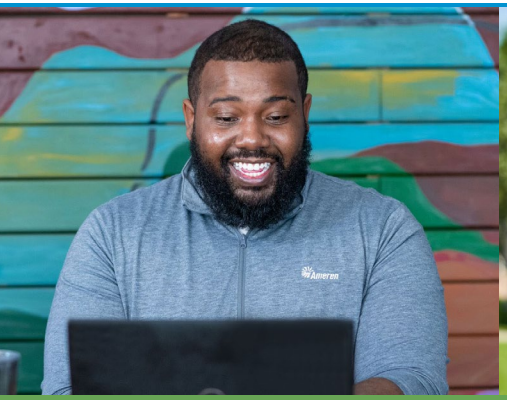
2027 ANNUAL ENROLLMENT GUIDE

Active Ameren Missouri Locals 2, 148, 702, 1439, 1455 and Co-Workers on Long-Term Disability






Ameren

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Information presented in this 2027 Benefits Guide is not a guarantee of coverage or benefits under the Ameren Employee Medical Plan, the Ameren Miscellaneous Healthcare and Fringe Benefit Plan, any plans and programs offered thereunder, or any other benefit plans and programs specifically identified in this guide (together, referred to as the Plan unless the context indicates otherwise). Each description applies only to the plan or program identified with that change. This guide should be read together with the applicable Summary Plan Description, program documents and prior summaries of material modifications. Any claims for benefits will be processed according to the Plan documents in force at the time of the event. In the event of a conflict between the Plan documents, including contracts with insurance carriers, policies and certificates, which contain all of the details about the benefits provided, and this 2027 Benefits Guide, the 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 **updated** benefits and will supersede this SMM in the event of a discrepancy. If there is any discrepancy between the terms of the Plan, as modified, and this SMM or the SPD, the provisions of the Plan will control. If there are any errors in this SMM, the Plan Administrator reserves the right to correct such errors. The Company and Plan Administrator reserve the right to amend, modify or terminate the Plan, or a benefit under the Plan, including the terms reflected in this SMM, at any time and for any reason. 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:
Nov. 17 - Dec. 1, 2026

Annual Enrollment Information & Action Items

- Visit **Workday Benefits and Pay Hub** to access all benefits information.
- Evaluate your medical plan using the planning tools and resources. Your current elections (or default elections) for medical, dental, vision, and life coverage will continue for 2027, subject to the 2027 plan terms and payroll deductions, unless you make a different election during annual enrollment or as otherwise provided in the applicable Plan documents.
- 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 own 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 participated in a Healthcare Flexible Spending Account or a Dependent Care Flexible Spending Account and wish to participate again in 2027, you will need to re-enroll for 2027.
- If you are currently enrolled in a Health Savings Account (HSA), you must re-elect your contribution amount for 2027 as it does not automatically roll over.



It's easy to enroll at work or from home.

Use Workday on an Ameren network computer, or visit Ameren.com/Benefits from a personal device and select Employees. Sign in with your Ameren email address and network password.

Make Your 2027 Benefits Elections

Enroll on the Workday Benefits and Pay Hub

While on the Ameren network, visit Workday and go to the Benefits and Pay Hub. If you're connected on a personal device or another network, visit Ameren.com/Benefits, select "Employees" and enter your Ameren employee email address (letter+number@ameren.com) and the same password you use to sign in to the Ameren network.

Or

You can also enroll by calling Ameren Benefits at 877.769.2637, Option 2. The hours for phone service will be Monday through Friday from 7 a.m. to 7 p.m. CT and Saturday, Nov. 21, from 8 a.m. to 2 p.m. CT. Ameren Benefits will not be available Nov. 26 due to the Thanksgiving holiday.

Workday: Find Answers to Your Benefit Questions

Workday is your one-stop shop for Benefit information. Use Workday to:

• Search and find answers to Benefit questions
• Read articles to find the information you need
• Create a case for personalized support
• Access the Benefits and Pay Hub for all of your benefit needs

Don't Forget

- If you miss the Dec. 1, 2026 deadline, your next opportunity to enroll or make changes will be in fall 2027, with benefit changes effective January 1, 2028.

  The only other time you generally may change coverage is when permitted by the Plan, such as following an applicable change-in-status or special enrollment event (e.g., marriage, birth, adoption, or loss of other healthcare coverage), and only within the required election period for making a change. **Any such requested change must be permitted by applicable Plan and IRS rules and consistent with that event, and requests must be submitted within 31 days, except that a 60-day period applies to certain Medicaid and CHIP events.** These events are generally referred to as qualified life events in this guide. Refer to the applicable Plan documents for specific deadlines that may apply to particular events.

Keeping You Connected

Important benefits updates and information is sent to your Ameren email address. You may select to have Ameren Benefits messages sent to your personal email address and mobile phone. During Annual Enrollment, go to **Workday Benefits and Pay Hub** to update your communication preferences.

- 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.

  Co-workers can see the real-time status of their documentation review. You will receive more information when you upload the documentation. You will know when your dependent is approved at a glance.

- 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. Also, be sure that your beneficiary designations total 100%. Please take a moment to review your beneficiary information and make any necessary updates at **Workday Benefits and Pay Hub > Healthcare Elections > Make a Change to My Benefits > Change My Benefits > Change of Beneficiary**.

- Enroll or cancel your **MetLife Legal Plan**.

Planning Tools and Resources

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

AVAILABLE ON WORKDAY BENEFITS AND PAY HUB > ANNUAL ENROLLMENT > ENROLL NOW
Calculate Life Insurance Needs – Determine how much coverage makes sense for you and your family. **www.prudential.com/EZLifeNeeds**
Anthem.com or Anthem Sydney App – Review your medical claims, locate in-network providers, compare prices for medical procedures, update personal health information and much more.
Express-Scripts.com/Ameren – Review your year-to-date prescription costs, verify medication coverage, view detailed drug information and much more.
Decision Support Tool – Choose the plan that is right for you and your family based on how you use medical coverage.

2027 Healthcare and Life Changes

The plan changes listed below are effective Jan. 1, 2027.

MEDICAL

- Based upon IRS regulations, the Health Savings Plan deductible increases from $1,700 to $1,750 for an individual and from $3,400 to $3,500 for family.
- The American Medical Association recently announced significant maternity billing changes, which are expected to take effect Jan. 1, 2027. Once this happens, you may notice a change in how maternity care services appear on your Explanation of Benefits (EOB). Traditionally, many maternity services – including prenatal care, delivery and postpartum care – may have been billed together as one combined or "global" maternity service. Under the new proposed guidelines, certain maternity services may be billed separately as they are provided. Your maternity benefits and access to covered care are not changing as a result of this billing change. However, because services may now be billed individually, you may see separate claims EOB statements for prenatal visits, labor and delivery, and postpartum care. Depending on your health plan, deductible and other cost-sharing requirements, the timing, or amount of your out-of-pocket costs may also look different. If you have questions about how maternity services are covered under your specific plan, please contact Member Services using the number on the back of your ID card.
- The Plan will cover, without cost sharing when required by applicable preventive services guidelines, self-collected high-risk human papillomavirus screening for eligible average-risk individuals and additional testing required to complete the cervical cancer screening process. Coverage is subject to the applicable age, risk, frequency, provider, and other preventive care requirements.

PRESCRIPTION DRUGS

- Medications within the weight-loss drug class are excluded from coverage under the Ameren Basic Medical Plan and Prescription Drug Program, subject to all terms and conditions of the Plan and Prescription Drug Program. Impacted members should receive notification from Express Scripts and can find more information, including alternative resources, in the FAQs on the Workday Benefits and Pay Hub.

HEALTH SAVINGS ACCOUNT (HSA)

- Maximum contribution limits (including both Ameren and employee contributions) set by the IRS each year will increase from $4,400 to $4,500 if you only cover yourself and from $8,750 to $9,000 if you cover yourself and any other family members.

WELL-BEING

- Your $200 Live Well incentive is moving to a new rewards experience. Beginning Jan. 1, 2027, HSA and payroll deposit options will no longer be available. Instead, incentives can be redeemed through the Personify Rewards Cash platform for gift cards to popular retailers like Target and Bass Pro Shops, donated to charity or used in the Personify Health Store. Redeem rewards as you earn them or save them year over year for something special.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (HCFSA)

- The maximum contribution limit for 2027 will be equal to the 2027 IRS maximum when released (currently $3,400 for 2026).

ID CARDS

- You will only receive a new and separate ID card in the mail from vendors if you are enrolling for the first time or if you are changing plans for Jan. 1, 2027. If you need additional or replacement ID cards, you can request or download from the vendor's website.

Your Well-Being

The healthiest investment you can make is in yourself. Taking preventive steps, building healthy habits and seeking support when needed can improve your overall well-being and help you feel your best at work and at home.

Every co-worker has access to resources that can make healthy choices easier – from wellness incentives and fitness programs to mental health support and healthcare tools. When more of us engage in our well-being, we help build a healthier workforce, improve outcomes, and support the long-term affordability of our benefits plans.

Your well-being journey starts with one small step. What will yours be?

CHOOSE WHAT'S MOST IMPORTANT TO YOU

I Want to Improve My Health

Live Well Portal

- Health challenges
- Physical activity programs
- Wellness coaching
- Healthy habit tracking

Earn $200/yr. while building healthier habits. NEW IN 2027: Redeem rewards for gift cards, charitable donations or purchases in the Personify Health Store.

I Need Extra Support

SupportLinc

- 24/7 confidential counseling
- Stress and anxiety support
- Financial/legal consultations
- Childcare and eldercare referrals

No cost for you and household members.

I Want Healthcare Made Easier

Sydney Health App

- Find doctors
- Compare costs
- Access virtual care
- View benefits information

Get the right care at the right time.

I Want to Learn and Grow

Well-being SharePoint Site

- Access community fitness center and well-being discounts
- Explore upcoming wellness webinars
- Discover resources to help you live your best life, including tobacco cessation coaching, mental health tools and healthy recipes.

Learn more.
Get engaged.
Live Well.

Ameren invests in resources designed to help you live well, feel your best, and achieve your personal financial goals. During Annual Enrollment, take time to explore the programs available to you and your family.

Small choices today. Stronger well-being tomorrow. Start your journey today.

Health Savings Account (HSA)

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 Value Plan 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 each pay period.
- You can save money in your HSA on a before-tax basis through payroll deductions. You may also make personal contributions outside of payroll by transferring money from an outside bank (up to the annual IRS limit).
- Personal contributions outside of payroll may be deductible on your federal income-tax return, subject to applicable tax rules.

2

It lets you save money on taxes and you own the account.



- Money you save from your paycheck goes into your HSA tax-free and lowers your taxable income.
- Use those pre-tax savings for qualified medical expenses, and there's no tax on those withdrawals.
- The entire balance is yours even if you change jobs, change medical coverage or retire.

3

It's your choice to 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. Investment earnings generally grow tax-free, and distributions for qualified medical expenses are generally not subject to federal income tax. State tax treatment may differ.
- 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 amount for 2027 as it does **not** automatically roll over.
- Not claimed as a dependent on another person's tax return.
- Not enrolled in Medicare, TRICARE or TribalCare.

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 throughout the plan year, up to the IRS limit.

Note: A general purpose Healthcare FSA is disqualifying coverage for HSA contribution eligibility, while a Limited Purpose FSA is HSA-compatible. For questions, contact Fidelity at 877.769.2637, Option 1.

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.
- Set up your HSA contributions with Fidelity to begin investing immediately.
- If you enroll in Medicare Part A and/or Part B while you are still working, you can no longer contribute before-tax dollars to your HSA. Contact Ameren Benefits to notify them of your Medicare enrollment.
- If you are 65+ and would like to enroll in an HSA and are not yet enrolled in Medicare, please contact Ameren Benefits to notify them that you are **not** enrolled in Medicare and request to have an HSA enrollment completed on your behalf. **Please note that if you become enrolled in Medicare (including retroactively), you may need to request the return of any excess HSA contributions (including earnings) and include this amount as taxable compensation on your tax return. Please discuss this situation with your tax advisor.**

	2027 ANNUAL AMEREN EMPLOYER CONTRIBUTION	2027 MAXIMUM CO-WORKER PAYROLL CONTRIBUTION	2027 IRS HSA CONTRIBUTION MAXIMUM
You Only	$650	$3,850	$4,500
You + Any Family Member	$1,300	$7,700	$9,000
Catch-up Contribution Limit (age 55 and up)	N/A	$1,000	$1,000

Key Health Plan Terms

A **deductible** is the annual amount you pay for services before you and the plan share costs. If you choose either the Health Savings Plan or Health Savings Value Plan and cover yourself and another person, the family deductible must be met before coinsurance applies. In the Health Savings Plans, one person's medical expenses may meet the family deductible.

Coinsurance is your share of the allowed amount of a covered health service after you meet the deductible. For example, 20% coinsurance means you are responsible for 20% of a covered expense and the plan pays the other 80%.

Out-of-pocket maximum is the maximum amount, including deductibles, copayments and coinsurance you must pay annually before the plan pays 100% of covered expenses. Each covered family member only needs to satisfy his or her individual out-of-pocket maximum, not the entire family out-of-pocket maximum, before the plan will pay 100% of expenses.

Medical Plan Comparison Chart

For Active Ameren Missouri Locals 2, 148, 702, 1439, 1455.

	HEALTH SAVINGS PLAN	HEALTH SAVINGS VALUE PLAN	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.	$1,750 if you only cover yourself $3,500 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.	Medical costs only: In-network: $400 per person / $800 family maximum Out-of-network: $800 per person / $1,600 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%	Copay Amounts: Primary Care Physician: $25 / Specialist: $40 Urgent Care: $25 / Emergency Room: $125 Outpatient Surgery: $150 Inpatient Facility: $300/day ($1,200 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%
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 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
2027 Per Paycheck Deductions for Medical Coverage	You Only: $36 You + Spouse/Domestic Partner: $134.50 You + Child: $105.50 You + Family: $204.50	You Only: $33 You + Spouse/Domestic Partner: $122.50 You + Child: $95 You + Family: $184.50	You Only: $50.50 You + Spouse/Domestic Partner: $182 You + Child: $139.50 You + Family: $271

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 guide.

*Payroll deductions will be taken pre-tax from two paychecks each month except for benefits associated with a Domestic Partner and any of his or her children, which will be processed as post-tax.

**Eligible 1455 part-time co-workers may pay different rates.

Prescription Drug Coverage

Express Scripts

Express Scripts, Ameren's prescription drug vendor, provides an easy and cost- effective way for you to get the prescription medications you need. If you enroll in an Ameren medical plan, you will receive a separate Express Scripts pharmacy ID card in the mail. Make sure to bring your new ID card to the pharmacy when you pick up your next prescription. When you receive your ID card, you can register to access your account on Express-Scripts.com to utilize helpful tools to manage your prescription needs. Express Scripts customer service is available 24/7 to answer any of your prescription benefit questions. Please contact an Express Scripts representative at 866.811.8329.

USING YOUR RX BENEFITS

You have access to thousands of retail pharmacies in the Express Scripts national network, including all large national chains, such as Walgreens, CVS and many local pharmacies as well as their mail order pharmacy. To see if your pharmacy is in network, use the pharmacy locator tool at **Express-Scripts.com/Ameren** or contact an Express Scripts representative at **866.811.8329**.

SPECIALTY MEDICATIONS

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

You can call **800.803.2523** and Accredo will get you enrolled and work with your doctor to obtain a prescription and any authorization needed for coverage.

SMART90 PROGRAM

Smart90 is a money-saving feature of your prescription benefit. It makes it easy for you to fill prescriptions for your maintenance medications (those drugs you take regularly for ongoing conditions). With Smart90, you fill a 90-day supply of your maintenance medications through Express Scripts Home Delivery or at a local Walgreens or CVS pharmacy at your normal copay/coinsurance level. If you do not take advantage of either option, you will pay the entire cost of your maintenance medication prescription.

With a three-month supply of your medicine on hand, you're less likely to miss a dose, which can keep you healthier. Also, you don't have to refill as often, which can save you time and money. To find out if your medication is a maintenance medication, please visit **Express-Scripts.com/Ameren**. Express Scripts will notify you if you refill a 30-day maintenance medication at your local pharmacy and will give you instructions to switch to a 90-day refill through Home Delivery or at Walgreens or CVS.

HOW TO SET UP MAIL SERVICE:

Many members find Express Scripts home delivery to be a convenient, cost-effective and safe option for prescription medications taken on a regular basis.

- Medications are delivered directly to your mailbox (no special trip to the pharmacy)
- Receive up to a three-month supply
- Pharmacists are available by phone 24/7 to answer questions

There are several ways to request that a prescription be filled via home delivery:

Online – Visit **Express-Scripts.com** or open the Express Scripts app.

By Phone – Call the toll-free number shown on the back of your member ID card.

Via Mail – Download a form from Express Scripts, complete and mail with your prescription.

Mail Order – This is the most common way physicians will submit new prescriptions if requested.

Via ePrescribe – Your doctor can send an electronic prescription to Express Scripts.

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 VALUE PLAN	STANDARD PLAN
Generic Statin and Generic Contraceptives	No Cost	No Cost	No Cost
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	$30
Non-Preferred Brand Name	20% of discounted price after you reach the medical deductible	30% of discounted price after you reach the medical deductible	$50
Specialty	20% of discounted price after you reach the medical deductible	30% of discounted price 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
Home Delivery	Save time and money by ordering your prescriptions through Mail Order.		Pay two copays for a 90-day supply

Choosing the Right Plan for You

Let's look at three fictional Ameren co-workers and compare their annual cost for each 2027 medical plan. Each co-worker uses in-network providers and, for HSA plans, has completed all requirements to receive the HSA employer contribution. Annual deductions are rounded to the nearest dollar.

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 2027, Jake will see his in-network doctor for his annual wellness exam and flu vaccination. He gets a sinus infection, which results in an Urgent Care visit. **Jake's estimated total in-network, out-of-pocket costs under each option:**

PLAN DETAILS	BASIC HSA PLANS		BASIC STANDARD PLAN
	HEALTH SAVINGS PLAN	HEALTH SAVINGS VALUE PLAN	3-TIER RX
Individual Annual Deductible (In-Network)	$1,750	$2,400	$400
Coinsurance after annual deductible is met (In-Network)	20%	30%	10%
Individual Annual Medical Out-of-Pocket Maximum	$3,000	$4,000	$2,500
Individual Annual Pharmacy Out-of-Pocket Maximum	Combined with medical above		$4,000

COVERED SERVICES	ESTIMATED COST	BASIC HSA PLANS		BASIC STANDARD PLAN
		HEALTH SAVINGS PLAN	HEALTH SAVINGS VALUE PLAN	3-TIER RX
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 (toward deductible)	$260 (toward deductible)	$25 (copay per Urgent Care visit)
Total Cost Toward Out-of-Pocket Maximum (In-Network)		$260	$260	$25
Annual payroll deductions		+ $864	$792	$1,212
Total Cost Toward Out-of-Pocket Maximum (In-Network) + Annual Payroll Deductions		= $1,124	$1,052	$1,237
Annual Ameren HSA Employer Contribution		- $650	$650	$0
Final Costs (including annual plan premiums, deductibles, coinsurance, copays, and Ameren annual employer contribution to HSA)		**= $474**	**$402**	**$1,237**

For a detailed breakdown of medical and prescription deductibles and out-of-pocket maximums for all medical and prescription plans, see pages 9 and 11.

The second co-worker is John

John is 39 and married. He is covering his 32-year-old wife and two children, ages 5 and 7, under his Ameren medical plan. During 2027, 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. **John's estimated total in-network, out-of-pocket costs under each option:**

PLAN DETAILS	BASIC HSA PLANS		BASIC STANDARD PLAN
	HEALTH SAVINGS PLAN	HEALTH SAVINGS VALUE PLAN	3-TIER RX
Family Annual Deductible (In-Network)	$3,500	$3,600	$800
Coinsurance after annual deductible is met (In-Network)	20%	30%	10%
Family Annual Medical Out-of-Pocket Maximum	$6,000	$8,000	$5,000
Family Annual Pharmacy Out-of-Pocket Maximum	Combined with medical above		$8,000

COVERED SERVICES	ESTIMATED COST	BASIC HSA PLANS		BASIC STANDARD PLAN
		HEALTH SAVINGS PLAN	HEALTH SAVINGS VALUE PLAN	3-TIER RX
John and his wife each have an annual physical	$150	$0	$0	$0
John and his wife both 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 (toward deductible)	$600 (toward deductible)	$150 ($25 copay per office visit)
John buys three one-time prescriptions for his two children (two generics and one preferred brand)	$150	$150 (toward deductible)	$150 (toward deductible)	$50 ($10 copay for generic, $30 for preferred brand)
John's wife has a baby (3-day hospital stay)	$12,000	$2,750 toward deductible + $1,850 after 20% coinsurance	$2,850 toward deductible + $2,745 after 30% coinsurance	$900 ($300 copay per day)
Total Cost Toward Out-of-Pocket Maximum (In-Network)		$5,350	$6,345	$1,100
Annual Payroll Deductions		+ $4,908	$4,428	$6,504
Total Cost Toward Out-of-Pocket Maximum (In-Network) + Annual Payroll Deductions		= $10,258	$10,773	$7,604
Annual Ameren HSA Employer Contribution		- $1,300	$1,300	$0
Final Costs (including annual plan premiums, deductibles, coinsurance, copays, and Ameren annual employer contribution to HSA)		**= $8,958**	**$9,473**	**$7,604**

For a detailed breakdown of medical and prescription deductibles and out-of-pocket maximums for all medical and prescription plans, see pages 9 and 11.

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 2027, Jennifer has to have gallbladder surgery.

Jennifer's estimated total in-network, out-of-pocket costs under each option:

PLAN DETAILS	BASIC HSA PLANS		BASIC STANDARD PLAN
	HEALTH SAVINGS PLAN	HEALTH SAVINGS VALUE PLAN	3-TIER RX
Family Annual Deductible (In-Network)	$3,500	$3,600	$800
Coinsurance after annual deductible is met (In-Network)	20%	30%	10%
Family Annual Medical Out-of-Pocket Maximum	$6,000	$8,000	$5,000
Family Annual Pharmacy Out-of-Pocket Maximum	Combined with medical above		$8,000

COVERED SERVICES	ESTIMATED COST	BASIC HSA PLANS		BASIC STANDARD PLAN
		HEALTH SAVINGS PLAN	HEALTH SAVINGS VALUE PLAN	3-TIER RX
Jennifer and her son had an annual physical each	$300	$0	$0	$0
Jennifer has a mammogram	$250	$0	$0	$0
Jennifer's son has two sick visits to the doctor	$200	$200 (toward deductible)	$200 (toward deductible)	$50 ($25 copay per office visit)
Jennifer's son receives three one-time, generic prescriptions	$150	$150 (toward deductible)	$150 (toward deductible)	$30 ($10 copay per generic)
Jennifer requires surgery, inpatient services (2 days in hospital)	$10,000	$3,150 toward deductible + $1,370 after 20% coinsurance	$3,250 toward deductible + $2,025 after 30% coinsurance	$600 ($300 copay per day)
Total Cost Toward Out-of-Pocket Maximum (In-Network)		$4,870	$5,625	$680
Annual Payroll Deductions		+ $2,532	$2,280	$3,348
Total Cost Toward Out-of-Pocket Maximum (In-Network) + Annual Payroll Deductions		= $7,402	$7,905	$4,028
Annual Ameren HSA Employer Contribution		- $1,300	$1,300	$0
Final Costs (including annual plan premiums, deductibles, coinsurance, copays, and Ameren annual employer contribution to HSA)		**= $6,102**	**$6,605**	**$4,028**

For a detailed breakdown of medical and prescription deductibles and out-of-pocket maximums for all medical and prescription plans, see pages 9 and 11.

Dental and Vision Plans

Dental coverage is provided through Delta Dental. After you pay the annual deductible, the dental plan pays for a portion of your covered expenses as shown in the Schedule of Benefits. To find a provider in the network, go to **deltadentalmo.com**.

Dental Schedule of Benefits

FOR AMEREN MISSOURI LOCALS 2, 148 AND 702	
PLAN FEATURES	IN-NETWORK AND OUT-OF-NETWORK (DELTA DENTAL PREMIER AND PPO)
Annual Deductible per individual	$50 for Local 2 and 148 $25 for Local 702
Annual Deductible per family	$150 for Local 2 $100 for Local 148 $75 for Local 702
Diagnostic and Preventive Services Includes office visits, exams, cleanings and X-rays.	100% (no deductible)
Basic Restorative Services	80% after deductible is met
Major Restorative Services	50% after deductible is met for Local 2 and 702 60% after deductible is met for Local 148
Orthodontic Treatment 12-month waiting period applies*; coverage under any Ameren dental plan applies toward waiting period.	50%
Maximum Annual Benefit	$1,700 per covered individual
Orthodontic Treatment Lifetime Maximum	$1,700 per covered individual for Local 2 $2,000 per covered individual for Local 148 and 702

*Except for Local 702. See your Summary Plan Description for specific services covered under Basic Restorative and Major Restorative Services.

Dental and Optical Expense Reimbursement Program (DORP) for Ameren Missouri Local 1439

The Dental and Optical Expense Reimbursement Program (DORP) provides reimbursement for qualified dental and vision expenses. An annual amount is allocated into an account each year in your name. You will be notified of the annual amount available, and funds are allocated in January and April. This is provided at no cost to eligible co-workers. Reimbursement can be submitted for yourself and eligible dependents. You have until March 31, 2028, to submit reimbursement claims for eligible expenses incurred between January 1 and December 31, 2027. See your Summary Plan Description for more details of your dental and vision coverage.

To view your account, submit claims and access additional resources, visit **Workday Benefits and Pay Hub > Fidelity** or download the Fidelity NetBenefits app.

Dental Schedule of Benefits

FOR AMEREN MISSOURI LOCAL 1455			
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 Replacement dentures/partials subject to a 12-month waiting period and allowed once every 5 years	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		

Dental and Vision Plans

Vision coverage is provided through Vision Service Plan (VSP). To find a VSP doctor, visit **vsp.com** or call 800.877.7195.

Vision Schedule of Benefits

	FOR AMEREN MISSOURI LOCALS 2 AND 702	FOR AMEREN MISSOURI LOCALS 148 AND 1455	
PLAN FEATURES	IN-NETWORK AND OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Eye Exam (once every plan year)	100% of reasonable and customary charges	$10 copay	$10 copay, then you are reimbursed up to $50
LENSES EACH PLAN YEAR (cost provided is per pair*)			
Single Vision	Up to $100	$10 copay	$10 copay, then you are reimbursed up to $50
Lined Bifocal	Up to $120	$10 copay	$10 copay, then you are reimbursed up to $75
Lined Trifocal	Up to $140	$10 copay	$10 copay, then you are reimbursed up to $100
Lined Lenticular	Up to $260	$10 copay	$10 copay, then you are reimbursed up to $125
Frames (once every plan year. Local 2 is once every other plan year)	Up to $75	Up to $200	Up to $70
CONTACT LENSES			
Single Vision Lenses	Up to $145	Up to $200	Up to $150
Multifocal Vision Lenses	Up to $220	Up to $200	Up to $150
Laser Vision Correction Surgery	Up to $500	Up to $500	Up to $500

*Once every plan year, you may receive benefits for eyeglasses or contact lenses, but not both.

2027 Per Paycheck Payroll Contributions for Dental & Vision Coverage*

FOR AMEREN MISSOURI LOCALS 2, 148, 702 AND 1455			
	CO-WORKER	SPOUSE/DOMESTIC PARTNER	PER CHILD
Local 2	$5	$11	$8.50
Local 148	$2.50	$3	$3.50
Local 702	$2.50	$5	$5
Local 1455	$0	$0	$3.75

*Payroll deductions will be taken pre-tax from two paychecks each month except for benefits associated with a Domestic Partner and any of his or her children, which will be processed as post-tax. Your total per paycheck deduction for dental and vision coverage is the sum of the payroll deduction for you, your spouse or domestic partner, and/or your children (per child), as applicable.

Flexible Spending Accounts (FSAs) Overview

When you enroll in an FSA, the money you choose to contribute is not taxed, which lowers your taxable income. Contributions are made through pre-tax payroll deductions. Please note that FSA enrollments do not carry over year to year – you must re-enroll in each FSA you wish to use for the upcoming year. Eligible expenses are determined by IRS rules. Visit **netbenefits.com** for a searchable list of eligible items.

Spending Accounts are a "use it or lose it" benefit, meaning any unused funds at the end of the plan year will be forfeited. You have until March 31, 2028, to submit reimbursement claims for eligible expenses incurred between January 1 and December 31, 2027.

Ameren Offers Healthcare and Dependent Care FSAs

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (HCFSA)	• Use toward qualified healthcare expenses – including medical, dental or vision – for you and your covered dependents. • The maximum contribution limit for 2027 will be equal to the 2027 IRS maximum when released (currently it is $3,400 for 2026). • **A Healthcare Flexible Spending Account (HCFSA) 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 Value Plan. **It can only be used for qualified dental and vision expenses for you and your covered dependents.** • The Limited Purpose Healthcare FSA is designed to be compatible with HSA eligibility. • The maximum contribution limit for 2027 will be equal to the 2027 IRS maximum when released (currently it is $3,400 for 2026).
DEPENDENT CARE FSA	• Use toward qualified dependent daycare expenses for children under age 13 or older adults who are your tax dependents. • Your maximum annual contribution to your Dependent Care FSA in 2027 is $7,500 per household or $3,750 if married, filing separately.

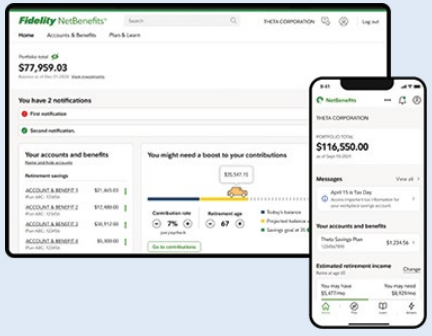
Using Your FSA Benefits

Fidelity is Ameren's Flexible Spending Account vendor.

If you are enrolled in both an FSA and HSA, you can manage all your accounts in one place. To view your accounts, submit claims and access additional resources, visit **Ameren.com /Benefits > Suggested Links: View Fidelity Account** or download the Fidelity NetBenefits app.

If you are enrolled in multiple FSAs and/or an HSA, you can benefit from using a single debit card for all your accounts. For those enrolled in both a Limited Purpose Healthcare FSA (LPFSA) and a Health Savings Account (HSA), eligible dental and vision expenses will be paid first from your LPFSA funds, followed by your HSA.

For methods to submit claims, refer to page 21 for contact information.



Expense Substantiation

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

Other Benefits

Life Insurance

During Annual Enrollment, you'll have the opportunity to review and update your life insurance coverage and beneficiary designations to help ensure financial protection for you and your loved ones.

Ameren provides a basic amount of Life Insurance and Accidental Death and Dismemberment (AD&D) coverage at no cost to you.

If you are enrolling or increasing your Supplemental Life at any time after your initial enrollment period, you will be subject to Evidence of Insurability (EOI).

Commuter

A Commuter benefit account is an employer-provided benefits program that allows you to set aside pretax funds to pay for mass transit for commuting to work. Ameren also provides a 50% subsidy for eligible transit passes.

Eligible Transit Passes are limited to:

- Bi-State Metro Pass
- Madison County Transit Pass

This Commuter benefit is limited to your expenses only. Reimbursement is not allowed for spouse or dependent expenses.

For more information, review our informational guide on **Workday Benefits and Pay Hub** or contact Fidelity at **800.544.3716**.

Legal Services

You can gain access to experienced attorneys nationwide who can provide you with a wide range of legal services – all for $18.90 per month, paid through payroll deduction. With the Legal Services benefit, provided through MetLife Legal Plans, attorneys can provide you with support in person, by phone or by email, and online tools to do it yourself.

If you enroll, you will be covered for services through the end of the calendar year. Once you enroll, your coverage will continue for subsequent one-year periods until you submit a cancellation request during a future Annual Enrollment period.

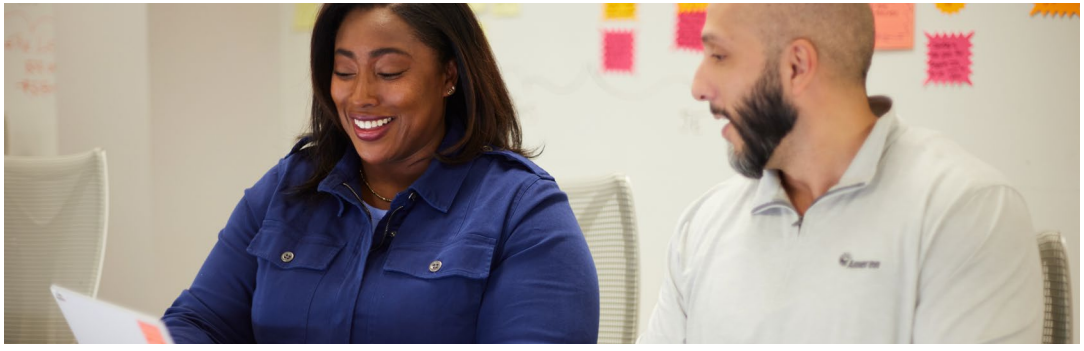
For more information about MetLife Legal Plans, call **800.821.6400** or visit **Workday Benefits and Pay Hub**.

TOOL

Do You Have Enough Life Insurance?

Calculate Life Insurance Needs – Determine how much coverage makes sense for you and your family.

Prudential.com/EZLifeNeeds



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 Benefits at 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 Benefits at **877.769.2637**, Option 2, or visit **the Workday Benefits and Pay Hub**. For TDD communication services for the hearing impaired, call **800.TDD.TDD4** (800.833.8334).



Summary of Benefits and Coverage

You can access a Summary of Benefits and Coverage (SBC) for each medical plan choice. 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. You have the right to request a paper copy at no cost to you. Contact Benefits at 877.769.2637, Option 2.

Access Your SPDs

For information on accessing Summary Plan Descriptions, check out the Important **Benefit Documents and Where to Find Them** article in Workday.

Contact Information

RESOURCE	WEBSITE	PHONE NUMBER
AMEREN BENEFITS Enrollment, eligibility, long-term disability, pension and general benefit questions. Available Monday through Friday from 7 a.m. to 7 p.m., CT except on holidays	For HealthCare & Life Benefits Go to **Workday Benefits and Pay Hub** from the Ameren Network or visit Ameren.com/Benefits from a home device.	877.769.2637, Option 2 Pension: 877.769.2637, Option 3 Hearing-Impaired: **800.TDD.TDD4** (800.833.8334)
ANTHEM BlueCross BlueShield Medical coverage, claims, pre-approvals, etc. Available Monday through Friday from 7 a.m. to 6 p.m. CT Sydney Health Access plan and benefit information	**anthem.com** Telemedicine (Virtual Doctor Visit): livehealthonline.com **Sydney Health App**	**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 a.m. to 5 p.m. CT	**deltadentalmo.com**	**800.335.8266**
EXPRESS SCRIPTS Prescription medications, cost and coverage Available 24 hours per day, 7 days per week	**Express-Scripts.com** Express Scripts Informational Tool: **Express-Scripts.com**	Express Scripts: **866.811.8329** Accredo Specialty Pharmacy: **800.803.2523**
FIDELITY 401(k) SAVINGS INVESTMENT PLAN FLEXIBLE SPENDING ACCOUNTS HEALTH SAVINGS ACCOUNTS COMMUTER DENTAL OPTICAL REIMBURSEMENT PLAN Available Monday through Friday from 7:30 a.m. to 11 p.m. CT	To file claims, visit: **netbenefits.com**	877.769.2637, Option 1 Claims By Fax: **855.810.8223** Claims by mail: **P.O. Box 2703** **Fargo, ND 58108**
LIVE WELL PROGRAM Support for co-worker well-being	**Ameren.com/LiveWell** Personify Health App	Program and Incentives: **LiveWell@Ameren.com** Technical Support: **833.724.4637**
METLIFE LEGAL PLANS Legal assistance services Available Monday through Friday from 7 a.m. to 8 p.m. CT	**MetLife Legal Plans**	**800.821.6400**
SUPPORTLINC Co-worker Support Services Available 24 hours per day, 7 days per week	**mysupportlinc.com** Group code: **ameren** MyCuraLinc App	**888.881.LINC (5462)**
VSP VISION Vision coverage Available Monday through Saturday from 8 a.m. to 7 p.m. CT	**vsp.com**	**800.877.7195**

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2027 ANNUAL ENROLLMENT GUIDE