

## **Benefits After Retirement**

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*This is a summary plan description (SPD) of your Retiree Welfare Benefit Plan. This booklet describes the benefits provided in easy-to-read terms. It cannot cover every detail of the Plan. If there is any conflict between the description in this SPD and any Plan documents that may govern the Plan now or in the future, the terms of the Plan documents will be followed. The Plan Administrator maintains the right to interpret the terms of this Plan, and his or her interpretations will be final. To the fullest extent allowed by law, the Company reserves the right to change or terminate the Plan at any time. This booklet is not a guarantee of benefits or any employment contract of any kind.*

## Introduction

Once you retire from active employment with the Company, the benefit package provided to you is significantly different from those benefits offered during your active employment. The Company currently offers a package of retirement benefits consisting of:

- The Magnum Coal Company Defined Contribution Retirement Plan.
- The Magnum Coal Company 401(k) Plan.
- A competitive package of employee welfare benefits (the “Retiree Welfare Benefit Program”).

For more information about the Magnum Coal Company Defined Contribution Retirement Plan and the Magnum Coal Company 401(k) Plan, please consult the Retirement Plan section of this binder.

The Retiree Welfare Benefit Program consists of a Retiree Medical Plan and a Retiree Life Insurance Plan. Both of these plans are discussed in this section of this binder. Retiree medical coverage and retiree life insurance are part of one plan. Coverage may not be elected for one without the other.

The Retiree Welfare Benefit Program has been adopted with the intention that it will be continued for the benefit of present and future retirees of the Company who were hired prior to May 1, 2006 at a location that was then eligible for the Program. Eligible locations are Hobet Mining, Catenary Coal and Apogee Coal. However, the Company reserves the right to terminate the Retiree Welfare Benefit Program, change the required contributions, or modify the Retiree Welfare Benefit Program, in whole or part, at any time and for any reason, including changes to any or all of the benefits provided. This may cause employees or retirees to lose all or a portion of their benefits under the Retiree Welfare Benefit Program.

This means that an employee or a retiree does not have a lifetime right to any Retiree Welfare Benefit Program benefit or to the continuation of the Program simply because this Retiree Welfare Benefit Program is in existence at any time during or after the

## Eligibility

To be eligible for the Retiree Welfare Benefit Program, you must have been hired by the Company prior to May 1, 2006 at a location that was then eligible for the program and satisfy one of the following “qualifying events”:

- **Current retiree/long-term disability:** You are a retiree who became eligible for retiree welfare benefits before May 1, 2006, or an employee who was receiving long-term disability benefits and eligible for retiree welfare benefits before May 1, 2006.
- **Retirement:** You are an employee with at least 10 “years of service” (as defined below), retire from active employment with the Company at age 60 or older, and elect to receive benefits within 31 days of the qualifying event.
- **Death:** You are the surviving spouse of an employee who, on the date of his or her death, 1) was age 60 or older with at least 10 “years of service” and eligible for retirement, 2) would have been eligible for benefits under the Retiree Welfare Benefit Program, if he or she had elected retirement immediately prior to his or her death, and

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3) was enrolled for family coverage under the Medical Plan for active employees. Death is also a qualifying event for the surviving spouse of an employee who dies from injuries sustained on the job for the Company prior to May 1, 2006, and is enrolled for family coverage under the Medical Plan for active employees.

- **Disability:** You are an employee having at least two years of service who is receiving long-term disability benefits through the Company.

For the purposes of the Retiree Welfare Benefit Program, a “year of service” means each 12-consecutive-month period, beginning at age 50, during which you were continuously employed full-time with the Company, until your last day of full-time employment. For purposes of the this section, “Company” means Arch Coal, Inc. prior to January 1, 2006 and means Magnum Coal Company after December 31, 2005.

If you leave the Company after age 50 and later return to employment, you will receive credit for prior years of service that you completed beginning at age 50.<sup>1</sup> If you leave the Company before age 50 and later return to work, prior years of employment will not be counted as years of service for purposes of the Retiree Welfare Benefit Program. However, if you returned to employment with Arch Coal, Inc. before January 1, 2001, and you were age 50 or older on January 1, 2001, you will receive credit for prior years of service completed before the break in employment.<sup>1</sup>

To be eligible for the retiree Medical Plan, you must be a participant in the Medical Plan for active employees on the date of the qualifying event.

There is no deferred benefit under the Retiree Welfare Benefit Program. If 1) your employment with the Company is terminated on any basis other than a qualifying event (as defined above), including layoff, and you are not eligible to retire, or 2) you fail to elect to receive benefits within 31 days of the qualifying event, you and your dependents will not be eligible for the Retiree Welfare Benefit Program.

### **Cost Of Coverage**

To receive benefits under the Retiree Medical Plan, you will be required to make a contribution toward the cost of your coverage. Please consult the *Contributions For Retiree Medical Coverage* section for a more detailed discussion of the contribution you will be required to make.

Coverage under the Retiree Life Insurance Plan is currently provided to you at no cost.

### **How To Enroll For Coverage**

Before you retire or upon the occurrence of a qualifying event, you should talk with your Human Resources Representative about your eligibility under the Retiree Welfare Benefit Program and when the benefits under it will begin. It is suggested you contact your Human Resources Representative at least 90 days prior to the date of your planned retirement, so the appropriate paperwork can be processed and your benefits may begin in a timely manner.

To enroll in the Retiree Welfare Benefit Program, you must complete the necessary form(s) and return them to your local Human Resources Representative within 31 days of the qualifying event. This is explained under *Retiree Medical Coverage* in the following section.

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<sup>1</sup> Prior years of service will apply only when your break in employment is less than the time originally employed.

## Retiree Medical Coverage

If you are eligible, benefits under the Retiree Medical Plan will commence on the day following the date of a qualifying event, as defined under Eligibility. When you become eligible, you must file the necessary form(s) with your local Human Resources Representative within 31 days of the qualifying event. You will be required to elect one of the following:

- No coverage.
- Individual coverage (only you).
- Individual and spouse coverage.

In addition, starting in 2007, you will have three coverage options (Platinum, Gold or Silver) as are described in the Medical Section of the Summary Plan Description.

If you elect either individual or individual/spouse coverage, your eligible dependent children may also be covered. Please see the Dependent Coverage heading for a definition of "eligible dependents."

For purposes of this summary plan description, "Plan participant" means all retirees, spouses, or surviving spouses covered under the Retiree Medical Plan.

If you do not elect coverage under the Retiree Medical Plan for yourself or your eligible dependents within 31 days of the qualifying event, or if you discontinue coverage after your initial election, you may not obtain or reinstate coverage under the Retiree Medical Plan at any time in the future, regardless of any proof of good health.

### Description Of Coverage

Benefits under the Retiree Medical Plan, which also include prescription drug coverage, are the same as provided to active employees at your former work location, with the following modifications:

- Dental benefits will end on your last day of active employment.
- Vision benefits will end on your last day of active employment.
- For retirees and their eligible spouses/dependents, all Medicare-eligible participants must enroll in all forms of Medicare (Parts A, B, and D) in order to continue coverage under the Medical and Prescription Drug Plan. Once coverage has ceased, it cannot be reinstated. This does not impact Medicare-eligible active employees and/or their Medicare-eligible dependents.
- When you or any of your dependents become eligible for Medicare, Medicare will be the primary insurer and the Retiree Medical Plan will be secondary. Please consult the *Coordination With Medicare* heading in the Medical Plan section of this binder for a more detailed discussion of this subject.

If a person eligible for benefits under the Retiree Medical Plan is also eligible for retiree medical benefits under an individual employer plan provided by the Company for employees who are represented by United Mine Workers of America, benefits will be coordinated between the two plans. The plan the individual worked under for the longest period of time will pay first. Benefits will also be coordinated with other group insurance plans. Please consult the *Coordination Of Benefits (COB)* heading in the Medical Plan section of this binder for more information.

## **Contributions For Retiree Medical Coverage**

To receive benefits under the Retiree Medical Plan, you will be required to make a monetary contribution to the cost of your coverage.

Your coverage will terminate, and may not be reinstated, if any required contributions are not paid when due.

### ***How The Company Will Determine The Amount Of Your Contribution***

The cost of your coverage will be determined by the Company each year and will depend on which coverage option (Platinum, Gold or Silver) you elect. You will be responsible for paying 15% of the lesser of the Predicted Average Cost or the Company Contribution Cap, plus the difference, if any, between the estimated cost of retiree claims for the year (the "Predicted Average Cost") and the Company contribution for that year (the "Company Contribution Cap").

Your age and the age of your spouse during any Plan year will be used for determining the applicable Company Contribution Cap and Predicted Average Cost used to calculate your contributions. This is explained in detail in the following sections.

### ***Predicted Average Cost***

Each year, the Company will estimate retiree claims costs per participant in the Retiree Medical Plan for the following year. This estimated cost is referred to as the "Predicted Average Cost" for that particular year. Starting in 2007, there will be six Predicted Average Cost amounts, depending on which coverage option you elect and whether or not Medicare coverage is primary.

The Predicted Average Cost will be determined by the Company in consultation with its actuaries at least 90 days before the beginning of the next year. In establishing the Predicted Average Cost for the next year, the Company will consider, among other factors: historic cost, medical cost trend rates, demographic changes, any stop-loss insurance recoveries, and plan design changes.

### ***Company Contribution Cap***

Ninety days prior to the beginning of each year, the Company will also determine its contribution for retiree medical coverage for that year. This amount is referred to as the "Company Contribution Cap." The Company Contribution Cap will also be established at a separate level for those with and without Medicare to reflect the reduction in cost of coverage once Medicare becomes the primary insurer.

The Company Contribution Cap is shown in the following table:

<b>Age</b>	<b>Company Contribution Cap</b>
64 and under	\$6,300
65 and over/Medicare eligible	\$2,000

Although it is the Company's current intent to keep the Company Contribution Cap at the initial level, the Company reserves the right to increase or decrease the Company Contribution Cap for future Plan years.

All plan participants will be required to pay the difference between the Predicted Average Cost and the Company Contribution Cap for any particular year in addition to a percentage of the cost up to that amount.

Because retiree contributions will be based on the Predicted Average Cost, which is an estimate, any surplus (or deficit) for the year will be used to decrease (or increase) retiree contributions in future years.

If the Predicted Average Cost exceeds the Company Contribution Cap for a Plan year, the Company may elect to modify the Retiree Medical Plan in order to reduce the Predicted Average Cost, or may instead require a contribution from participants.

## **Calculating Contributions**

### ***Individual Coverage***

To receive individual coverage under the Retiree Medical Plan, you are required to contribute on an annual basis an amount equal to:

An amount equal to 15% of the lesser of the Predicted Annual Cost applicable to a Plan participant your age (and the medical option you selected) or the Company Contribution Cap applicable to a Plan participant your age

**plus**

The difference, if any, between the Predicted Average Cost applicable to a Plan participant your age (and the medical option you selected) and the Company Contribution Cap applicable to a Plan participant your age

If the Company Contribution Cap is more than the Predicted Average Cost, you will only be required to make a contribution of 15% of the Predicted Average Cost toward the cost of your coverage.

### ***Spouse Coverage***

To receive coverage under the Retiree Medical Plan for your spouse, you are required to contribute on an annual basis an amount equal to the sum of:

An amount equal to 15% of the lesser of the Predicted Annual Cost applicable to a Plan participant your spouse's age (and the medical option you selected) or the Company Contribution Cap applicable to a Plan participant your spouse's age

**plus**

The difference, if any, between the Predicted Average Cost applicable to a Plan participant your spouse's age (and the medical option you selected) and the Company Contribution Cap applicable to a Plan participant your spouse's age



If the Company Contribution Cap is more than the Predicted Average Cost, you will only be required to make a contribution of 15% of the Predicted Average Cost toward the cost of coverage for your spouse.

**Under the Retiree Medical Plan, there are certain limitations on coverage of your spouse based on whether you were married to your spouse at the time of your retirement or at the time of occurrence of a qualifying event. Please consult the *Dependent Coverage* heading for a detailed discussion of these limitations.**

**Example Of Premium Calculations – If You Elect The “Platinum” Medical Option**

John Smith, age 63, retires, is not disabled and does not decline medical coverage for his spouse, Sally, age 65.	
Predicted Average Cost for Plan year 2007 for age 64 and under:	\$10,239
Company Contribution Cap for age 64 and under:	\$6,300
Predicted Average Cost for Plan year 2007 for age 65 and over:	\$3,911
Company Contribution Cap for age 65 and over:	\$2,000
Calculation of Premium for Individual Coverage for John Smith:	
Lesser of the Predicted Average Cost and Company Contribution Cap applicable to a Plan participant age 63:	\$6,300
Applicable Percentage (15%):	15%
Lesser of the Predicted Average Cost and Company Contribution Cap applicable to a Plan participant age 63, multiplied by 15%:	$(\$6,300 \times 15\% = \$945)$
Difference between the Predicted Average Cost and Company Contribution Cap applicable to a Plan participant age 63:	$(\$10,239 - \$6,300 = \$3,939)$
Annual contribution for John Smith:	$(\$945 + \$3,939 = \$4,884)$
Calculation of Contribution for Coverage for Sally Smith:	
Lesser of the Predicted Average Cost and Company Contribution Cap applicable to a Plan participant age 65:	\$2,000
Applicable Percentage (15%):	15%
Lesser of the Predicted Average Cost and Company Contribution Cap applicable to a Plan participant age 65, multiplied by 15%:	$(\$2,000 \times 15\% = \$300)$
Difference between the Predicted Average Cost and Company Contribution Cap applicable to a Plan participant age 65:	$(\$3,911 - \$2,000 = \$1,911)$
Annual contribution for Sally Smith:	$(\$300 + \$1,911 = \$2,211)$
<b>Total Annual Contribution for John and Sally Smith:</b>	<b><math>\\$4,884 + \\$2,211 = \\$7,095</math></b>
<b>2007 Monthly Premium</b>	<b><math>\\$7,095 \div 12 = \\$591.25</math></b>

**Example Of Premium Calculations – If You Elect The “Gold” Medical Option**

John Smith, age 63, retires, is not disabled and does not decline medical coverage for his spouse, Sally, age 65.	
Predicted Average Cost for Plan year 2007 for age 64 and under:	\$9,699
Company Contribution Cap for age 64 and under:	\$6,300
Predicted Average Cost for Plan year 2007 for age 65 and over:	\$3,212
Company Contribution Cap for age 65 and over:	\$2,000
Calculation of Premium for Individual Coverage for John Smith:	
Lesser of the Predicted Average Cost and Company Contribution Cap applicable to a Plan participant age 63:	\$6,300
Applicable Percentage (15%):	15%
Lesser of the Predicted Average Cost and Company Contribution Cap applicable to a Plan participant age 63, multiplied by 15%:	$(\$6,300 \times 15\% = \$945)$
Difference between the Predicted Average Cost and Company Contribution Cap applicable to a Plan participant age 63:	$(\$9,699 - \$6,300 = \$3,399)$
Annual contribution for John Smith:	$(\$945 + \$3,399 = \$4,344)$
Calculation of Contribution for Coverage for Sally Smith:	
Lesser of the Predicted Average Cost and Company Contribution Cap applicable to a Plan participant age 65:	\$2,000
Applicable Percentage (15%):	15%
Lesser of the Predicted Average Cost and Company Contribution Cap applicable to a Plan participant age 65, multiplied by 15%:	$(\$2,000 \times 15\% = \$300)$
Difference between the Predicted Average Cost and Company Contribution Cap applicable to a Plan participant age 65:	$(\$3,212 - \$2,000 = \$1,212)$
Annual contribution for Sally Smith:	$(\$300 + \$1,212 = \$1,512)$
<b>Total Annual Contribution for John and Sally Smith:</b>	<b><math>\\$4,344 + \\$1,512 = \\$5,856</math></b>
<b>2007 Monthly Premium</b>	<b><math>\\$5,856 \div 12 = \\$488.00</math></b>

**Example Of Premium Calculations – If You Elect The “Silver” Medical Option**

John Smith, age 63, retires, is not disabled and does not decline medical coverage for his spouse, Sally, age 65.	
Predicted Average Cost for Plan year 2007 for age 64 and under:	\$9,042
Company Contribution Cap for age 64 and under:	\$6,300
Predicted Average Cost for Plan year 2007 for age 65 and over:	\$2,566
Company Contribution Cap for age 65 and over:	\$2,000
Calculation of Premium for Individual Coverage for John Smith:	
Lesser of the Predicted Average Cost and Company Contribution Cap applicable to a Plan participant age 63:	\$6,300
Applicable Percentage (15%):	15%
Lesser of the Predicted Average Cost and Company Contribution Cap applicable to a Plan participant age 63, multiplied by 15%:	$(\$6,300 \times 15\% = \$945)$
Difference between the Predicted Average Cost and Company Contribution Cap applicable to a Plan participant age 63:	$(\$9,042 - \$6,300 = \$2,742)$
Annual contribution for John Smith:	$(\$945 + \$2,742 = \$3,687)$
Calculation of Contribution for Coverage for Sally Smith:	
Lesser of the Predicted Average Cost and Company Contribution Cap applicable to a Plan participant age 65:	\$2,000
Applicable Percentage (15%):	15%
Lesser of the Predicted Average Cost and Company Contribution Cap applicable to a Plan participant age 65, multiplied by 15%:	$(\$2,000 \times 15\% = \$300)$
Difference between the Predicted Average Cost and Company Contribution Cap applicable to a Plan participant age 65:	$(\$2,566 - \$2,000 = \$566)$
Annual contribution for Sally Smith:	$(\$300 + \$566 = \$866)$
<b>Total Annual Contribution for John and Sally Smith:</b>	<b><math>\\$3,687 + \\$866 = \\$4,553</math></b>
<b>2007 Monthly Premium</b>	<b><math>\\$4,553 \div 12 = \\$379.42</math></b>

## **How You Pay Your Contributions**

Required contributions are paid by a monthly check to the Company's retiree administrator, by direct deposit, or by deduction from your monthly pension check. If the required contributions cannot be made from your monthly pension check, or if you are not receiving pension payments from the Retirement Plan on a monthly basis, you must submit your contributions directly to the Company's retiree administrator. Payments are due by the first day of the month for which the payment applies. If you miss a payment, you have \_\_\_\_ days to make the missed payment or your coverage will be dropped.

Benefits Administrator Services, Inc. ("BAS") is a retiree administrator established to assist you with questions and concerns during retirement. BAS will receive your monthly contributions and forward them onto the Company. BAS' phone number is 1-888-446-8469.

## **Dependent Coverage**

If you elect either coverage for yourself only or coverage for yourself and your spouse, you will also receive coverage under the Retiree Medical Plan for your eligible dependent children, provided you list them on your enrollment form. If the Predicted Average Cost applicable to Plan participants of your age exceeds the Company Contribution Cap applicable to Plan participants of your age, you may be required to make an additional contribution to the cost of coverage for your eligible dependent children. Whether a contribution will be required for your children's coverage will be determined by the Company at least 90 days prior to the beginning of each year.

## **Eligible Dependents**

"Eligible dependents" for the purposes of the Retiree Medical Plan has the same meaning as under the Medical Plan for active employees **except** for the following:

- **If you are eligible for the Retiree Medical Plan due to retirement**, coverage is available only for the spouse and eligible dependent children covered under the Medical Plan for active employees on the last day of your active employment, plus any children later born or adopted of a marriage with your covered spouse. No coverage is available for a spouse acquired after your last day of active employment, or for eligible dependents in existence on that date but not covered under the Medical Plan for active employees.
- **If you are eligible for the Retiree Medical Plan due to disability**, and you have at least 15 years of service on the last day of your active employment, your spouse and dependent children are eligible for coverage as described in the preceding paragraph. If you have less than 15 years of service, your spouse and dependent children are not eligible for coverage under this Plan.

Please see the Medical Plan section for a more detailed discussion of the definition of an eligible dependent. The Medical Plan section also describes provisions for continuing coverage for dependents who no longer qualify under this Plan, under the heading *Continuation Of Coverage (COBRA)*.

### **Changing Coverage Election After Retirement**

If you have coverage for yourself and your spouse and want to change to coverage for yourself only after your initial choice, you may do so. However, you cannot change from coverage for yourself only to coverage for yourself and your spouse after your initial choice.

### **Changing Coverage Options After Retirement**

If you are covered under the plan, you may annually elect to enroll in one of the three coverage options (Platinum, Gold or Silver).

### **Surviving Dependents**

Your spouse and eligible dependent children may continue coverage under the Retiree Medical Plan after your death if one of the following applies:

- You die before retirement and, on the date of your death, 1) you are age 55 or older with at least 10 years of service and eligible for retirement, 2) you would have been eligible for benefits under the Retiree Welfare Benefit Program, if you had elected retirement immediately prior to your death, and 3) you are enrolled for family coverage under the Medical Plan for active employees. If you die from injuries sustained on the job for the Company on or after January 1, 2006, and you are enrolled for family coverage under the Medical Plan for active employees, coverage may continue.
- You are an eligible retired employee or eligible disabled employee, and the dependent is covered by the Retiree Medical Plan at the time of your death.

Your surviving eligible dependents must elect continued coverage under this section within 45 days of your death. If the coverage is initially elected but later terminated, it may not be reinstated.

Coverage under the Retiree Medical Plan may be continued for eligible surviving dependents of deceased participants as follows:

- **Your eligible spouse:** Coverage may be continued until the death or remarriage of your spouse, whichever occurs first.
- **Your eligible dependent children:** Dependent children are not eligible to continue coverage unless the surviving spouse continues to participate in the Plan. Coverage may be continued until the period in which surviving children no longer qualify as eligible dependents or until the date of the surviving spouse's remarriage or death, whichever occurs first.

Your surviving dependents will be required to make contributions for continued coverage under the Retiree Medical Plan, as explained in the section called *How You Pay Your Contributions*.

### **Retiree Life Insurance**

If you are eligible, retiree life insurance coverage will begin on the day following your last day of active employment.

The amount of your Retiree Life Insurance benefit will be \$10,000.

All other coverage under the Company's group life insurance, AD&D, dependent life insurance and optional life and AD&D plans will cease upon your termination of active employment.

Please see the Life Insurance section of this binder for a more detailed discussion of these benefits.

### **Conversion Of Other Group Life Insurance**

Upon your retirement or other occurrence of a qualifying event, you will also have the option to convert any life insurance provided under the Company's group life insurance, dependent life and optional life insurance plans to an individual policy. This conversion will be at your own expense and you will be required to pay all future premiums.

Please see the Life Insurance section of this binder for a detailed discussion of this benefit.

### **Termination Of Other Employee Benefits**

All benefits except retiree medical and life insurance will end when you retire. Benefits that end upon your retirement include, but are not limited to, the following:

- Dental benefits for you and your dependents.
- Vision benefits for you and your dependents.
- Accidental death and dismemberment insurance.
- Dependent life insurance for you and your dependents.
- Optional life and AD&D insurance for you and your dependents.
- Business travel accident insurance.
- Short-term and long-term disability plan coverage.
- Individual and Company contributions to the Magnum Coal Company 401(k) Plan. (See the Retirement Plan section of this binder for information about the Plan and how your benefits earned will be distributed.)
- Company contributions under the Magnum Coal Company Defined Contribution Retirement Plan. (See the Retirement Plan section of this binder for information about the plan.)
- Tuition reimbursement benefits.
- Severance Plan benefits.
- Paid vacation and holiday pay.

### **Claims Denial And Appeal Procedure**

Payment or denial of an application for benefits from the Retiree Welfare Benefit Program will be made within 90 days from the date a claim is filed.

If an application for these benefits is denied either in whole or in part, you will receive written notification. The notification will include the reason(s) for the denial with reference to

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the specific plan provisions on which the denial was based, a description of any additional information that might cause the Plan Administrator or the insurance carrier to reconsider the decision and an explanation of the claim review procedure.

Within 60 days after receiving the denial (or if no notice is received within 180 days after filing a claim), you, your beneficiary, or a legally authorized representative may then submit a written request to the Plan Administrator for a review of the decision. Requests should be directed to:

Magnum Coal Company  
Vice President – Human Resources  
500 Lee Street, East  
Suite 900  
Charleston, WV 25301

Any such request should be accompanied by documents or records in support of the appeal. Your beneficiary may review all pertinent documents and submit issues and comments in writing.

The Plan Administrator will review the claim and within 90 days (or 120 days in special circumstances) will provide a written response to the appeal explaining the reasons for the decision with specific reference to the Plan provisions on which the decision was based.

The Plan Administrator shall possess and exercise discretionary authority to make a determination as to a Participant's eligibility for benefits and to construe the terms of the Plan. The decision of the Plan Administrator shall be final and non-reviewable unless found to be arbitrary and capricious by a court of competent review. Such decision will be binding upon the Company and the claimant.

## Signature Page

### Effective Date and Signatures

The effective date of these newly revised and restated Summary Plan Descriptions is for January 1, 2007.

It is agreed by Magnum Coal Company that the provisions contained in these Summary Plan Descriptions are acceptable and will be the basis for the administration of said Plan described herein.

Signed at Charleston, WV, this \_\_\_\_\_ day of \_\_\_\_\_, 2007

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

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