

2022

# ANNUAL ENROLLMENT

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



## myAmeren BENEFITS GUIDE



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Information presented in this 2022 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 2022 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 Jan. 1, 2022, 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 3 to November 17, 2021

Co-workers will notice an updated experience when interacting with their benefits on **myAmeren.com** or calling **877.7my.Ameren** (877.769.2637) Option 7. Updates include design upgrades to the web portal, improved security features, new tools and resources, and more.



### Visit [myAmeren.com](https://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 2022 Benefits Elections

Enroll at [myAmeren.com](https://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 7. The hours for phone service will be Mon. through Fri. from 7 a.m. to 8 p.m. CT and Saturdays (Nov.6 and Nov. 13) from 8 a.m. to 2 p.m. CT.



### Don't Forget

- If you miss the Nov. 17 deadline, your next opportunity to enroll or make changes will be the fall of 2022, with benefit changes effective Jan. 1, 2023. 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.
- 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** > **myAmeren Benefits** > **Library** > **Documents & Forms** 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.
- 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 2022.



# 2022 Benefit Package Changes

## MEDICAL AND PRESCRIPTION DRUGS

- Gene Therapy, a type of treatment that uses genetic material to treat certain diseases, will be a covered benefit.
- Copay assistance manufacturer coupons for prescription drugs will not count toward your deductible or out-of-pocket maximum.

## HEALTH SAVINGS ACCOUNT (HSA)

- Maximum contribution limits will increase to \$3,650 if you cover only yourself and \$7,300 if you cover yourself and any other family members.
- You are now able to set up HSA contributions to invest immediately.

## FLEXIBLE SPENDING ACCOUNT (FSA)

- The maximum contribution for the Healthcare FSA and Limited Purpose Healthcare FSA will increase to \$2,750.

## MEDICAL PLAN CARRIER

- If you change plans during Annual Enrollment, you will receive a new Anthem ID card.



## Keeping You Connected

Important benefits updates and information will now automatically be sent to your Ameren email address. You may select to have myAmeren Benefits messages sent to your personal email address and/or text messages to your mobile device. During Annual Enrollment, go through [myAmeren.com](https://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.

- Earn up to \$200 during the Live Well program year, which runs Jan. 1 – Dec. 1, 2022.
- **You may choose to earn your 2022 Live Well incentives via paycheck deposit or Health Savings Account contribution.**

To get started, follow the steps below:

<b>STEP 1:</b>	<b>Activate your account.</b> Sign up for your Live Well account with Virgin Pulse. Visit <a href="https://Ameren.com/LiveWell">Ameren.com/LiveWell</a> .
<b>STEP 2:</b>	<b>Accept the terms and conditions.</b> Choose your email preferences to get the latest tips and information.
<b>STEP 3:</b>	<b>Connect a fitness tracker.</b> Get credit for your steps, active minutes and sleep. Sync up with devices and apps like Fitbit and Apple Health.
<b>STEP 4:</b>	Upload a <b>profile picture</b> and add some <b>friends</b> .
<b>STEP 5:</b>	<b>Set your interests.</b> Get personalized daily tips to help you eat healthy, get active, reduce stress, sleep well and more!
<b>STEP 6:</b>	<b>Earn incentives.</b> Get \$50 per quarter by participating in recommended activities.
<b>STEP 7:</b>	<b>Download the Virgin Pulse mobile app</b> (through App Store or Google Play). Manage your account on the go. Search for Ameren in the sponsor list.



# Incentives to Live Well

**It's easy to earn rewards by making healthy decisions. The more you make, the more you'll earn.**

- Each quarter, complete recommended activities and earn points. Redeem your points for incentives. During Annual Enrollment this fall, you will choose how you would like your earned Live Well incentives to be paid out in 2022. You can choose between a paycheck deposit or Health Savings Account contribution.
- Earn up to \$200 in 2022 (\$50 each quarter).

**Here are some of the ways you can earn rewards:**

- Health assessment
- Health screening
- Live Well Challenges
- Daily cards
- Primary care physician visit
- Journeys Digital Coaching
- Future Moms Program
- Download the **Anthem Engage App**
- Track healthy habits
- Sync a device
- Nutrition and sleep guides
- Pre-diabetes risk assessment
- Preventive cancer screenings
- Tobacco-free agreement
- Ameren Mentoring & Connection Community

For a complete list of ways to earn, visit **How to Earn** under the **Home** tab on **Ameren.com/LiveWell**.

## EMOTIONAL HEALTH CHECK

Navigating today's complex world can be challenging and many people are feeling lonely, isolated, and depressed. Signs could include trouble sleeping, low energy, anxiousness, feeling like you need to stay indoors, and bingeing regularly on movies, drinks, or food. **Magellan, Ameren's Work-Life Employee Assistance Program, offers up to six free in-person or virtual professional counseling sessions (per concern or issue) to all Ameren co-workers and their household members.** Contact Ameren's Work-Life Employee Assistance Program, 24/7, at **MagellanAscend.com** or **800.289.1109** to find out more or to schedule an appointment. All information collected by Magellan is strictly confidential and no information about you or your concern will be shared with Ameren.



# 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.
- Not enrolled in Medicare, TRICARE or another medical plan that is not a High Deductible Health Plan (HDHP).
- 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.

	2022 ANNUAL AMEREN EMPLOYER CONTRIBUTION	2022 MAXIMUM CO-WORKER PAYROLL CONTRIBUTION	2022 IRS HSA CONTRIBUTION MAXIMUM
You Only Coverage	\$650	\$3,000	\$3,650
You + Any Family Member Coverage	\$1,300	\$6,000	\$7,300
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.





# 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
<b>Deductible</b> 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
<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 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. All plans use Anthem's National PPO network of providers.



# Prescription Drug Coverage

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

	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.
Home Delivery	Save time and money by refilling 90-day prescriptions through Home Delivery.		Pay two copays for a 90-day supply.

# 2022 Monthly Payroll Deductions for Medical Coverage

	HEALTH SAVINGS PLAN	HEALTH SAVINGS PLAN – VALUE	STANDARD PLAN
You Only	\$49	\$31	\$95
You + Spouse/ Domestic Partner	\$187	\$121	\$337
You + Child/Children	\$148	\$95	\$259
You + Family	\$284	\$184	\$499

## 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](https://myAmeren.com) > Annual Enrollment > Enroll Now.



## 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 2022 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 2022, 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
<b>Deductible</b>		\$1,550	\$2,500	\$600
<b>Annual payroll deduction</b>		\$588	\$372	\$1,140
<b>Jake has his annual wellness exam</b>	\$150	\$0	\$0	\$0
<b>Jake gets his flu vaccination</b>	\$35	\$0	\$0	\$0
<b>Jake gets his generic, cholesterol prescription (statin)</b>	\$600	\$0	\$0	\$0
<b>Jake makes a trip to Urgent Care for a sinus infection</b>	\$260	\$260	\$260	\$260
<b>Total Cost</b>	<b>\$1,045</b>	<b>\$848</b>	<b>\$632</b>	<b>\$1,400</b>
<b>Ameren HSA Contribution</b>		\$650	\$650	\$0
<b>Live Well HSA Incentive</b>		\$200	\$200	\$0
<b>Final out-of-pocket costs</b>		<b>-\$2</b>	<b>-\$218</b>	<b>\$1,400</b>

For a detailed breakdown of medical and prescription deductibles and out-of-pocket maximums for all medical and prescription plans, see page 9 and 10. Negative final out-of-pocket costs represent HSA balance(s) that may be carried forward into 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 2022, 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
<b>Deductible</b>		\$3,100	\$5,000	\$600/\$1,200
<b>Annual payroll deduction</b>		\$3,408	\$2,208	\$5,988
<b>John and his wife have an annual physical</b>	\$150	\$0	\$0	\$0
<b>John and his wife get flu shots</b>	\$70	\$0	\$0	\$0
<b>John's two children have well-child visits</b>	\$500	\$0	\$0	\$0
<b>John's two children have three sick visits each over the year</b>	\$600	\$600	\$600	\$600
<b>John buys three one-time prescriptions for his two children (two generics and one preferred brand)</b>	\$150	\$150	\$150	\$60
<b>John's wife has a baby</b>	\$12,000	\$4,000	\$5,000	\$1,740
<b>Total Cost</b>	<b>\$13,470</b>	<b>\$8,158</b>	<b>\$7,958</b>	<b>\$8,388</b>
<b>Ameren HSA Contribution</b>		\$1,300	\$1,300	\$0
<b>Live Well HSA Incentive</b>		\$200	\$200	\$0
<b>Final out-of-pocket costs</b>		<b>\$6,658</b>	<b>\$6,458</b>	<b>\$8,388</b>

For a detailed breakdown of medical and prescription deductibles and out-of-pocket maximums for all medical and prescription plans, see page 9 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 2022, 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
<b>Deductible</b>		\$3,100	\$5,000	\$600/\$1,200
<b>Annual payroll deduction</b>		\$1,776	\$1,140	\$3,108
<b>Jennifer and her son had an annual physical</b>	\$300	\$0	\$0	\$0
<b>Jennifer has a mammogram</b>	\$250	\$0	\$0	\$0
<b>Jennifer requires surgery, inpatient services (2 days in hospital)</b>	\$10,000	\$4,000	\$5,000	\$1,540
<b>Jennifer's son has two sick visits to the doctor</b>	\$200	\$40	\$60	\$200
<b>Jennifer's son received three one-time, generic prescriptions</b>	\$150	\$30	\$45	\$30
<b>Total Cost</b>	<b>\$10,900</b>	<b>\$5,846</b>	<b>\$6,245</b>	<b>\$4,878</b>
<b>Ameren HSA Contribution</b>		\$1,300	\$1,300	\$0
<b>Live Well HSA Incentive</b>		\$200	\$200	\$0
<b>Final out-of-pocket costs</b>		<b>\$4,346</b>	<b>\$4,745</b>	<b>\$4,878</b>

For a detailed breakdown of medical and prescription deductibles and out-of-pocket maximums for all medical and prescription plans, see page 9 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)
<b>Annual Deductible</b> per individual per year	\$25	\$25	\$25
<b>Annual Deductible</b> per family per year	\$75	\$75	\$75
<b>Diagnostic and Preventive Services</b> Includes office visits, exams, cleanings and X-rays	100% (no deductible)	100% (no deductible)	90% (no deductible)
<b>Basic Restorative Services</b> Includes fillings, extractions, periodontics, endodontics, oral surgery, space maintainers and sealants	90% after deductible is met	80% after deductible is met	70% after deductible is met
<b>Major Restorative Services</b> Includes crowns, bridges, inlays, on lays and dentures	50% after deductible is met	50% after deductible is met	50% after deductible is met
<b>Orthodontic Treatment</b> 12-month waiting period applies; coverage under any Ameren dental plan applies toward waiting period.	50%	50%	50%
<b>Maximum Annual Benefit</b>	\$3,000 per covered individual		
<b>Orthodontic Treatment Lifetime Maximum</b>	\$2,000 per covered individual		

2022 MONTHLY PAYROLL DEDUCTIONS FOR DENTAL COVERAGE			
You Only	You + Spouse/ Domestic Partner	You + Children	You + Family
\$10	\$21	\$22	\$33





# Vision Coverage

VISION SCHEDULE OF BENEFITS		
PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Eye Exam</b> (once every plan year)	\$10 copayment	\$10 copayment Plan pays up to \$50
<b>Contact Lens Exam</b>	Plan pays up to \$60	Plan pays up to \$60
<b>LENSES EACH PLAN YEAR</b> (cost provided per pair)		
Single Vision	\$10 copayment	\$10 copayment Plan pays up to \$50
Lined Bifocal	\$10 copayment	\$10 copayment Plan pays up to \$75
Lined Trifocal	\$10 copayment	\$10 copayment Plan pays up to \$100
Lined Lenticular	\$10 copayment	\$10 copayment Plan pays up to \$125
<b>Frames</b> (once every plan year)	Frame of your choice covered up to \$200 (if frame is a featured brand name, it will be covered up to \$220)	Frame of your choice covered up to \$70
<b>CONTACT LENSES</b> (once every plan year, you may receive benefits for eyeglasses or contact lenses, but not both)		
<b>Instead of glasses and if visually necessary</b>	Plan pays 100%, after \$10 copayment	\$10 copayment Plan pays up to \$210
<b>Instead of glasses, if elective</b>	Plan pays 100% up to \$200	Plan pays 100% up to \$150
<b>Laser Vision Correction Surgery</b>	In addition to discounts available from VSP, there is a \$500 annual benefit for corrective surgical procedures.	\$500 annual benefit for corrective surgical procedures

2022 MONTHLY PAYROLL DEDUCTIONS FOR VISION COVERAGE			
You Only	You + Spouse/Domestic Partner	You + Children	You + Family
\$3	\$6	\$7	\$10



# Flexible Spending Accounts (FSAs) Overview

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

## Ameren Offers Healthcare and Dependent Care FSAs

<b>HEALTHCARE FSA</b>	Use toward qualified healthcare expenses – including medical, dental or vision – for you and your covered dependents. The maximum contribution limit for 2022 is \$2,750. <b>A Healthcare FSA is not available if you elect a Health Savings medical plan.</b>
<b>LIMITED PURPOSE HEALTHCARE FSA</b>	This type of FSA is only open to those enrolled in the Health Savings Plan or Health Savings Plan – Value. <b>It can only be used for qualified dental and vision expenses for you and your covered dependents.</b> The maximum contribution limit for 2022 is \$2,750.
<b>DEPENDENT CARE FSA</b>	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 2022 is \$5,000.

Effective May 12, 2020 through Dec. 31, 2021, a co-worker may make a new election to enroll in a Dependent Care FSA on a prospective basis; decrease or increase an existing election provided any decrease shall not be less than amount already reimbursed.

Dependent Care expenses for a dependent who has not yet attained the age of 14 will be considered eligible during the 2020 plan year and 2021 plan year only with respect to any unused balance as of Dec. 31, 2020.

### 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, 2023 to submit claims for reimbursement for expenses incurred from Jan. 1 through Dec. 31, 2022.

A co-worker who participates in the Healthcare or Limited Purpose Healthcare FSA and terminates employment during the 2021 plan year will be permitted to continue participation under the Healthcare or Limited Purpose Healthcare FSA through Dec. 31, 2021. The remaining balance will be limited to the co-worker's year to date total contribution amount at the time of the termination of employment, less any reimbursed amounts.

Unused account balances in a co-worker's Healthcare, Limited Purpose Healthcare or Dependent Care FSA after the expiration of the period for submitting claims may be carried forward in the following plan year provided:

- Balances remaining after the end of the 2020 Plan Year may be used for the reimbursement of eligible expenses incurred while a Participant between Jan. 1, 2021, and Dec. 31, 2021; and
- Balances remaining after the end of the 2021 Plan Year may be used for the reimbursement of eligible expenses incurred while a Participant between Jan. 1, 2022 and Dec. 31, 2022. Unused balances remaining after the expiration of the period for submitting claims for the 2022 Plan Year will not be carried forward into the following Plan Year and will be forfeited as otherwise provided herein.

### Eligible Expenses

Eligible expenses are determined by IRS rules. Certain over-the-counter medications are eligible for reimbursement; visit [wageworks.com](http://wageworks.com) for a searchable list of eligible items.

WageWorks may request documentation to verify an expense is valid under the IRS rules. This process is called substantiation. It is important to respond to these requests. If you do not, the claims could be deemed invalid, and you will be required to pay back the reimbursements you received. Failure to respond to a substantiation request will result in your WageWorks debit card being deactivated until you respond, and may also have tax implications.



# Planning Tools and Resources

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

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

## PLANNING TOOLS AND RESOURCES – Available on other sites

**anthem.com** or **Engage App**  
(also accessible through **myAmeren.com**)

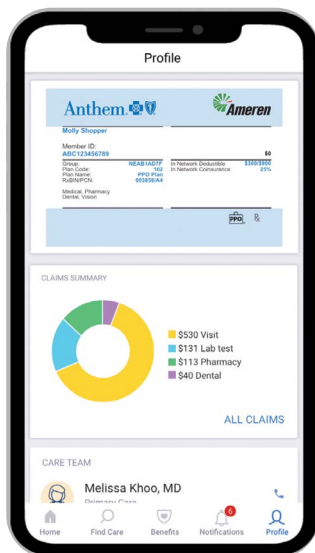
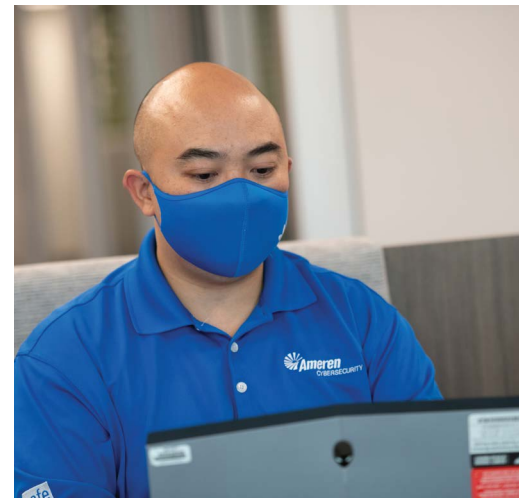
Review your medical claims, locate in-network providers, compare prices for medical procedures, update personal health information and much more.

**express-scripts.com**

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

**express-scripts.com/ameren**

Check prescription drug coverage for 2022 and compare medication costs under different plans.



## 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**.



# Contact Information

RESOURCE	WEBSITE	PHONE NUMBER
<p><b>MYAMEREN BENEFITS</b> 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</p>	<p>HealthCare &amp; Life Benefits <b>myAmeren.com &gt; Healthcare Elections</b> For Pension <b>myAmeren.com &gt; Estimate Pensions</b></p>	<p><b>877.7my.Ameren</b> (877.769.2637), Option 2. Hearing-Impaired: <b>800.TDD.TDD4</b> (800.833.8334)</p>
<p><b>ANTHEM</b> <b>BlueCross BlueShield</b> Medical coverage, claims, pre-approvals, etc. Available Monday through Friday, from 7:00 a.m. to 6:00 p.m., CT <b>Engage</b> Personal health assistant</p>	<p><b>anthem.com</b> Telemedicine (Virtual Doctor Visit): <b>livehealthonline.com</b>  Engage: <b>app.engage-wellbeing.com</b></p>	<p><b>844.344.7410</b> 24/7 NurseLine: <b>800.700.9184</b> Behavioral Health and Substance Abuse: <b>866.621.0554</b></p>
<p><b>DELTA DENTAL</b> Dental and orthodontic coverage and claims Available Monday through Friday, from 7:00 a.m. to 5:00 p.m., CT</p>	<p><b>deltadentalmo.com</b></p>	<p><b>800.335.8266</b></p>
<p><b>EXPRESS SCRIPTS</b> Prescription medications, cost and coverage Available 24 hours per day, 7 days per week</p>	<p><b>express-scripts.com</b> Express Scripts Annual Enrollment information tool: <b>express-scripts.com/ameren</b></p>	<p>Express Scripts: <b>888.256.6131</b> Accredo Specialty Pharmacy: <b>877.895.9697</b></p>
<p><b>FIDELITY HSA</b> Available Monday through Friday, from 8:00 a.m. to 8:00 p.m., CT <b>FIDELITY 401(K) SAVINGS INVESTMENT PLAN</b> Available Monday through Friday, from 7:30 a.m. to 11:00 p.m., CT</p>	<p><b>myAmeren.com &gt; Check 401(k)/HSA</b></p>	<p><b>800.544.3716</b>  <b>877.7my.Ameren</b> (877.769.2637), Option 1</p>
<p><b>LIVE WELL PROGRAM</b> 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</p>	<p><b>Ameren.com/LiveWell</b></p>	<p>Program and Incentives Questions email: <b>LiveWell@Ameren.com</b> Technical Support: <b>833.724.4637</b></p>
<p><b>MAGELLAN HEALTH SERVICES</b> Work/Life Employee Assistance Program Available 24 hours per day, 7 days per week</p>	<p><b>magellanascend.com</b></p>	<p><b>800.289.1109</b></p>
<p><b>METLIFE LEGAL PLANS</b> 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.</p>	<p><b>myAmeren.com &gt; myLife</b></p>	<p><b>800.821.6400</b></p>
<p><b>VSP</b> Vision coverage</p>	<p><b>vsp.com</b></p>	<p><b>800.877.7195</b></p>
<p><b>WAGeworks</b> FSA and Commuter Pass Available Monday through Friday, from 8:00 a.m. to 8:00 p.m., CT</p>	<p><b>wageworks.com</b> When registering, use the last 4 digits of your EE ID (not the last 4 of your SSN)</p>	<p><b>877.924.3967</b></p>



## 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 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 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. 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 > 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 Summary Plan Description.

### 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.



