

CLAIM # 540

(THE DEBTORS)

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

CASE#

12-51502 (KSS)

SILVERSCRIPT

01/18/2013

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



From ↓



Roger Wyciskalla - 01-25-2013

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

Your Monthly Prescription Drug Summary

For December, 2012

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

Here are the sections in this summary:

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



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For languages other than English:

Español: 1-888-626-7677

SilverScript Employer Group (PDP)

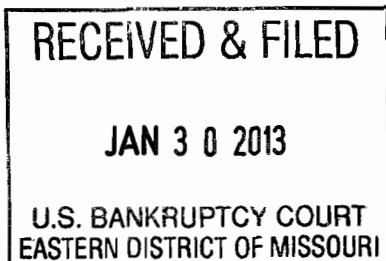
Customer Care

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.
- **Please look over this information about your prescriptions to be sure it is correct.** If you have any questions or think there is a mistake, Section 5 tells what you should do.

CHART 1.

Your prescriptions for covered Part D drugs
December, 2012

	Plan paid	You paid	Other payments (made by Programs or organizations; see Section 3)
ONETOUCH TES ULTRA BL 12/28/2012. THE MEDICINE SHOPPE. Rx# 000007039587, 20 day supply.	\$0.00	\$0.00	\$114.65 (paid by Other Payer)
BD PEN NEEDL MIS 31GX3/16 12/28/2012. THE MEDICINE SHOPPE. Rx# 000006002317, 25 day supply.	\$4.56	\$0.00	\$28.03 (paid by Other Payer)
FLUTICASONE SPR 50MCG 12/28/2012. THE MEDICINE SHOPPE. Rx# 000006996526, 27 day supply.	\$7.31	\$0.00	\$44.92 (paid by Other Payer)
PRAVASTATIN TAB 80MG 12/28/2012. THE MEDICINE SHOPPE. Rx# 000006996524, 30 day supply.	\$2.24	\$0.00	\$13.73 (paid by Other Payer)

(continued)

CHART 1.

Your prescriptions for covered Part D drugs
December, 2012

BYETTA INJ 10MCG
12/28/2012. THE MEDICINE SHOPPE.
Rx# 000006996523, 30 day supply.

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
	\$0.00	\$0.00	\$163.82 (paid by Medicare Coverage Gap Discount Program) \$165.06 (paid by Other Payer)

TOTALS for the month of: December, 2012

Your "out-of-pocket costs" amount is **\$280.11**. (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" \$280.11. See definitions in Section 3.)

Your "total drug costs" amount is **\$782.60**. (This is the total for this month of all payments made for your drugs by the plan \$30.79 and you \$0.00 plus "other payments" \$751.81).

	\$30.79 (total for the month)	\$0.00 (total for the month)	\$751.81 (total for the month) (Of this amount, \$280.11 counts toward your "out-of-pocket costs." See definitions in Section 3.)
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Year-to-date totals
01/01/2012 through 12/31/2012

Your year-to-date amount for "out-of-pocket costs" is **\$2,941.83**.

Your year-to-date amount for "total drug costs" is **\$10,908.94**.

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
	\$2,258.41 (year-to-date total)	\$40.00 (year-to-date total)	\$8,610.53 (year-to-date total)

(continued)



CHART 1.

Your prescriptions for covered Part D drugs
December, 2012

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
JANUVIA TAB 100MG 12/28/2012. THE MEDICINE SHOPPE. Rx# 000007023490, 30 day supply.	\$0.00	\$0.00	\$116.29 (paid by Medicare Coverage Gap Discount Program) \$117.54 (paid by Other Payer)
RAMPRIL CAP 5MG 12/28/2012. THE MEDICINE SHOPPE. Rx# 000006996525, 30 day supply.	\$1.62	\$0.00	\$9.97 (paid by Other Payer)
METFORMIN TAB 750MG ER 12/28/2012. THE MEDICINE SHOPPE. Rx# 000007000187, 30 day supply.	\$3.60	\$0.00	\$22.08 (paid by Other Payer)
PANTOPRAZOLE TAB 40MG 12/28/2012. THE MEDICINE SHOPPE. Rx# 000006996901, 30 day supply.	\$11.46	\$0.00	\$70.37 (paid by Other Payer)

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

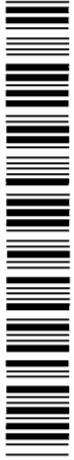
As shown below, your prescription drug coverage has “drug payment stages.” How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

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 \$320.00 for your drugs (\$320.00 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 \$2,930.00. Then you move to payment stage 3, Coverage Gap. 	<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 \$4,700.00. As of 12/31/2012 your year-to-date “out-of-pocket costs” was \$2,941.83 (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, 2012).
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You are in this stage:

What happens next?
Once you (or others on your behalf) have paid an additional \$1,758.17 in “out-of-pocket costs,” you move to the next payment stage (stage 4, Catastrophic Coverage).



Year-to-date totals 01/01/2012 through 12/31/2012	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, \$2,901.83 counts toward your "out-of-pocket costs." See definitions in Section 3.)



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>\$280.11 month of December, 2012</p> <p>\$2,941.83 year-to-date (since 01/01/2012)</p>
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<p>Your “total drug costs”</p> <p>\$782.60 month of December, 2012</p> <p>\$10,908.94 year-to-date (since 01/01/2012)</p>
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<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.
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<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>

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 2012 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 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.

- You can call 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.

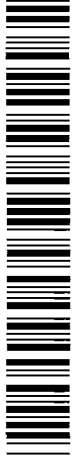
We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers are on the cover of this summary).

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. Reference these Chapters:

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



- 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 the Chapter referencing *What to do if you have a problem or complaint* in 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 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 the Chapter referencing *Important phone numbers* in 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 4 of your *Medicare & You 2012* 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*.