.



If you enroll for the first time or change your medical plan, 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 2024.

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.



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**.

Maintenance Choice

A convenient way to save on long-term maintenance medications* by filling them in 90-day supplies (instead of refilling every 30 days). Under this program, you must fill your maintenance medications at a CVS retail Pharmacy or via delivery from CVS Caremark Mail Service Pharmacy.

*These are medications you take for chronic conditions, such as high blood pressure, asthma, diabetes and high cholesterol.

Specialty Pharmacy

Specialty medications will be filled through the CVS Specialty Pharmacy. You will receive 24/7 support from the CVS Specialty Pharmacy team. You can have your medication sent to any CVS pharmacy or have your order delivered to you. Call **800.237.2767** 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

Caremark.com	Review your year-to-date prescription costs, verify medication coverage, view detailed drug information and much more.
info.caremark.com/oe/Ameren	Check your prescription drug coverage for 2024 and compare medication costs under different plans.

Prescription Drug Coverage

If You Are Not Eligible for Medicare

	HEALTH SAVINGS PLAN	HEALTH SAVINGS PLAN – VALUE	STANDARD PLAN
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 mail service pharmacy.		Pay two copayments for a 90-day supply.

2024 Healthcare And Life Reminders

If you are Eligible for Medicare and Not Eligible for Alight Retiree Health Solutions

HEALTH COVERAGE

During this 2024 Annual Enrollment period there are no changes to your 2024 healthcare coverage.

ID CARDS

You will only receive a new and separate ID card in the mail from Anthem or CVS if you are enrolling for the first time or if you are changing plans for Jan. 1, 2024. If you need additional or replacement ID cards, you can request online.

LIFETIME MAXIMUMS

- 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 per person. If you, or a covered dependent reach the maximum at any time, you (or they) will no longer have coverage under the plan. Contact Anthem to determine the dollar amount of covered expenses you have accumulated.

Important Reminders:

If you are eligible for Medicare and for Alight Retiree Health Solutions

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 Alight Retiree Health Solutions with financial assistance from Ameren. You will receive information directly from Alight Retiree Health Solutions regarding the Medicare Open Enrollment Period and opportunities to change your supplemental Medicare coverage for 2024. For questions, contact Alight Retiree Health Solutions at **855.819.0011**.

If you are eligible for Medicare and not eligible for Alight Retiree Health Solutions

- The plans available to you are subject to a lifetime maximum, which is the maximum benefit payable for medical and prescription drugs for each person covered by the 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**.

Retired under current Missouri union contract labor agreement (1/1/2023 - 12/31/2026)

Missouri 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.

*Except Missouri Union Local 11.

Medical Plans

If You Are Eligible for Medicare and Not Eligible for Aflac Retiree Health Solutions

	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 2024
Coinsurance	20% after deductible is met	20% after deductible is met

This chart is intended to provide a comparison 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

If You Are Eligible for Medicare and Not Eligible for Aflac Retiree Health Solutions

CVS Caremark

CVS Caremark, Ameren's prescription drug vendor, provides an easy and cost-effective way for you to get the prescription medication you need.



If you enroll for the first time or change your medical plan, 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 2024.

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**.



	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 mail service pharmacy. Pay two copayments for a 90-day supply.	

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**.

Maintenance Choice

A convenient way to save on long-term maintenance medications* by filling them in 90-day supplies (instead of refilling every 30 days). Under this program, you must fill your maintenance medications at a CVS retail Pharmacy or via delivery from CVS Caremark Mail Service Pharmacy.

*These are medications you take for chronic conditions, such as high blood pressure, asthma, diabetes and high cholesterol.

Specialty Pharmacy

Specialty medications will be filled through the CVS Specialty Pharmacy. You will receive 24/7 support from the CVS Specialty Pharmacy team. You can have your medication sent to any CVS pharmacy or have your order delivered to you. Call **800.237.2767** 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

Caremark.com	Review your year-to-date prescription costs, verify medication coverage, view detailed drug information and much more.
info.caremark.com/oe/Ameren	Check your prescription drug coverage for 2024 and compare medication costs under different plans.

Legal Notices

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 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 Material Modification for the Ameren Employee Medical Plan, Ameren Miscellaneous Healthcare and Fringe Benefit Plan and Ameren Retiree Welfare Benefit Plan

August 2023

Notice of End of Temporary COVID-19-Related Extension of Certain Plan Deadlines 2023

We are required to send this notice to you by law and action may be required. This notice contains important information about certain deadlines applicable under the Ameren plans outlined above (the “Plans”). Please read this notice carefully, as the information described may impact certain rights you have under the Plans, as applicable, and may require your action. You should also share this information with your covered family members because their rights under the Plan also may be impacted.

Since March 1, 2020—Temporary Extension of Certain Plan Deadlines During the COVID-19 Outbreak Period

As required by federal law and regulatory guidance, certain deadlines otherwise applicable under the applicable Plan and set forth in the Summary Plan Description (“SPD”) were extended for up to one year or until 60 days after the announced end of the COVID 19 National Emergency (the “Outbreak Period”), whichever is sooner. When the Outbreak Period ended all usual Plan deadlines resumed. **Important information about the anticipated end of the Outbreak Period is provided later in this SMM.**

That extension applied to all the following Plan deadlines:

- i. the 30-day special enrollment period for life events, such as marriage, birth of a child, adoption, or placement for adoption;
- ii. the 60-day special enrollment period for loss of Medicaid or CHIP coverage;
- iii. the 60-day election period for COBRA continuation coverage;
- iv. the 45-day deadline for the payment of the first COBRA premium;
- v. the 30-day grace period for monthly COBRA premiums;
- vi. the 60-day deadline to provide notice of a qualifying event or disability determination;

- vii. the 14-day period for the Plan to provide election notices to qualified beneficiaries; and
- viii. the claim deadlines under the Plan, including the deadlines for appeals of an adverse benefit determination and external review requests.

What is Changing—The Outbreak Period ended July 10, 2023,

The Outbreak Period and the deadline extension for the deadlines described above ended on July 10, 2023, and the usual Plan deadlines described in your SPD resumed.

Refer to your SPDs for the usual deadlines that apply to your coverage(s) and the Plan.

For example, if a claim was denied by the Plan on March 16, 2022, under the usual Plan deadlines, you had 60 days to appeal that decision (i.e., until May 15, 2022). However, due to the extensions described above, the time period you had to file your appeal with the Plan was extended by a year, until March 16, 2023 and the 60-day period you have to appeal that denial would have ended on May 15, 2023.

As another example, if you became entitled to a special enrollment right (e.g., a child no longer being eligible for Medicaid or CHIP coverage) on November 30, 2022 to enroll yourself or a dependent in medical coverage under the Plan, you had 30 or 60 days, as applicable, from the date you became entitled to enroll yourself or a dependent for coverage. However, due to the extensions described above you would have had to enroll yourself or your dependent in the Plan was extended up to one year, but only until the end of the Outbreak Period, after which the usual 30 or 60 day period would start on July 10, 2023.

End of the Public Health Emergency

Under COVID-19 related guidance, the Plan has been required to offer certain COVID related services to you

at no cost, including at-home COVID tests and COVID vaccines and boosters.

As of May 11, 2023, the following changes occurred for the Plan:

- 1) At home COVID tests will not incur standard cost-sharing and you will now be responsible for all or some of the costs of these tests.
- 2) COVID vaccines and boosters received at OUT OF NETWORK providers will be subject to cost sharing and you will be responsible for all or some of the costs of these vaccines and boosters. You will not be required to pay any of the costs of the vaccines or boosters received from an IN-NETWORK provider.

If you have any questions about an applicable deadline under the Plan, please contact your plan administrator.

This SMM is a “summary of material modifications” within the meaning of ERISA. This SMM describes changes to the information provided in the most recent SPD(s) for the Plan and is an important part of each applicable SPD. Please read this SMM carefully and keep this SMM with your SPD and other important Plan documents. This SMM is based on legal documents (such as plan documents and insurance contracts) currently in effect. As such, your rights are governed by the terms of these legal documents. Please refer to the relevant legal documents for complete information on your rights and obligations under the Plan. You may obtain a copy of any of the official legal documents on written request to the Plan Administrator. Please refer to your SPD for the Plan Administrator’s contact information.

While every effort has been made to give you correct and complete information about your benefits, in the event of any conflict or inconsistency between the SMM and the applicable legal documents, the terms of the legal documents will control. Ameren intends to continue the Plan benefits as described in this SMM and the SPD, but reserves the right, at its discretion, to change or even terminate all or any part of the Plan benefits offered at any time and in any manner to the extent permitted by law. As a result, this SMM is not a contract, nor is it a guarantee of your benefits.

Contact Information

RESOURCE	WEBSITE	PHONE NUMBER
<p>MYAMEREN BENEFITS</p> <p>For enrollment, eligibility and general questions other than Annual Enrollment questions</p> <p>Available Monday through Friday, 8:00 a.m. to 6:00 p.m., CT, except on holidays</p>	<p>For HealthCare & Life Benefits</p> <p>Go to myAmeren.com > Healthcare Elections</p>	<p>877.7my.Ameren (877.769.2637), Option 2</p> <p>Hearing-Impaired: 800.TDD.TDD4 (800.833.8334)</p>
<p>ANTHEM</p> <p>BlueCross BlueShield</p> <p>For questions about your medical coverage</p> <p>Available Monday through Friday, 7:00 a.m. to 6:00 p.m., CT</p>	<p>anthem.com</p> <p>Telemedicine (Virtual doctor visit): livehealthonline.com</p>	<p>Refer to the back of your Anthem ID card for phone number.</p> <p>24/7 NurseLine: 800.700.9184</p> <p>Behavioral Health and Substance Abuse: 866.621.0554</p>
<p>CVS CAREMARK</p> <p>Prescription medications, cost and coverage</p> <p>Available 24 hours per day, 7 days per week</p>	<p>Caremark.com</p> <p>CVS Caremark information tool: info.caremark.com/oe/Ameren</p>	<p>CVS Caremark: 877.817.0479</p> <p>CVS Specialty Pharmacy: 800.237.2767</p>

For more information on your benefits, including Summary Plan Descriptions, visit **myAmeren.com > Healthcare Elections > Reference Center**.



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