

Special Catastrophic Patriot Coal Corporation 2012 Enrollment for Retired Employees

THIS ENROLLMENT OUTLINES 2012 MEDICAL COVERAGE. YOU ARE NOT REQUIRED TO RETURN THIS FORM, AS YOUR BENEFITS WILL REMAIN THE SAME.

HOWEVER, IT IS IMPORATION THAT YOU REVIEW THE FOLLOWING INFORMATION. IT IS ONLY NECESSARY TO COMPLETE THE ENROLLMENT FORM IF YOU HAVE A CHANGE IN FAMILY STATUS. AN ENROLLMENT FORM IS ALSO INCLUDED.

Notice Regarding Grandfathered Status:

Patriot Coal Corporation believes your medical plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that your medical plan may not include certain provisions of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other provisions in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which provisions apply and which provisions do not apply to a grandfathered health plan, and what might cause a plan to change from grandfathered health plan status can be directed to the office of the plan administrator as noted below. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthrefor. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Plan Administrator:

Phil Brandt
VP – HR & Employee Services
12312 Olive Boulevard, Suite 400
St. Louis, MO 63141

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.

OPTION 1000 SPECIAL CATASTROPHIC MEDICAL PLAN

Feature	Coverage Network Provider	Coverage Non-Network Provider
Deductible	\$1,000 Per Individual	\$2,000 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	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
Outpatient Services		
Most Other Expenses	70%	50%
Emergency Room	\$150 (if non medically necessary)	\$150 (if non medically necessary)
Hospital Pre-cert Penalty	\$200	\$300
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	30%
Tier 2 - preferred brand	30%
Tier 3 - non-preferred brand	30%
Mail Order Prescriptions	
Tier 1 - generic	30%
Tier 2 - preferred brand	30%
Tier 3 - non-preferred brand	30%

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	\$300.69

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	Certain Pain Medications
Anabolic Steroids	Erectile Dysfunction
Antiobesity	GI Motility
Antipsoriatics	Testosterone
Certain Diabetic Medications	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:

Proton Pump Inhibitors (Stomach Acid Overproduction)	Aciphex	Nexium
	Kapidex	Zegerid
HMG-CoA Reductase Inhibitors (High Cholesterol)	Advicor	Lescol (XL)
	Altoprev	Simcor
	Crestor	Vytorin
COX-2 Inhibitors (Pain and Inflammation)	Arthrotec	Flector
	Celebrex (excluding 400 mg)	
Angiotensin Converting Enzyme Inhibitors (ACEs)/Angiotensin II Receptor Antagonists (ARBs) (High Blood Pressure)	Atacand (HCT)	Hyzaar
	Avalide	Micardis (HCT)
	Avapro	Tekturna (HCT)
	Cozaar	Teveten (HCT)
	Diovan (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 you and your physician should proceed. The telephone number is (866) 407-5154.

YOUR COVERAGE FOR 2012

PLEASE RETURN THE ENROLLMENT FORM TO THE ST. LOUIS BENEFITS DEPARTMENT NO LATER THAN
DECEMBER 5, 2011, ONLY IF YOU HAVE A CHANGE IN FAMILY STATUS

**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.

Patriot Coal 2012 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	\$147.64
Retiree Plus 1 Dependent	\$445.28
Retiree Plus 2 or More Dependents	\$568.35

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.*

Signature

Date