

SILVERSCRIPT

01/18/2013

0142080 02 AT 0.371 \*\*AUTO T6 0 6401 47879-826133 -C01-I -P42232 SLMR

VERNE E DAVIS

5933 N COUNTY ROAD 100 E  
SHELburn IN 47879-8261



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U.S. BANKRUPTCY COURT  
EASTERN DISTRICT OF MISSOURI

**PATRIOT  
COAL**

Your member numbers are:  
Member ID: G0147396901  
Rx PCN: MEDDADV

## Your Monthly Prescription Drug Summary

For December, 2012

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is *not* a bill.)

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
- SECTION 2. Which "drug payment stage" are you in?
- SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
- SECTION 4. Updates to the plan's Drug List that will affect drugs you take
- SECTION 5. If you see mistakes on this summary or have questions, what should you do?
- SECTION 6. Important things to know about your drug coverage and your rights



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On the Web at: [patriotcoal.silverscript.com](http://patriotcoal.silverscript.com)

*Help us to keep this drug plan  
Don't take it from us.  
Got to have our plan help us.*

A Federally-Qualified Medicare Contracting  
Prescription Drug Plan.

6401-01-00-0142080-0001-0570384  
Solimar Validation Number G0147396901

*Loren Davis & Verne Davis*

SilverScript Employer Group (PDP) is operated by  
SilverScript Insurance Company  
P.O. Box 52421  
Phoenix, AZ 85072-2421

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**SECTION 1. Your prescriptions during the past month**

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- **Please look over this information about your prescriptions to be sure it is correct.** If you have any questions or think there is a mistake, Section 5 tells what you should do.

**CHART 1.**

Your prescriptions for covered Part D drugs  
December, 2012

|   | <b>Plan paid</b> | <b>You paid</b> | <b>Other payments</b><br>(made by programs or organizations; see Section 3) |
|---|------------------|-----------------|---|
| <b>AMLODIPINE TAB 5MG</b><br>12/06/2012. LIBERTY HLTHCARE PHCY OF NV LLC.<br>Rx# 000001475292, 30 day supply.     | \$3.77           | \$0.00          | \$2.60<br>(paid by Other Payer)   |
| <b>DIOVAN TAB 160MG</b><br>12/07/2012. LIBERTY HLTHCARE PHCY OF NV LLC.<br>Rx# 000001520182, 30 day supply.       | \$102.62         | \$0.00          | \$6.50<br>(paid by Other Payer)   |
| <b>METFORMIN TAB 500MG ER</b><br>12/07/2012. LIBERTY HLTHCARE PHCY OF NV LLC.<br>Rx# 000000612694, 90 day supply. | \$24.48          | \$0.00          | \$2.60<br>(paid by Other Payer)   |
| <b>DETROL LA CAP 4MG</b><br>12/12/2012. CVS PHARMACY.<br>Rx# 000000370949, 30 day supply.                         | \$167.17         | \$0.00          | \$8.80<br>(paid by Other Payer)   |
| <b>IBANDRONATE TAB 150MG</b><br>12/11/2012. CVS PHARMACY.<br>Rx# 000000367050, 30 day supply.                     | \$100.13         | \$0.00          | \$5.27<br>(paid by Other Payer)   |

(continued)

| <p><b>Year-to-date totals<br/>01/01/2012 through 12/31/2012</b></p>   | <p><b>Plan paid</b></p>                    | <p><b>You paid</b></p>                   | <p><b>Other payments<br/>(made by program<br/>organizations, see<br/>Section 3)</b></p>  |
|---|--|--|--|
| <p>Your year-to-date amount for "out-of-pocket costs" is \$1,989.26.</p> <p>Your year-to-date amount for "total drug costs" is \$7,395.51.</p> <p>For more about "out-of-pocket costs" and "total drug costs," see Section 3.</p> | <p>\$2,081.86<br/>(year-to-date total)</p> | <p>\$215.00<br/>(year-to-date total)</p> | <p>\$5,098.65<br/>(year-to-date total)</p> <p>(Of this amount \$1,774.26 was toward your "out-of-pocket costs" See definitions Section 3.)</p> |



SilverScript Insurance Company

Pg 5 of 8

P.O. Box 52421

Phoenix, AZ 85072-2421

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*I've got have this Drug Plan  
I cannot buy a prescriptions Plan.  
Help us keep our health & Dr Plan.*

A Federally-Qualified Medicare Contracting Prescription Drug Plan.

*Loren Uerne Davis*

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**SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)**

including this Section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

**"out-of-pocket costs"**

**85 month of December, 2012**

**9.26 year-to-date (since 01/01/2012)**

**DEFINITION:**

**"out-of-pocket costs" includes:**

what you pay when you fill or refill a prescription for a covered Part drug. (This includes payments for your drugs, if any, that are made by family or friends.)

payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance programs (SPAPs).

**do not include:**

payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs covered by our plan's Supplemental Drug Program, e) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.

payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.

**more.** Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs". The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs" see the Evidence of Coverage booklet.

**Your "total drug costs"**

**\$578.19 month of December, 2012**

**\$7,395.51 year-to-date (since 01/01/2012)**

**DEFINITION:**

**"Total drug costs" is the total of all payments made for your covered Part D drugs. It includes:**

- What the plan pays.
- What you pay.
- What others (programs or organizations) pay for your drugs.

**NOTE:** Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do not count toward your out-of-pocket costs or total drug costs.

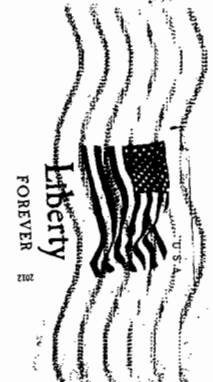
*Steven Davis*  
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Hollywood, MO 64302

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EASTERN DISTRICT  
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Honorable Kathy A. Dumatt. States  
RE Case No. 12 51502

Thomas F. Eggleston U.S. Courthouse  
111 South 10th Street 4th Floor  
St. Louis MO. 63102

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