

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

COST-738.58

SILVERSCRIPT

October 16, 2013 0066363 02 AB 0.381 **AUTO 1 0 6410 62884-223068 -C02-I -P66429 SLMR

ROGER L WYCISKALLA 4468 STATE HIGHWAY 154 SESSER IL 62884-2230



I WORKED FOR ARCH OF ILLINOIS

I AM A DISABLED PERSON FROM A COAL MINE ACCIDENT IN SEPT OF 1987 HAVE NOT WORKED SINCE

Your member numbers are: Member ID: G0158848401 Rx PCN: MEDDADV

Your Monthly Prescription Drug Summary

For September, 2013

CLAIM # 1257 - FOR \$750,000.00

This summary is your "Explanation of Benefits" (EOB) required by Medicare for your Medicare prescription drug coverage (Part D) under the Employer Group Prescription Drug Plan. Please review this summary and keep it for your records. (This is not a bill.)

(DISABLED PERSON)

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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SilverScript Employer Group (PDP) Customer Care

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

1-888-626-7677

TTY users call 1-866-236-1069

For languages other than English:

"This information is available for free in other languages. Please call our customer service number at 1-888-626-7677 (TTY: 24 hours a day, 7 days a week), 24 hours a day, 7 days a week". Esta información está disponible gratuitamente en otros idiomas. Llame a nuestro Servicio al Miembro, al 1-888-626-7677 (teléfono de texto (TTY: 24 hours a day, 7 days a week), las 24 horas del día, los 7 días de la semana.

On the Web at: patriotcoal.silverscript.com

RECEIVED + FILED 2013 OCT 29 AM 10:23 CLERK, US BANKRUPTCY COURT EASTERN DISTRICT OF LOUISIANA, MISSOURI - MO

A Federally-Qualified Medicare Contracting Prescription Drug Plan.

SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month. (Prescriptions for drugs covered by your plan's Supplemental Drug Coverage are shown separately in Chart 2.)
- **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
September, 2013

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
MOMETASONE CRE 0.1% 08/01/2013. MEDICINE SHOPPE PHARMACY 000007095675, 10 day supply. This is a reversed claim.	-\$4.70	-\$17.67	\$0.00
MOMETASONE CRE 0.1% 08/30/2013. MEDICINE SHOPPE PHARMACY 000007095675, 10 day supply.	\$4.70	\$0.00	\$0.00
MOMETASONE CRE 0.1% 08/30/2013. MEDICINE SHOPPE PHARMACY 000007095675, 10 day supply. This is a reversed claim.	-\$4.70	-\$17.67	\$0.00
BD PEN NEEDL MIS 31GX3/16 09/30/2013. MEDICINE SHOPPE PHARMACY 000007082177, 30 day supply.	\$6.82	\$0.00	\$25.65 (paid by Other Payer)
MOMETASONE CRE 0.1% 09/30/2013. MEDICINE SHOPPE PHARMACY 000007095675, 10 day supply.	\$4.70	\$0.00	\$17.67 (paid by Other Payer)

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CHART 1.

Your prescriptions for covered Part D drugs
September, 2013

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
JANUVIA TAB 100MG 09/30/2013. MEDICINE SHOPPE PHARMACY 000007094583, 30 day supply.	\$7.34	\$0.00	\$133.67 (paid by Medicare Coverage Gap Discount Program) \$127.58 (paid by Other Payer)
PRAVASTATIN TAB 80MG 09/30/2013. MEDICINE SHOPPE PHARMACY 000007055733, 30 day supply.	\$7.21	\$0.00	\$27.09 (paid by Other Payer)
METFORMIN TAB 750MG ER 09/30/2013. MEDICINE SHOPPE PHARMACY 000007055730, 30 day supply.	\$3.22	\$0.00	\$12.09 (paid by Other Payer)
BYETTA INJ 10MCG 09/30/2013. MEDICINE SHOPPE PHARMACY 000007055748, 30 day supply.	\$9.80	\$0.00	\$182.75 (paid by Medicare Coverage Gap Discount Program) \$174.20 (paid by Other Payer)
RAMIPRIL CAP 5MG 09/30/2013. MEDICINE SHOPPE PHARMACY 000007055731, 30 day supply.	\$1.91	\$0.00	\$7.16 (paid by Other Payer)

(continued)

CHART 1.

Your prescriptions for covered Part D drugs
September, 2013

PANTOPRAZOLE TAB 40MG
09/30/2013. MEDICINE SHOPPE PHARMACY
000007095676, 30 day supply.

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
	\$6.25	\$0.00	\$23.51 (paid by Other Payer)
TOTALS for the month of: September, 2013	\$42.55 (total for the month)	-\$35.34 (total for the month)	\$731.37 (total for the month) (Of this amount, \$316.42 counts toward your "out-of-pocket costs." See definitions in Section 3.)
<p>Your "out-of-pocket costs" amount is \$281.08. (This is the amount you paid this month (-\$35.34) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$316.42). See definitions in Section 3.)</p> <p>Your "total drug costs" amount is \$738.58. (This is the total for this month of all payments made for your drugs by the plan (\$42.55) and you (-\$35.34) plus "other payments" (\$731.37).)</p>			

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
	\$2,269.50 (year-to-date total)	\$50.00 (year-to-date total)	\$4,968.30 (year-to-date total)
<p>Year-to-date totals 01/01/2013 through 09/30/2013</p> <p>Your year-to-date amount for "out-of-pocket costs" is \$1,740.29.</p> <p>Your year-to-date amount for "total drug costs" is \$7,287.80.</p>			

(continued)



Year-to-date totals 01/01/2013 through 09/30/2013	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
For more about "out-of-pocket costs" and "total drug costs," see Section 3.			(Of this amount, \$1,690.29 counts toward your "out-of-pocket costs." See definitions in Section 3.)

CHART 2.

Your prescriptions for drugs covered by your Employer Group Plan's **supplemental drug coverage** September, 2013

- This chart shows your prescriptions for drugs that are not generally covered by Medicare.
- These drugs are covered for you under our plan's Supplemental Drug Coverage.

ONETOUCH TES ULTRA BL* 09/30/2013. MEDICINE SHOPPE PHARMACY 000007039587, 20 day supply.	\$0.00	\$0.00	\$122.60 (paid by Other Payer)
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Totals for the month of September, 2013	\$0.00 (total for the month)	\$0.00 (total for the month)	\$122.60 (total for the month)
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These payments do not count toward your "out-of-pocket costs" or your "total drug costs" because they are for drugs that are not generally covered by Medicare. (See definitions in Section 3.)

SECTION 2. Which “drug payment stage” are you in?

As shown below, your prescription drug coverage has “drug payment stages.” How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

You may or may not experience some of the “drug payment stages” listed below. If you have additional prescription drug coverage through an employer group plan, these drugs may be covered by that secondary plan coverage. For details about your drug plan, refer to your Evidence of Coverage.

<p>STAGE 1 Yearly Deductible</p> <ul style="list-style-type: none"> You begin in this payment stage when you fill your first prescription of the year. During this stage, you (or others on your behalf) pay the full cost of your drugs. You generally stay in this stage until you have paid \$325.00 for your drugs (\$325.00 is the amount of your deductible). Then you move to payment stage 2, Initial Coverage. 	<p>STAGE 2 Initial Coverage</p> <ul style="list-style-type: none"> You begin in this payment stage when you fill your first prescription of the year. During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost, which will be no more than your standard copayment for covered drugs. You generally stay in this stage until the amount of your year-to-date “total drug costs” reaches \$2,970.00. Then you move to payment stage 3, Coverage Gap. 	<p>You are in this stage:</p> <p>STAGE 3 Coverage Gap</p> <ul style="list-style-type: none"> During this payment stage, you receive coverage under the Employer Group Prescription Drug Plan. You continue to pay no more than your standard copayment for covered drugs. You generally stay in it until the amount of your year-to-date “out-of-pocket costs” (see Section 3) reaches \$4,750.00. As of 09/30/2013 your year-to-date “out-of-pocket costs” was \$1,740.29 (see Section 3). 	<p>STAGE 4 Catastrophic Coverage</p> <ul style="list-style-type: none"> During this payment stage, you will pay no more than your standard copayment for covered drugs. You generally stay in this stage for the rest of the calendar year (through December 31, 2013).
<p>What happens next?</p> <p>Once you (or others on your behalf) have paid an additional \$3,009.71 in “out-of-pocket costs,” you move to the next payment stage (stage 4, Catastrophic Coverage).</p>			



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

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

<p>Your “out-of-pocket costs”</p> <p>\$281.08 month of September, 2013</p> <p>\$1,740.29 year-to-date (since 01/01/2013)</p> <p>DEFINITION:</p> <p>“Out of pocket costs” includes:</p> <ul style="list-style-type: none"> • What you pay when you fill or refill a prescription for a covered Part D 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 Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs). <p>It does <u>not</u> include:</p> <ul style="list-style-type: none"> • 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 Coverage, 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. <p>Learn more. Medicare has made the rules about which types of payments count and do <u>not</u> 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, our benefits booklet.</p>	<p>Your “total drug costs”</p> <p>\$738.58 month of September, 2013</p> <p>\$7,287.80 year-to-date (since 01/01/2013)</p> <p>DEFINITION:</p> <p>“Total drug costs” is the total of all payments made for your covered Part D drugs. It <u>includes</u>:</p> <ul style="list-style-type: none"> • What the plan pays. • What you pay. • What others (programs or organizations) pay for your drugs. <p>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 <u>not</u> count toward your out-of-pocket costs or total drug costs.</p>
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SECTION 4. Updates to the plan’s Drug List that will affect drugs you take

- At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of drugs you take. (By “drugs you take,” we mean any plan-covered drugs for which you filled prescriptions in 2013 as a member of our plan.)

SECTION 5. If you see mistakes on this summary or have questions, what should you do?

If you have questions, call us

If something is confusing or doesn’t look right on this monthly prescription drug summary, please call SilverScript Employer Group (PDP) Customer Care (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: patriotcoal.silverscript.com.

What about possible fraud?

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you’re not taking, or anything else that looks suspicious to you, please contact us.

- Call us at SilverScript Employer Group (PDP) Customer Care (phone numbers are on the cover of this summary).

- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

SECTION 6. Important things to know about your drug coverage and your rights

Your “Evidence of Coverage” has the details about your drug coverage and costs

The *Evidence of Coverage* is our plan’s benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

What if you have problems related to coverage or payments for your drugs?

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.



- Chapter 7. What to do if you have a problem or complaint (coverage decisions, appeals, complaints).

Here are things to keep in mind:

- When we decide whether a drug is covered and how much you pay, it's called a "coverage decision." If you disagree with our coverage decision, you can appeal our decision (see Chapter 7 of the *Evidence of Coverage*).
- Medicare has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can be done if your doctor tells us that your health requires a quick decision.

Please ask for help if you need it. Here's how:

- You can call us at SilverScript Employer Group (PDP) Customer Care (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your Evidence of Coverage.

Did you know there are programs to help people pay for their drugs?

- **"Extra Help" from Medicare.** You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program is also called the "low-income subsidy" or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 7 of your *Medicare & You 2013* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your Evidence of Coverage.



Did You Know?

Identity theft impacts Medicare and can lead to higher health care costs. Don't let anybody steal your identity. Current fraud schemes to be on the look out for include:

- ❖ People using your **Medicare or health plan member number** for reimbursements of services you never received
- ❖ People **calling you to ask** for your Medicare or health plan numbers
- ❖ People **trying to bribe you** to use a doctor you don't know to get services you may not need

To discuss benefit, coverage or claims payment concerns, contact

Customer Service at: 1-888-626-7677

To report suspected fraud,

call: 1-877-7SAFERX (1-877-772-3379)

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P.O. Box 52421
Phoenix, AZ 85072-2421

SILVERSCRIPT®

July 12, 2013

0008454 02 AB 0.381 **AUTO 4 2 6407 62884-223068 -C02-I -P08462 SLMR



ROGER L WYCISKALLA
4468 STATE HIGHWAY 154
SESSER IL 62884-2230



Your member numbers are:
Member ID: G0158848401
Rx PCN: MEDDADV

Your Monthly Prescription Drug Summary

For June, 2013

This summary is your "Explanation of Benefits" (EOB) required by Medicare for your Medicare prescription drug coverage (Part D) under the Employer Group Prescription Drug Plan. 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?
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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. (Prescriptions for drugs covered by your plan's Supplemental Drug Coverage are shown separately in Chart 2.)
- **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
June, 2013

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
BD PEN NEEDL MIS 31GX3/16 06/29/2013. THE MEDICINE SHOPPE 000007082177, 30 day supply.	\$6.82	\$0.00	\$25.65 (paid by Other Payer)
AMITRIPTYLIN TAB 25MG 06/29/2013. THE MEDICINE SHOPPE 000007088897, 90 day supply.	\$0.79	\$0.00	\$2.96 (paid by Other Payer)
JANUVIA TAB 100MG 06/29/2013. THE MEDICINE SHOPPE 000007023490, 30 day supply.	\$7.03	\$0.00	\$127.30 (paid by Medicare Coverage Gap Discount Program) \$121.52 (paid by Other Payer)
PRAVASTATIN TAB 80MG 06/29/2013. THE MEDICINE SHOPPE 000007055733, 30 day supply.	\$3.17	\$0.00	\$11.92 (paid by Other Payer)

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CHART 1.
 Your prescriptions for covered Part D drugs
 June, 2013

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
METFORMIN TAB 750MG-ER 06/29/2013. THE MEDICINE SHOPPE 000007055730, 30 day supply.	\$3.22	\$0.00	\$12.09 (paid by Other Payer)
BYETTA INJ 10MCG 06/29/2013. THE MEDICINE SHOPPE 000007055748, 30 day supply.	\$9.80	\$0.00	\$182.75 (paid by Medicare Coverage Gap Discount Program) \$174.20 (paid by Other Payer)
PANTOPRAZOLE TAB 40MG 06/29/2013. THE MEDICINE SHOPPE 000007055732, 30 day supply.	\$6.25	\$0.00	\$23.51 (paid by Other Payer)
GABAPENTIN TAB 600MG 06/29/2013. THE MEDICINE SHOPPE 000007052227, 90 day supply.	\$56.36	\$0.00	\$212.02 (paid by Other Payer)

(continued)

CHART 1.

Your prescriptions for covered Part D drugs
June, 2013

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
RAMIPRIL CAP 5MG 06/29/2013. THE MEDICINE SHOPPE 000007055731, 30 day supply.	\$1.91	\$0.00	\$7.16 (paid by Other Payer)
TOTALS for the month of: June, 2013 Your "out-of-pocket costs" amount is \$310.05 . (This is the amount you paid this month (\$0.00) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$310.05). See definitions in Section 3.) Your "total drug costs" amount is \$996.43 . (This is the total for this month of all payments made for your drugs by the plan (\$95.35) and you (\$0.00) plus "other payments" (\$901.08).)	\$95.35 (total for the month)	\$0.00 (total for the month)	\$901.08 (total for the month) (Of this amount, \$310.05 counts toward your "out-of-pocket costs." See definitions in Section 3.)

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
Year-to-date totals 01/01/2013 through 06/30/2013			
Your year-to-date amount for "out-of-pocket costs" is \$797.40 . Your year-to-date amount for "total drug costs" is \$5,006.26 . For more about "out-of-pocket costs" and "total drug costs," see Section 3.	\$2,136.80 (year-to-date total)	\$50.00 (year-to-date total)	\$2,819.46 (year-to-date total) (Of this amount, \$747.40 counts toward your "out-of-pocket costs." See definitions in Section 3.)



CHART 2.

Your prescriptions for drugs covered by your Employer Group Plan's **supplemental drug coverage** June, 2013

- This chart shows your prescriptions for drugs that are not generally covered by Medicare.
- These drugs are covered for you under our plan's Supplemental Drug Coverage.

ONETOUCH TES ULTRA BL*
 06/29/2013. THE MEDICINE SHOPPE
 000007039587, 20 day supply.

Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
\$0.00	\$0.00	\$122.60 (paid by Other Payer)
Totals for the month of June, 2013 These payments do <u>not</u> count toward your "out-of-pocket costs" or your "total drug costs" because they are for drugs that are <u>not</u> generally covered by Medicare. (See definitions in Section 3.)		

SECTION 2. Which “drug payment stage” are you in?

As shown below, your prescription drug coverage has “drug payment stages.” How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

You may or may not experience some of the “drug payment stages” listed below. If you have additional prescription drug coverage through an employer group plan, these drugs may be covered by that secondary plan coverage. For details about your drug plan, refer to your Evidence of Coverage.

STAGE 1
Yearly Deductible

- You begin in this payment stage when you fill your first prescription of the year. During this stage, you (or others on your behalf) pay the full cost of your drugs.
- You generally stay in this stage until you have paid \$325.00 for your drugs (\$325.00 is the amount of your deductible). Then you move to payment stage 2, Initial Coverage.

STAGE 2
Initial Coverage

- You begin in this payment stage when you fill your first prescription of the year. During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost, which will be no more than your standard copayment for covered drugs.
- You generally stay in this stage until the amount of your year-to-date “total drug costs” reaches \$2,970.00. Then you move to payment stage 3, Coverage Gap.

You are in this stage:

STAGE 3
Coverage Gap

- During this payment stage, you receive coverage under the Employer Group Prescription Drug Plan. You continue to pay no more than your standard copayment for covered drugs.
- You generally stay in it until the amount of your year-to-date “out-of-pocket costs” (see Section 3) reaches \$4,750.00. As of 06/30/2013 your year-to-date “out-of-pocket costs” was \$797.40 (see Section 3).

STAGE 4
Catastrophic Coverage

- During this payment stage, you will pay no more than your standard copayment for covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, 2013).

What happens next?

Once you (or others on your behalf) have paid an additional **\$3,952.60** in “out-of-pocket costs,” you move to the next payment stage (stage 4, Catastrophic Coverage).



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

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

<p>Your “out-of-pocket costs”</p> <p>\$310.05 month of June, 2013</p> <p>\$797.40 year-to-date (since 01/01/2013)</p> <p>DEFINITION:</p> <p>“Out of pocket costs” includes:</p> <ul style="list-style-type: none"> • What you pay when you fill or refill a prescription for a covered Part D 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 Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs). <p>It does not include:</p> <ul style="list-style-type: none"> • 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 Coverage, 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. 	<p>Your “total drug costs”</p> <p>\$996.43 month of June, 2013</p> <p>\$5,006.26 year-to-date (since 01/01/2013)</p> <p>DEFINITION:</p> <p>“Total drug costs” is the total of all payments made for your covered Part D drugs. It includes:</p> <ul style="list-style-type: none"> • What the plan pays. • What you pay. • What others (programs or organizations) pay for your drugs. <p>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 <u>not</u> count toward your out-of-pocket costs or total drug costs.</p>
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Learn 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, our benefits booklet.

SECTION 4. Updates to the plan’s Drug List that will affect drugs you take

- At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of drugs you take. (By “drugs you take,” we mean any plan-covered drugs for which you filled prescriptions in 2013 as a member of our plan.)

SECTION 5. If you see mistakes on this summary or have questions, what should you do?

If you have questions, call us

If something is confusing or doesn’t look right on this monthly prescription drug summary, please call SilverScript Employer Group (PDP) Customer Care (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: patriotcoal.silverscript.com.

What about possible fraud?

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you’re not taking, or anything else that looks suspicious to you, please contact us.

- Call us at SilverScript Employer Group (PDP) Customer Care (phone numbers are on the cover of this summary).

- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

SECTION 6. Important things to know about your drug coverage and your rights

Your “Evidence of Coverage” has the details about your drug coverage and costs

The *Evidence of Coverage* is our plan’s benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

What if you have problems related to coverage or payments for your drugs?

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.



- Chapter 7. What to do if you have a problem or complaint (coverage decisions, appeals, complaints).

Here are things to keep in mind:

- When we decide whether a drug is covered and how much you pay, it's called a "coverage decision." If you disagree with our coverage decision, you can appeal our decision (see Chapter 7 of the *Evidence of Coverage*).
- Medicare has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can be done if your doctor tells us that your health requires a quick decision.

Please ask for help if you need it. Here's how:

- You can call us at SilverScript Employer Group (PDP) Customer Care (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your Evidence of Coverage.

Did you know there are programs to help people pay for their drugs?

- **"Extra Help" from Medicare.** You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program is also called the "low-income subsidy" or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 7 of your *Medicare & You 2013* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your Evidence of Coverage.



Did You Know?

Did you know that reducing Medicare fraud is one step towards making sure your grandchildren will have Medicare when they need it? You can do your part by being on the look out for fraudulent schemes such as:

- ❖ People **going door to door to sell you** healthcare items or services (only your doctor knows what you need)
- ❖ People **calling you to ask** for your Medicare or health plan numbers
- ❖ People **offering you money** or other incentives for health care services you don't need

To discuss benefit, coverage or claims payment concerns, contact

Customer Service at: 1-888-626-7677

To report suspected fraud,
call: 1-877-7SAFERX (1-877-772-3379)

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



August 15, 2013

0027521 02 AT 0.381 **AUTO 3 3 6408 62884-223068 -C02-I -P27548 SLMR



ROGER L WYCISKALLA
4468 STATE HIGHWAY 154
SESSER IL 62884-2230



Your member numbers are:
Member ID: G0158848401
Rx PCN: MEDDADV

Your Monthly Prescription Drug Summary

For July, 2013

This summary is your "Explanation of Benefits" (EOB) required by Medicare for your Medicare prescription drug coverage (Part D) under the Employer Group Prescription Drug Plan. 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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For languages other than English:

"This information is available for free in other languages. Please call our customer service number at 1-888-626-7677 (TTY: 24 hours a day, 7 days a week), 24 hours a day, 7 days a week". Esta información está disponible gratuitamente en otros idiomas. Llame a nuestro Servicio al Miembro, al 1-888-626-7677 (teléfono de texto (TTY: 24 hours a day, 7 days a week), las 24 horas del día, los 7 días de la semana.

SilverScript Employer Group (PDP) Customer Care

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

1-888-626-7677

TTY users call 1-866-236-1069

On the Web at: patriotcoal.silverscript.com

A Federally-Qualified Medicare Contracting Prescription Drug Plan.

SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month. (Prescriptions for drugs covered by your plan's Supplemental Drug Coverage are shown separately in Chart 2.)
- **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
July, 2013

Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p>BD PEN NEEDL MIS 31GX3/16 07/26/2013. THE MEDICINE SHOPPE 000007082177, 30 day supply.</p>	<p>\$6.82</p>	<p>\$25.65 (paid by Other Payer)</p>
<p>JANUVIA TAB 100MG 07/26/2013. THE MEDICINE SHOPPE 000007094583, 30 day supply.</p>	<p>\$7.03</p>	<p>\$127.30 (paid by Medicare Coverage Gap Discount Program) \$121.52 (paid by Other Payer)</p>
<p>RAVASTATIN TAB 80MG 07/26/2013. THE MEDICINE SHOPPE 000007055733, 30 day supply.</p>	<p>\$3.17</p>	<p>\$11.92 (paid by Other Payer)</p>
<p>RAMPRIL CAP 5MG 07/26/2013. THE MEDICINE SHOPPE 000007055731, 30 day supply.</p>	<p>\$1.91</p>	<p>\$7.16 (paid by Other Payer)</p>

(continued)

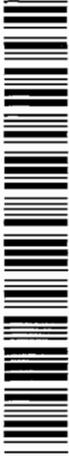


CHART 1.

Your prescriptions for covered Part D drugs
July, 2013

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
METFORMIN TAB 750MG ER 07/26/2013. THE MEDICINE SHOPPE 000007055730, 30 day supply.	\$3.22	\$0.00	\$12.09 (paid by Other Payer)
BYETTA INJ 10MCG 07/26/2013. THE MEDICINE SHOPPE 000007055748, 30 day supply.	\$9.80	\$0.00	\$182.75 (paid by Medicare Coverage Gap Discount Program) \$174.20 (paid by Other Payer)
PANTOPRAZOLE TAB 40MG 07/26/2013. THE MEDICINE SHOPPE 000007055732, 30 day supply.	\$6.25	\$0.00	\$23.51 (paid by Other Payer)
TOTALS for the month of: July, 2013 Your "out-of-pocket costs" amount is \$310.05. (This is the amount you paid this month (\$0.00) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$310.05). See definitions in Section 3.) Your "total drug costs" amount is \$724.30. (This is the total for this month of all payments made for your drugs by the plan (\$38.20) and you (\$0.00) plus "other payments" (\$686.10).)	\$38.20 (total for the month)	\$0.00 (total for the month)	\$686.10 (total for the month) (Of this amount, \$310.05 counts toward your "out-of-pocket costs." See definitions in Section 3.)

Year-to-date totals 01/01/2013 through 07/31/2013	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p>Your year-to-date amount for “out-of-pocket costs” is \$1,107.45.</p> <p>Your year-to-date amount for “total drug costs” is \$5,730.56.</p> <p>For more about “out-of-pocket costs” and “total drug costs,” see Section 3.</p>	<p>\$2,175.00 (year-to-date total)</p>	<p>\$50.00 (year-to-date total)</p>	<p>\$3,505.56 (year-to-date total)</p> <p>(Of this amount, \$1,057.45 counts toward your “out-of-pocket costs.” See definitions in Section 3.)</p>

Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p>\$0.00</p>	<p>\$0.00</p>	<p>\$122.60 (paid by Other Payer)</p>

(continued)

CHART 2.

Your prescriptions for drugs covered by your Employer Group Plan’s **supplemental drug coverage** July, 2013

- This chart shows your prescriptions for drugs that are not generally covered by Medicare.
- These drugs are covered for you under our plan’s Supplemental Drug Coverage.

ONETOUCH TES ULTRA BL*
07/26/2013. THE MEDICINE SHOPPE
000007039587, 20 day supply.

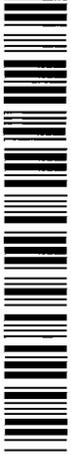


CHART 2.

Your prescriptions for drugs covered by your Employer Group Plan's **supplemental drug coverage** July, 2013

- This chart shows your prescriptions for drugs that are not generally covered by Medicare.
- These drugs are covered for you under our plan's Supplemental Drug Coverage.

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
Totals for the month of July, 2013	\$0.00 (total for the month)	\$0.00 (total for the month)	\$122.60 (total for the month)
These payments do <u>not</u> count toward your “out-of-pocket costs” or your “total drug costs” because they are for drugs that are <u>not</u> generally covered by Medicare. (See definitions in Section 3.)			

SECTION 2. Which “drug payment stage” are you in?

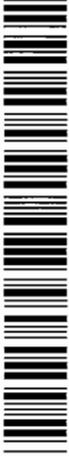
As shown below, your prescription drug coverage has “drug payment stages.” How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

You may or may not experience some of the “drug payment stages” listed below. If you have additional prescription drug coverage through an employer group plan, these drugs may be covered by that secondary plan coverage. For details about your drug plan, refer to your Evidence of Coverage.

<p>STAGE 1 Yearly Deductible</p> <ul style="list-style-type: none"> You begin in this payment stage when you fill your first prescription of the year. During this stage, you (or others on your behalf) pay the full cost of your drugs. You generally stay in this stage until you have paid \$325.00 for your drugs (\$325.00 is the amount of your deductible). Then you move to payment stage 2, Initial Coverage. 	<p>STAGE 2 Initial Coverage</p> <ul style="list-style-type: none"> You begin in this payment stage when you fill your first prescription of the year. During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost, which will be no more than your standard copayment for covered drugs. You generally stay in this stage until the amount of your year-to-date “total drug costs” reaches \$2,970.00. Then you move to payment stage 3, Coverage Gap. 	<p>You are in this stage:</p> <p>STAGE 3 Coverage Gap</p> <ul style="list-style-type: none"> During this payment stage, you receive coverage under the Employer Group Prescription Drug Plan. You continue to pay no more than your standard copayment for covered drugs. You generally stay in it until the amount of your year-to-date “out-of-pocket costs” (see Section 3) reaches \$4,750.00. As of 07/31/2013 your year-to-date “out-of-pocket costs” was \$1,107.45 (see Section 3). 	<p>STAGE 4 Catastrophic Coverage</p> <ul style="list-style-type: none"> During this payment stage, you will pay no more than your standard copayment for covered drugs. You generally stay in this stage for the rest of the calendar year (through December 31, 2013).
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What happens next?

Once you (or others on your behalf) have paid an additional \$3,642.55 in “out-of-pocket costs,” you move to the next payment stage (stage 4, Catastrophic Coverage).



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

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

Your “total drug costs”

\$724.30 month of July, 2013

\$5,730.56 year-to-date (since 01/01/2013)

Your “out-of-pocket costs”

\$310.05 month of July, 2013

\$1,107.45 year-to-date (since 01/01/2013)

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.

DEFINITION:

“Out of pocket costs” includes:

- What you pay when you fill or refill a prescription for a covered Part D 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 Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

It does 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 Coverage, 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.

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.

Learn 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, our benefits booklet.

SECTION 4. Updates to the plan's Drug List that will affect drugs you take

- At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of drugs you take. (By "drugs you take," we mean any plan-covered drugs for which you filled prescriptions in 2013 as a member of our plan.)

SECTION 5. If you see mistakes on this summary or have questions, what should you do?

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If something is confusing or doesn't look right on this monthly prescription drug summary, please call SilverScript Employer Group (PDP) Customer Care (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: patriotcoal.silverscript.com.

What about possible fraud?

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

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SECTION 6. Important things to know about your drug coverage and your rights

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The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

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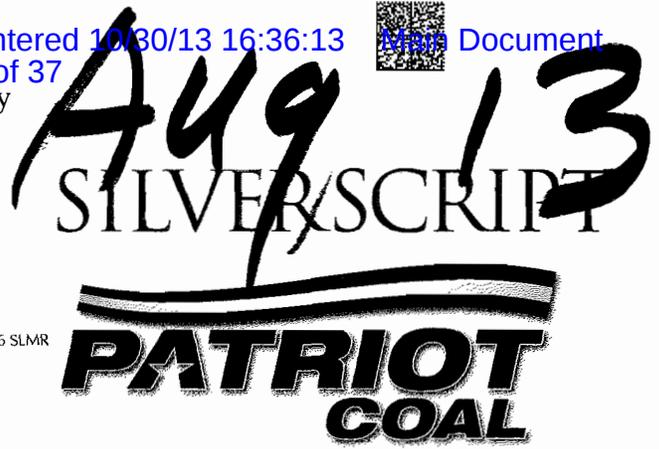
Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

What if you have problems related to coverage or payments for your drugs?

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.

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



September 13, 2013

0059367 02 AB 0.381 **AUTO 1 0 6409 62884-223068 -C02-1 -P59426 SLMR



ROGER L WYCISKALLA
4468 STATE HIGHWAY 154
SESSER IL 62884-2230



Your member numbers are:
Member ID: G0158848401
Rx PCN: MEDDADV

Your Monthly Prescription Drug Summary

For August, 2013

This summary is your "Explanation of Benefits" (EOB) required by Medicare for your Medicare prescription drug coverage (Part D) under the Employer Group Prescription Drug Plan. 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

A Federally-Qualified Medicare Contracting Prescription Drug Plan.

SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month. (Prescriptions for drugs covered by your plan's Supplemental Drug Coverage are shown separately in Chart 2.)
- **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
August, 2013

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
MOMETASON CRE 0.1% 08/01/2013. THE MEDICINE SHOPPE 000007095675, 10 day supply.	\$4.70	\$0.00	\$17.67 (paid by Other Payer)
BD PEN NEEDL MIS 31GX3/16 08/30/2013. THE MEDICINE SHOPPE 000007082177, 30 day supply.	\$6.82	\$0.00	\$25.65 (paid by Other Payer)
MOMETASON CRE 0.1% 08/30/2013. THE MEDICINE SHOPPE 000007095675, 10 day supply.	\$4.70	\$0.00	\$17.67 (paid by Other Payer)
LANUVIA TAB 100MG 08/30/2013. THE MEDICINE SHOPPE 000007094583, 30 day supply.	\$7.34	\$0.00	\$133.67 (paid by Medicare Coverage Gap Discount Program) \$127.58 (paid by Other Payer)

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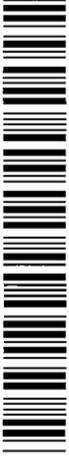


CHART 1.

Your prescriptions for covered Part D drugs
August, 2013

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
PRAVASTATIN TAB 80MG 08/30/2013. THE MEDICINE SHOPPE 000007055733, 30 day supply.	\$7.21	\$0.00	\$27.09 (paid by Other Payer)
METFORMIN TAB 750MG ER 08/30/2013. THE MEDICINE SHOPPE 000007055730, 30 day supply.	\$3.22	\$0.00	\$12.09 (paid by Other Payer)
RAMPRIL CAP 5MG 08/30/2013. THE MEDICINE SHOPPE 000007055731, 30 day supply.	\$1.91	\$0.00	\$7.16 (paid by Other Payer)
BYETTA INJ 10MCG 08/30/2013. THE MEDICINE SHOPPE 000007055748, 30 day supply.	\$9.80	\$0.00	\$182.75 (paid by Medicare Coverage Gap Discount Program) \$174.20 (paid by Other Payer)

(continued)

CHART 1.

Your prescriptions for covered Part D drugs
August, 2013

<p>PANTOPRAZOLE TAB 40MG 08/30/2013. THE MEDICINE SHOPPE 000007095676, 30 day supply.</p>	<p>\$6.25</p>	<p>\$0.00</p>	<p>Other payments (made by programs or organizations; see Section 3) \$23.51 (paid by Other Payer)</p>
<p>TOTALS for the month of: August, 2013 Your “out-of-pocket costs” amount is \$316.42. (This is the amount you paid this month (\$0.00) plus the amount of “other payments” made this month that count toward your “out-of-pocket costs” (\$316.42). See definitions in Section 3.) Your “total drug costs” amount is \$800.99. (This is the total for this month of all payments made for your drugs by the plan (\$51.95) and you (\$0.00) plus “other payments” (\$749.04).)</p>	<p>\$51.95 (total for the month)</p>	<p>\$0.00 (total for the month)</p>	<p>\$749.04 (total for the month) (Of this amount, \$316.42 counts toward your “out-of-pocket costs.” See definitions in Section 3.)</p>

<p>Year-to-date totals 01/01/2013 through 08/31/2013 Your year-to-date amount for “out-of-pocket costs” is \$1,423.87. Your year-to-date amount for “total drug costs” is \$6,531.55.</p>	<p>\$2,226.95 (year-to-date total)</p>	<p>\$50.00 (year-to-date total)</p>	<p>Other payments (made by programs or organizations; see Section 3) \$4,254.60 (year-to-date total)</p>
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(continued)



Year-to-date totals 01/01/2013 through 08/31/2013	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
For more about "out-of-pocket costs" and "total drug costs," see Section 3.			(Of this amount, \$1,373.87 counts toward your "out-of-pocket costs." See definitions in Section 3.)

CHART 2.

Your prescriptions for drugs covered by your Employer Group Plan's **supplemental drug coverage** August, 2013

- This chart shows your prescriptions for drugs that are not generally covered by Medicare.
- These drugs are covered for you under our plan's Supplemental Drug Coverage.

ONETOUCH TES ULTRA BL* 08/30/2013. THE MEDICINE SHOPPE 000007039587, 20 day supply.	\$0.00	\$0.00	\$122.60 (paid by Other Payer)
Totals for the month of August, 2013	\$0.00 (total for the month)	\$0.00 (total for the month)	\$122.60 (total for the month)

These payments do not count toward your "out-of-pocket costs" or your "total drug costs" because they are for drugs that are not generally covered by Medicare. (See definitions in Section 3.)

SECTION 2. Which “drug payment stage” are you in?

As shown below, your prescription drug coverage has “drug payment stages.” How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

You may or may not experience some of the “drug payment stages” listed below. If you have additional prescription drug coverage through an employer group plan, these drugs may be covered by that secondary plan coverage. For details about your drug plan, refer to your Evidence of Coverage.

<p>STAGE 1 Yearly Deductible</p> <ul style="list-style-type: none"> You begin in this payment stage when you fill your first prescription of the year. During this stage, you (or others on your behalf) pay the full cost of your drugs. You generally stay in this stage until you have paid \$325.00 for your drugs (\$325.00 is the amount of your deductible). Then you move to payment stage 2, Initial Coverage. 	<p>STAGE 2 Initial Coverage</p> <ul style="list-style-type: none"> You begin in this payment stage when you fill your first prescription of the year. During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost, which will be no more than your standard copayment for covered drugs. You generally stay in this stage until the amount of your year-to-date “total drug costs” reaches \$2,970.00. Then you move to payment stage 3, Coverage Gap. 	<p>You are in this stage:</p> <p>STAGE 3 Coverage Gap</p> <ul style="list-style-type: none"> During this payment stage, you receive coverage under the Employer Group Prescription Drug Plan. You continue to pay no more than your standard copayment for covered drugs. You generally stay in it until the amount of your year-to-date “out-of-pocket costs” (see Section 3) reaches \$4,750.00. As of 08/31/2013 your year-to-date “out-of-pocket costs” was \$1,423.87 (see Section 3). 	<p>STAGE 4 Catastrophic Coverage</p> <ul style="list-style-type: none"> During this payment stage, you will pay no more than your standard copayment for covered drugs. You generally stay in this stage for the rest of the calendar year (through December 31, 2013).
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What happens next?

Once you (or others on your behalf) have paid an additional **\$3,326.13** in “out-of-pocket costs,” you move to the next payment stage (stage 4, Catastrophic Coverage).



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

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

<p>Your “out-of-pocket costs”</p> <p>\$316.42 month of August, 2013</p> <p>\$1,423.87 year-to-date (since 01/01/2013)</p>	<p>Your “total drug costs”</p> <p>\$800.99 month of August, 2013</p> <p>\$6,531.55 year-to-date (since 01/01/2013)</p>
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<p>Your “out-of-pocket costs”</p> <p>\$316.42 month of August, 2013</p> <p>\$1,423.87 year-to-date (since 01/01/2013)</p>	<p>Your “total drug costs”</p> <p>\$800.99 month of August, 2013</p> <p>\$6,531.55 year-to-date (since 01/01/2013)</p>
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DEFINITION:

“Out of pocket costs” includes:

- What you pay when you fill or refill a prescription for a covered Part D 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 Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

It does 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 Coverage, 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.

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.

Learn 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, our benefits booklet.

SECTION 4. Updates to the plan’s Drug List that will affect drugs you take

- At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of drugs you take. (By “drugs you take,” we mean any plan-covered drugs for which you filled prescriptions in 2013 as a member of our plan.)

SECTION 5. If you see mistakes on this summary or have questions, what should you do?

If you have questions, call us

If something is confusing or doesn’t look right on this monthly prescription drug summary, please call SilverScript Employer Group (PDP) Customer Care (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: patriotcoal.silverscript.com.

What about possible fraud?

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you’re not taking, or anything else that looks suspicious to you, please contact us.

- Call us at SilverScript Employer Group (PDP) Customer Care (phone numbers are on the cover of this summary).

- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

SECTION 6. Important things to know about your drug coverage and your rights

Your “Evidence of Coverage” has the details about your drug coverage and costs

The *Evidence of Coverage* is our plan’s benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

What if you have problems related to coverage or payments for your drugs?

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.

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