



2021 Basic Program

For Co-Workers Eligible for the Basic Program: Ameren Missouri Locals 2, 148, 702, 1439, 1439 South, and 1455 Co-Workers

Medical Plan Comparison Chart	HEALTH SAVINGS PLAN	HEALTH SAVINGS PLAN – VALUE	STANDARD PLAN	DEFINED PLAN
Annual Health Savings Account 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	N/A
Deductible The annual amount you pay for services before you and the plan share costs.	\$1,400 if you only cover yourself \$2,800 if you and any family members are covered Includes prescription drugs	\$2,400 if you only cover yourself \$3,600 if you and any family members are covered Includes prescription drugs	In-network: \$400 per person \$800 family maximum Out-of-network: \$600 per person / \$1,200 family maximum	\$250 per person \$500 family maximum No out-of-network benefits
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%	After deductible is met, there is no coinsurance for this plan. In-network: 0% (no cost to you) No out-of-network benefits
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%	In-network: 0% (no cost to you) No out-of-network benefits
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, then coinsurance applies Emergency Room: \$125 copayment	Copayment: Primary Care Physician \$25 Specialist \$40 Urgent Care \$25 Outpatient Facility \$75 Inpatient Facility \$150/day (\$600 maximum)
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%	In-network: 0% (no cost to you) after the deductible is met No out-of-network benefits
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	\$15 copayment
Out-of-Pocket Maximum The most you would pay for your share of medical costs.	Combined medical and prescription costs In-network: \$3,000 per person \$6,000 per family Out-of-network: \$5,000 per person \$10,000 per family	Combined medical and prescription costs In-network: \$4,000 per person \$8,000 per family Out-of-network: \$6,000 per person \$12,000 per family	Medical costs only In-network: \$2,500 per person \$5,000 per family Out-of-network: \$5,000 per person \$10,000 per family	Medical costs only In-network: \$2,500 per person \$5,000 per family No out-of-network benefits

This chart is intended to provide a comparison of the most commonly used services to help you understand how the plans pay for benefits. The specific plan document supersedes this summary. All plans use Anthem's National PPO network of providers (Blue Access Choice).

Prescription Coverage	HEALTH SAVINGS PLAN	HEALTH SAVINGS PLAN - VALUE	STANDARD PLAN / DEFINED PLAN	
			3-Tier Option	Coinsurance Option
Generic Statin and Generic Contraceptives	No Cost	No Cost	No Cost	No Cost
Generic	20% of discounted rate after you reach the medical deductible.	30% of discounted rate after you reach the medical deductible.	\$10	20% of discounted rate after you reach the prescription deductible. \$250 per individual \$500 per family
Preferred Brand Name	20% of discounted rate after you reach the medical deductible.	30% of discounted rate after you reach the medical deductible.	\$30	
Non-Preferred Brand Name	20% of discounted rate after you reach the medical deductible.	30% of discounted rate after you reach the medical deductible.	\$50	
Specialty	20% of discounted rate after you reach the medical deductible.	30% of discounted rate after you reach the medical deductible.	\$50	
Annual out-of-pocket prescription maximum	Combined medical and prescription maximum (in network): \$3,000 per person; \$6,000 per family.	Combined medical and prescription maximum (in network): \$4,000 per person; \$8,000 per family.	\$4,000 per person/\$8,000 per family. Prescription out-of-pocket maximum is separate from medical out-of-pocket maximum.	\$750 per person/\$1,500 per family. Prescription out-of-pocket maximum is separate from medical out-of-pocket maximum.
Mail Order	Save time and money by ordering your prescription through Mail Order.		Pay two copays for a 90-day supply.	

Health Savings Medical Plan With a Health Savings Account (HSA)

Both Health Savings Medical Plans provide you with the opportunity to establish and contribute to a Health Savings Account (HSA). For the 2021 Plan Year, if you elect a Health Savings Medical Plan and open an HSA:

- Ameren will make an employer contribution each pay period to your HSA based on the coverage level you select:

	Annual Ameren Contribution	IRS Maximum 2020 Total Contribution Allowed*
You only coverage	\$ 650	\$3,600
You + Spouse/Domestic Partner	\$1,300	\$7,200
You + Child(ren)	\$1,300	\$7,200
You + Family	\$1,300	\$7,200

* including the contribution by Ameren

- IRS 2021 catch-up contribution for age 55 or older is \$1,000.
- For HSAs set up through Fidelity:
 - The co-worker is responsible for the \$5.50 per quarter service fee.
 - Investment options available once your account balance reaches \$500.
 - Contributions are pre-tax and deducted from your paycheck.
 - Debit cards will be provided by Fidelity for disbursements from your HSA.
- Funds in your HSA can be used for eligible medical expenses, which include but are not limited to:
 - Deductibles
 - Copays
 - Coinsurance
 - Dental and Vision Expenses
- Monthly plan payroll contributions are not qualifying medical expenses.
- Grow your HSA each year to use for healthcare expenses, even into retirement.

Visit the Express Scripts Annual Enrollment tool at [express-scripts.com/ameren](https://www.express-scripts.com/ameren). There you will be able to:

- estimate your total prescription costs for you and your family,
- find the Express Scripts' discounted price for any particular drug,
- see which category your regular prescription drugs fall into,
- verify that your medications are covered under the updated list of preferred medications.

Be sure to have your prescriptions handy because you will need to know the drug names and dosages to get price information.

2021 Monthly Payroll Deductions	HEALTH SAVINGS PLAN	HEALTH SAVINGS PLAN - VALUE	STANDARD PLAN 3-TIER RX	STANDARD PLAN COINSURANCE RX	DEFINED PLAN 3-TIER RX	DEFINED PLAN COINSURANCE RX
You Only	\$45	\$30	\$83	\$73	\$93	\$84
You + Spouse/Domestic Partner	\$152	\$101	\$273	\$258	\$317	\$305
You + Child(ren)	\$121	\$80	\$208	\$196	\$241	\$229
You + Family	\$228	\$151	\$398	\$381	\$465	\$450

The Working Spouse/Domestic Partner Contribution of \$100 per month will be applied in addition to the monthly premium unless you certify you each year that your spouse/domestic partner does not have group coverage available through their employer.

2021 Monthly Payroll Contributions for Dental & Vision Coverage	FOR AMEREN MISSOURI LOCALS 2, 148, 702, 1455 AND 1455 REGION WEST			DENTAL AND OPTICAL EXPENSE REIMBURSEMENT PLAN
	CO-WORKER	SPOUSE/DOMESTIC PARTNER	PER CHILD	
Local 2	\$10	\$22	\$17	For co-workers represented by Locals 1439 and 1439 South: <ul style="list-style-type: none"> The Dental and Optical Expense Reimbursement Plan (DORP) provides reimbursement for qualified dental and vision expenses. This benefit is administered by WageWorks. Newly hired co-workers are eligible after 6 months of employment.
Local 148	\$16	\$16	\$16	
Local 702	\$0	\$0	\$0	
Locals 1455 and 1455 Region West	\$0	\$0	\$15	

Your total monthly payroll contribution for dental and vision coverage is the sum of the payroll contribution for you, your spouse/domestic partner and/or your children (per child), as applicable.