

# **Patriot Coal Corporation**

## **2011 Enrollment for Retired Employees**

THIS ENROLLMENT OUTLINES MEDICAL COVERAGES AND 2011 CONTRIBUTIONS FOR RETIRED EMPLOYEES. AN ENROLLMENT FORM IS ALSO INCLUDED. **PLEASE RETURN THE ENROLLMENT FORM AND THE REQUIRED DOCUMENTATION BY NOVEMBER 16, 2010.** A return envelope is enclosed for your convenience.

### **IMPORTANT INFORMATION ABOUT MEDICAL COVERAGE FOR RECONSTRUCTIVE SURGERY FOLLOWING MASTECTOMIES**

Under federal law, group health plans that provide medical and surgical benefits for mastectomies must also provide coverage for the following services, which are to be provided in a manner determined in consultation with the attending physician and the patient:

- ✦ Reconstruction of the breast on which the mastectomy has been performed.
- ✦ Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- ✦ Prosthesis and physical complications in all states of the mastectomy, including lymphedemas.

The table below reflects the features of the Option 1000 Plan

### OPTION 1000 SPECIAL CATASTROPHIC MEDICAL PLAN

Feature	Coverage Network Provider	Coverage Non-Network Provider
Deductible	\$1000 Per Individual	\$2000 Per Individual
Co-insurance	70% if an in-network provider; 50% if a non-administrator provider	50% if a non-network provider; *50% if a non-administrator provider
Maximum out-of-pocket (includes deductible and co-insurance)	Retiree \$4,500 Retiree plus 1 \$9,000 Family \$13,500	Retiree \$9,000 Retiree plus 1 \$18,000 Family \$27,000
Inpatient Services Outpatient Services	70% if an in-network provider; *50% if a non-administrator provider; after deductible is met	50% if a non-work provider; *50% if a non-administrator provider; after deductible is met
Doctor's office visits and services (Co-pays do not apply to deductible or maximum out-of-pocket)	Non-specialist MD \$20 Specialist MD \$50 (Any test, procedure, treatment, etc. in the office will be applied to deductible and co-insurance)	Non-specialist MD \$20 Specialist MD \$50 (Any test, procedure, treatment, etc. in the office will be applied to deductible and co-insurance)
Emergency Room	\$150 (if non medically necessary)	\$150 (if non medically necessary)
Hospital Pre-cert Penalty	\$150	\$150
Mental Health and Chemical Dependency	Same as any physical illness	Same as any physical illness
Home Health Care	60 calendar days per yr	60 calendar days per yr
Hospice	120 days / lifetime	120 days / lifetime
Wigs and Hairpieces	If needed as a result of radiation / chemotherapy	If needed as a result of radiation / chemotherapy
Physical Therapy	No limit	No limit
Occupational Therapy	No limit	No limit
Speech Therapy	No limit	No limit
Wellness Benefit	\$500 annual maximum per covered family member	50%
Lifetime Maximum	\$2 million	\$2 million

\* Subject to balance billing

## Prescription Drug Benefits

Vendor: CVS Caremark/SilverScript

Retail Prescriptions	
Tier 1 - generic	\$5
Tier 2 - preferred brand	\$25 or 30%, whichever is greater up to \$75 maximum
Tier 3 - non-preferred brand	\$75 or 50%, whichever is greater up to \$200 maximum
Mail Order Prescriptions	
Tier 1 - generic	\$10
Tier 2 - preferred brand	\$50 or 30%, whichever is greater up to a \$150 maximum
Tier 3 - non-preferred brand	\$150 or 50%, whichever is greater up to a \$400 maximum

## Clinical Edits for Prescription Drugs

Brand name drugs: If you or your doctor requests a brand-name drug when a generic equivalent is available, you will pay the generic copayment plus the difference in cost. For example, if you take Prozac which has a generic equivalent available, you will pay:

Cost of Brand name Prozac for one month:	\$332.25
Cost of the generic fluoxetine for one month:	\$ 45.08
Your cost would be your copay plus the difference	\$292.17

Specialty drugs: If you require a specialty drug, you will be contacted by Caremark's specialty drug unit to assist with filling your prescription.

Prior Authorizations: If you take a prescription listed in the therapeutic class on the grid below, you will be required to obtain a prior authorization annually.

ADHD	Erectile Dysfunction
Anabolic Steroids	GI Motility
Antiobesity	Migraine
Antipsoriatcs	Miscellaneous
Botulinum toxin	Narcolepsy
Certain diabetic meds	Testosterone
Certain pain meds	Topical Acne

**Mail Order Surcharge:** If you take a maintenance medication, you can fill your maintenance medication at a retail pharmacy without any change in the copay structure for the first two fills. The third time you fill your maintenance medication at a retail pharmacy, there will be a \$10 surcharge added to the generic drug copay and a \$20 surcharge added to the brand drug copay unless you switch your prescription to mail order.

Medications treating high blood pressure, high cholesterol, diabetes, depression or arthritis are examples. Medications taken for infection or injury are not considered maintenance medications.

**Non-Sedating Antihistamines:** This class of drugs is not covered by the Company.

**Step Therapy:** Step therapy requires you try a first line medication (generally a generic medication) as the first step before the brand name drug is tried. In select drug classes, if your doctor prescribes a non-preferred medication, the plan will only cover it after the generic is tried first. The therapeutic classes affected by step therapy are SSRIs for depression, urinary anti-spasmodics, non-benzodiazepine sleep agents, intranasal steroids and biphosphonates for osteoporosis.

**High Performance Formulary Plan Design:** This program is an enhanced step therapy program. If you are prescribed a targeted single-source brand and you have not tried a generic alternative or the exclusive preferred brand within 24 months, you will be directed to a generic and then the exclusive preferred brand if the generic does not give you the expected clinical benefits. This program is for new prescriptions and current prescriptions. The affected medications\* are:

<b>Proton Pump Inhibitors (Stomach Acid Overproduction)</b>	Aciphex Kapidex	Nexium Zegerid
<b>HMG-CoA Reductase Inhibitors (High Cholesterol)</b>	Advicor Altoprev Crestor	Lescol (XL) Simcor Vytorin
<b>COX-2 Inhibitors (Pain and Inflammation)</b>	Arthrotec Celebrex (excluding 400 mg)	Flector
<b>Angiotensin Converting Enzyme Inhibitors (ACEs)/Angiotension II Receptor Antagonists (ARBs) (High Blood Pressure)</b>	Atacand (HCT) Avalide Avapro Cozaar Diovan (HCT)	Hyzaar Micardis (HCT) Tekturna (HCT) Teveten (HCT)

\*These medications are subject to change at any time. Contact CVS Caremark Customer Care for the most up-to-date information.

**Appeal Process for Prescription Drugs:** If your physician feels you should stay on the brand drug he/she has prescribed, an appeal process is available to you. To file an appeal, simply contact the CVS Caremark Customer Care department where they will give you instructions on how your and your physician should proceed. The telephone number is (866) 407-5154.

**YOUR COVERAGE FOR 2011**

THE ENCLOSED ENROLLMENT FORM MUST BE RECEIVED IN THE BENEFITS  
OFFICE

NO LATER THAN **NOVEMBER 16, 2010**

PLEASE MAIL FORMS TO:

**Patriot Coal Corporation  
Attn: Benefits Enrollment  
12312 Olive Blvd  
St. Louis, MO 63141**

*This enrollment guide provides highlights of your benefit plans. This is not a complete detailed description. See your summary plan description booklets for more details about the program. The benefit plans are operated according to the terms of legal documents including insurance contracts and plan documents. If there is a difference between this enrollment guide or the summary plan description booklet and the actual plan documents, the plan documents will govern. This enrollment guide is not a substitute for the official plan documents nor is it an employment contract. The company reserves the right to amend or terminate the program in whole or in part at any time. This summary of material modifications is part of your summary plan description and should be kept with your other booklets.*

# Patriot Coal 2011 Retiree Enrollment Form

## Special Catastrophic Medical Plan

### RETIREE INFORMATION *Please complete all information requested*

Name: \_\_\_\_\_  
Last
First
M. I.

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: Street: \_\_\_\_\_  
Street
City
State
Zip

Retirement Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### YOUR MEDICAL COVERAGE CHOICES *Please select the coverage level you wish to enroll for by circling the appropriate box. This will be your monthly cost for medical coverage.*

#### YOUR MONTHLY COST

Retiree Only	\$94.14
Retiree Plus 1 Dependent	\$338.26
Retiree Plus 2 or More Dependents	\$431.78

### DEPENDENT INFORMATION FOR MEDICAL COVERAGE *Please fill in all requested information for each dependent. Use a separate sheet for additional dependents.*

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP (spouse, child)

**OTHER MEDICAL OR PRESCRIPTION DRUG COVERAGE** *Please indicate whether you or any covered dependents have other medical or prescription coverage.*

COVERED INDIVIDUAL	INSURANCE CARRIER	EFFECTIVE DATE OF COVERAGE

I understand that my benefit election is to remain in effect for the calendar year. Any change in my medical coverage election can be made only as a result of a change in my family status as defined by the plan or during the next annual enrollment. I understand that I must make direct payments to the plan by the first day of each month to maintain coverage. I also understand that the company may amend or discontinue my medical coverage at any time in the future and that contributions are subject to change periodically.

**SIGNATURE** *Please sign and date.*

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Signature

Date