

Patriot Coal Corporation

2010 Medical Coverage News for Retired Employees

THIS NEWSLETTER OUTLINES MEDICAL COVERAGES AND 2010 CONTRIBUTIONS FOR RETIRED EMPLOYEES. AN ENROLLMENT FORM IS ALSO INCLUDED.

WHAT'S CHANGING FOR 2010

- Office visit copays have been implemented
- Mental health and substance abuse coverage will be treated the same as treatment for physical diagnoses
- There are new copays/coinsurance for retail and mail order medications
- A new step therapy program is being implemented for prescription drugs (for Non-Medicare eligible retirees)

REMINDER: HOW THE PLANS WORK WITH MEDICARE

For retirees who are eligible for Medicare, Medicare is the primary plan and the company plan is secondary under any of these options. This also applies to any covered dependents who are Medicare eligible. The company plan's benefits are reduced by the amount of Medicare's benefits for the same claim. The plan will not pay any benefit unless the Medicare-eligible retiree and dependent(s) are enrolled in Part A and Part B of Medicare. *You must contact Patriot immediately when you or your spouse or dependents become eligible for Medicare.* You may call the Patriot Benefits Department at 1-800-633-9005.

RETIREE MEDICAL PLAN ELIGIBILITY

As a retiree eligible for medical benefits under the Retiree Medical Plan, coverage is available only for the spouse and eligible dependent children who were covered under the Medical Plan on the last day of your active employment. No coverage is available for a spouse acquired after your last day of active employment.

If you do not elect coverage under the Retiree Medical Plan for yourself or your eligible dependents, or if you discontinue coverage after your election; you may not obtain or reinstate coverage under the Retiree Medical Plan unless you (1) elect COBRA coverage under the Company medical plan at the time you end your employment, or (2) are receiving medical coverage through another employer-sponsored group plan at that time. Please refer to the Benefits after Retirement SPD for details.

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.
- Prostheses and physical complications in all states of the mastectomy, including lymphedemas.

As with other covered services, the usual deductibles, copayments or percentage share of expense you are required to pay will apply.

The following tables reflect the features of the Option 250 and Option 1000 medical plans.

OPTION 250 RETIREE MEDICAL PLAN

Feature	Coverage Network Provider	Coverage Non-Network Provider
Deductible	\$250 Per Individual	\$500 Per Individual
Co-insurance	80% if an in-network provider; *50% if a non-administrator provider	60% if a non-network provider; **50% if a non-administrator provider
Maximum out-of-pocket (includes deductible and co-insurance)	Retiree \$1,700 Retiree plus 1 \$3,400 Family \$5,100	Retiree \$3,400 Retiree plus 1 \$7,200 Family \$10,200
Inpatient Services Outpatient Services	80% if an in-network provider; *50% if a non-administrator provider, after deductible is met	60% 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	80% after deductible \$150 copayment (if non medically necessary)	60% after deductible \$150 copayment (if non medically necessary)
Chiropractic Care	80% with 30 visits per year maximum and/or \$1200 maximum annual out of pocket	60% with 30 visits per year maximum and/or \$1200 maximum annual out of pocket
Hospital Pre-cert Penalty	\$200	\$200
Mental Health and Chemical Dependency	Same as any physical illness	Same as any physical illness
Hearing Care	80% after deductible One hearing aid per ear every two years	NONE
Home Health Care	80% with 60 calendar days per yr. maximum	60% with 60 calendar days per yr maximum
Hospice	80% up to \$10,000 / lifetime	60% up to \$10,000 / lifetime
Wigs and Hairpieces	If needed as a result of radiation / chemotherapy	If needed as a result of radiation / chemotherapy
Physical Therapy	80%	60%
Occupational Therapy	80%	60%
Speech Therapy	80%	60%
Wellness Benefit	100% up to \$500 annual maximum per covered family member	60% after deductible up to \$500 annual maximum per covered family member
Lifetime Maximum	\$2 million	\$2 million

* If you and your covered dependent's claims are processed by UMR, the non-network provisions of the plan do not apply

** Subject to balance billing

OPTION 1000 RETIREE 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	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		
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	70% after deductible \$150 copayment (if non medically necessary)	50% after deductible \$150 (if non medically necessary)
Hospital Pre-cert Penalty	\$200	\$200
Mental Health and Chemical Dependency	Same as any physical illness	Same as any physical illness
Hearing Care	1 hearing aid/ear/every 2 years if use AHB network	N/A
Home Health Care	70% with 60 calendar days per yr. maximum	50% with 60 calendar days per yr maximum
Hospice	70% up to \$10,000 / lifetime	50% up to \$10,000 / lifetime
Wigs and Hairpieces	If needed as a result of radiation / chemotherapy	If needed as a result of radiation / chemotherapy
Physical Therapy	70%	50%
Occupational Therapy	70%	50%
Speech Therapy	70%	50%
Wellness Benefit	100% up to \$500 annual maximum per covered family member	50% after deductible up to \$500 maximum per covered family member
Lifetime Maximum	\$2 million	\$2 million

* If you and your covered dependent's claims are processed by UMR, the non-network provisions of the plan do not apply.

** Subject to balance billing.

** If there is a discrepancy between this enrollment form and the Summary Plan Description (SPD), the SPD will supersede any documents previously issued to you.

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	\$50 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	\$100 or 50%, whichever is greater up to a \$400 maximum

Clinical Edits for Prescription Drugs

Brand Drug Surcharge (applies to Non-Medicare eligible and Medicare eligible): 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 (applies to Non-Medicare eligible and Medicare eligible): If you require a specialty drug, you will be contacted by Caremark's specialty drug unit to assist with filling your prescription.

Prior Authorizations (applies to Non-Medicare eligible and Medicare eligible): 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
Antipsoriatics	Miscellaneous
Botulinum toxin	Narcolepsy
Certain diabetic meds	Testosterone
Certain pain meds	Topical Acne

Mail Order Surcharge (applies to Non-Medicare only): 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 (applies to Non-Medicare eligible and Medicare eligible): This class of drugs is not covered by the Company.

Step Therapy (applies to Non-Medicare eligible only): 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 (applies to Non-Medicare eligible only): 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 Kapidex	Nexium Zegerid
HMG-CoA Reductase Inhibitors (High Cholesterol)	Advicor Altoprev Crestor	Lescol (XL) Simcor Vytorin
COX-2 Inhibitors (Pain and Inflammation)	Arthrotec Celebrex (excluding 400 mg)	Flector
Angiotensin Converting Enzyme Inhibitors (ACEs)/Angiotension II Receptor Antagonists (ARBs) (High Blood Pressure)	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 (applies to Non-Medicare eligible and Medicare eligible): 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.

Medicare Part D Prescription Drug Benefit

If you are Medicare eligible, Patriot has elected to automatically enroll you in a Medicare approved group drug plan for 2010. The Medicare D approved plan is SilverScript. **The 2010 premium for this plan is \$10 a month.** You will be receiving a monthly premium invoice from SilverScript .

If you are not Medicare eligible currently, but will become Medicare eligible in 2010, Patriot will automatically enroll you in Medicare Part D with SilverScript. Your Patriot employer health plan will coordinate with the SilverScript plan and process your claims as the secondary payor. Your coinsurance will not increase as a result of the coordination of the two plans.

YOUR MONTHLY COST FOR COVERAGE

The monthly contributions for coverage under the medical plans for 2010 are indicated on the enclosed enrollment form. Once you have enrolled in the Retiree Medical Plan, payment will be made payable to BeneFLEX HR Resources, Inc. Please return your enrollment form along with your first month's check to your local HR Representative. You will receive a coupon booklet from BeneFlex to make your premium payments for the remainder of the year.

If you have any questions, please contact your local HR Representative or the Patriot Benefits Department at 1-800-633-9005.

YOUR COVERAGE FOR 2010

THE ENCLOSED ENROLLMENT FORM MUST BE RECEIVED
WITHIN 31 DAYS OF YOUR RETIREMENT
PLEASE MAIL OR FAX FORMS TO YOUR LOCAL HR REPRESENTATIVE

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 2010 Retiree Enrollment Form

I. RETIREE INFORMATION Please complete all information requested

Name: _____
Last First MI Date of Birth

Address: _____
Street Apt # City State Zip

Social Security No.: _____ Home Phone No.: _____

Medicare Identification Number: _____ Medicare Effective Date: _____

2. YOUR MEDICAL COVERAGE CHOICES Please indicate your choice of medical plan and select the coverage level you wish to enroll for by checking the appropriate box. Then circle the corresponding price, which varies depending on the plan you choose, your Medicare status and that of your spouse. This will be your monthly cost for medical coverage.

OPTION 250	Monthly Cost
RETIREE ONLY	
<input type="checkbox"/> Not Medicare Eligible	\$277.25
<input type="checkbox"/> Medicare Eligible	\$106.87
RETIREE PLUS 1 (SPOUSE OR CHILD)	
<input type="checkbox"/> Both Not Medicare Eligible	\$554.50
<input type="checkbox"/> Both Medicare Eligible	\$213.74
<input type="checkbox"/> Retiree Medicare Eligible/Spouse or Child Not Medicare Eligible	\$384.12
<input type="checkbox"/> Retiree Not Medicare Eligible/Spouse or Child Medicare Eligible	\$384.11
RETIREE PLUS 2 (SPOUSE AND CHILD/CHILDREN)	
<input type="checkbox"/> All Not Medicare Eligible	\$707.78
<input type="checkbox"/> Retiree and Spouse Medicare Eligible/Dependent Child	\$355.67
<input type="checkbox"/> Retiree Medicare Eligible/Spouse Not Medicare Eligible and Dependent Child	\$531.73
<input type="checkbox"/> Spouse Medicare Eligible/Retiree Not Medicare Eligible and Dependent Child	\$531.72

(Continued, next page)

OPTION 1000	Monthly Cost
RETIREE ONLY	
<input type="checkbox"/> Not Medicare Eligible	\$193.38
<input type="checkbox"/> Medicare Eligible	\$20.01
RETIREE PLUS 1 (SPOUSE OR CHILD)	
<input type="checkbox"/> Both Not Medicare Eligible	\$386.76
<input type="checkbox"/> Both Medicare Eligible	\$40.03
<input type="checkbox"/> Retiree Medicare Eligible/Dependent Not Medicare Eligible	\$213.39
<input type="checkbox"/> Retiree Not Medicare Eligible/Dependent Medicare Eligible	\$213.39
RETIREE PLUS 2 (SPOUSE AND CHILD/CHILDREN)	
<input type="checkbox"/> All Not Medicare Eligible	\$493.67
<input type="checkbox"/> Retiree and Spouse Medicare Eligible/Dependent Child	\$66.38
<input type="checkbox"/> Retiree Medicare Eligible/Spouse Not Medicare Eligible and Dependent Child	\$280.02
<input type="checkbox"/> Spouse Medicare Eligible/Retiree Not Medicare Eligible and Dependent Child	\$280.02

NO COVERAGE

WAIVE COVERAGE (proof of other coverage is required)

(Continued, next page)

3. DEPENDENT INFORMATION FOR MEDICAL COVERAGE Please fill in all requested information for each dependent.

Name	Date of Birth	Social Security Number	Relationship to You

4. OTHER MEDICAL OR PRESCRIPTION COVERAGE: If you and /or your dependents are covered under two plans, coordination of benefits will apply. Your Patriot coverage will always be primary for you as an employee, but Patriot coverage may not necessarily be primary for your children if they are also covered under another plan.

List all covered dependents who may be eligible for Medicare Part A and Part B, indicating the Medicare effective date and the Medicare Identification Number for each individual.

Medicare Eligible Individual	Medicare Effective Date	Medicare Card Identification Number

Please list all dependents who may be covered under any other group medical plan.

NOTE: If you are waiving coverage due to having other insurance, please provide your other insurance information in the box below. ***Proof of other insurance is required.***

Retiree/Dependent	Other Insurance Effective Date	Other Insurance Name and Address

5. SIGNATURE Please read, sign and date.

I understand that the company may amend or discontinue my medical and/or life coverage at any time in the future and that contributions are subject to change periodically.

Signature

Date