

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 OR WANT TO CHANGE YOUR CURRENT BENEFIT ELECTION. 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

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.

CHANGING YOUR MEDICAL COVERAGE

The choices you make during the annual enrollment period are effective January 1, 2012, and are binding throughout the calendar year. Except in certain cases, you will not be able to enroll or change your options or your dependent coverage choices until the next annual enrollment period.

The options available to you depend on your situation, as shown in the summary below.

YOUR SITUATION	YOUR OPTIONS
You are enrolled in Option 250 or Option 1000	You can decrease or drop coverage during this annual enrollment period. If you drop coverage for yourself or your eligible dependents, you cannot re-enroll in the future unless you lose coverage from another plan.
You gain coverage under another plan because of marriage or a change in your spouse's job	You can drop or decrease Patriot coverage within 31 days of the date your other coverage starts. If you drop coverage for yourself or your eligible dependents you cannot re-enroll in the future, unless you lose coverage from another plan.
You or your eligible dependents have coverage from another source and lose it as a result of a family status change	You can enroll in a different Patriot medical option for which you are eligible. You may also add eligible dependents or upgrade your coverage, within 31 days of the loss of coverage.
You drop coverage for yourself or eligible dependents	You cannot re-enroll in the future unless you lose coverage from another plan.

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	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
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	\$150 (if non medically necessary)	\$150 (if non medically necessary)
Chiropractic Care	30 visits per year	30 visits per year
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	60%
Lifetime Maximum	\$2 million	\$2 million

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	\$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

*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

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 (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	Certain Pain Medications
Anabolic Steroids	Erectile Dysfunction
Antiobesity	GI Motility
Antipsoriatics	Testosterone
Certain Diabetic Medications	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 2012. The Medicare D approved plan is SilverScript. **The 2012 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 2012, 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.

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.

YOUR MONTHLY COST FOR COVERAGE

The monthly contributions for coverage under the two plans for 2012 are indicated on the enclosed enrollment form. If your pension check is insufficient to cover your 2012 contributions, you must make direct payments to the plan by the first of each month.

YOUR COVERAGE FOR 2012

IF YOU CHOOSE TO CHANGE YOUR ELECTION OR TO WAIVE HEALTH COVERAGE, THE ENCLOSED ENROLLMENT FORM MUST BE RECEIVED BY THE ST. LOUIS BENEFITS DEPARTMENT NO LATER THAN **DECEMBER 5, 2012**

PLEASE NOTE: IF YOU DO NOT RETURN THE ENROLLMENT FORM, YOU WILL REMAIN ENROLLED IN YOUR CURRENT PLAN

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 2012 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	\$175.00
<input type="checkbox"/> Medicare Eligible	\$41.00
RETIREE PLUS 1 DEPENDENT	
<input type="checkbox"/> Both Not Medicare Eligible	\$585.00
<input type="checkbox"/> Both Medicare Eligible	\$109.00
<input type="checkbox"/> Retiree Medicare Eligible/Dependent Not Medicare Eligible	\$452.00
<input type="checkbox"/> Retiree Not Medicare Eligible/Dependent Medicare Eligible	\$242.00
RETIREE PLUS 2 OR MORE DEPENDENTS	
<input type="checkbox"/> All Not Medicare Eligible	\$750.00
<input type="checkbox"/> All Medicare Eligible	\$180.00
<input type="checkbox"/> Retiree Medicare Eligible/Spouse Not Medicare Eligible and Dependent Child	\$569.00
<input type="checkbox"/> Spouse Medicare Eligible/Retiree Not Medicare Eligible and Dependent Child	\$359.00

OPTION 1000	Monthly Cost
RETIREE ONLY	
<input type="checkbox"/> Not Medicare Eligible	\$99.00
<input type="checkbox"/> Medicare Eligible	\$16.75
RETIREE PLUS 1 DEPENDENT	
<input type="checkbox"/> Both Not Medicare Eligible	\$355.00
<input type="checkbox"/> Both Medicare Eligible	\$33.50
<input type="checkbox"/> Retiree Medicare Eligible/Dependent Not Medicare Eligible	\$273.00
<input type="checkbox"/> Retiree Not Medicare Eligible/Dependent Medicare Eligible	\$116.00
RETIREE PLUS 2 OR MORE DEPENDENTS	
<input type="checkbox"/> All Not Medicare Eligible	\$455.00
<input type="checkbox"/> Retiree and Spouse Medicare Eligible/Dependent Child	\$55.50
<input type="checkbox"/> Retiree Medicare Eligible/Spouse Not Medicare Eligible and Dependent Child	\$333.00

<input type="checkbox"/> Spouse Medicare Eligible/Retiree Not Medicare Eligible and Dependent Child	\$176.00
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<input type="checkbox"/> NO COVERAGE (WAIVE)

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.

Dependent	Other Insurance Effective Date	Other Insurance Name and Address

5. SIGNATURE Please read, sign and date.

I authorize the company to deduct my contribution for medical coverage from my monthly pension check. I understand that if my pension check is insufficient to cover the election I have made above, 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 and/or life coverage at any time in the future and that contributions are subject to change periodically.

Signature

Date