Safe harbor statement: This presentation includes certain forward-looking statements within the meaning of Section 27A of the U.S. Securities Act of 1933, as amended, and Section 21E of the U.S. Securities Act of 1934, as amended. The Company has based these forward-looking statements on current estimates and assumptions made to the best of our knowledge. Actual results could differ materially from those included in the forward-looking statements due to various risk factors and uncertainties, including changes in business, economic competitive conditions, regulatory reforms, foreign exchange rate fluctuations, uncertainties in litigation or investigative proceedings and the availability of financing. Given these uncertainties, readers should not put undue reliance on any forward-looking statements. These and other risks and uncertainties are discussed in detail in Fresenius Medical Care AG & Co. KGaA’s (FMC AG & Co. KGaA) Annual Report on Form 20-F under the heading “Forward-Looking Statements” and under the headings in that report referred to therein, and in FMC AG & Co. KGaA’s other reports filed with the Securities and Exchange Commission (SEC) and the German Exchange Commission (Deutsche Börse).

Forward-looking statements represent estimates and assumptions only as of the date that they were made. The information contained in this presentation is subject to change without notice and the company does not undertake any duty to update the forward-looking statements, and the estimates and assumptions associated with them, except to the extent required by applicable law and regulations.

If not mentioned differently the term net income after minorities refers to the net income attributable to the shareholders of Fresenius Medical Care AG Co. KGaA. The term EMEA refers to the region Europe, Middle East and Africa. Amounts are in Euro if not mentioned otherwise.
Disrupting Healthcare: From Volume to Value

50% CMS set a goal to tie 50% of Medicare fee-for-service payments to quality through alternative payment models (APM) by the end of 2018.

MACRA The Medicare Access and CHIP Reauthorization Act (MACRA) contained significant levers to move providers towards the APM goal.

32 million Over 30 million patients receive care through accountable care organizations (ACOs) today\(^1\).

1. Source: Leavitt Partners, October 2017
Revenue Profile and New Business Activities

Percentage of Fresenius Medical Care FY 2016 revenue (€, IFRS)

**Health care services**

Dialysis Services

- Therapies & laboratory services for patients with chronic kidney failure
  - **11.3bn** **68%**

Care Coordination

- North America - Businesses supporting dialysis, e.g. vascular services
  - **2.2bn** **14%**

**Products**

Dialysis Products

- e.g., dialysis machines, dialyzers & bloodline systems
  - **3.1bn** **18%**
Embracing Healthcare Disruption

Fresenius Medical Care at the Intersections

- Nationwide physical infrastructure
- Vertical integration
- Thought-leader in renal disease
- Robust payor infrastructure
- Sophisticated data expertise
- No “value-based care” conflict
Capability Expansion

Mid-term revenue and growth profile – 2020e

Size of bubble indicates absolute revenue contribution in 2020e. Positioning of bubble illustrative.
The Importance of Value-based Care

Example interventions:
- Treatment Options Program
- Social Work Intensive
- Renal Care Coordination
- Volume Management
- Rx Therapies
- Medication Management
- Outlier Rx Management
- Patient Experience
Opportunity to Decrease Hospitalization

Average Part A & B Cost for Medicare
FFS Beneficiary with ESRD, in %

- **Dialysis**: 41%
- **Transportation**: 3%
- **Skilled Nursing**: 4%
- **Nephrologist**: 5%
- **Other Part B**: 10%
- **Other Part A**: 12%

**Inpatient**: 25%

**PMPM**: $7,377\(^1\)
(\(\sim\) $90,000 p.a.)

Our capabilities can drive reductions in patient hospitalizations

- Kidney Care
- Vascular Care
- Health Partners
- Pharmacy

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\(^1\) Based on 2016 ESCO benchmark | PMPM = per member per month
ESCO Example

End Stage Real Disease Seamless Care Organization (ESCO)

- Pilot program through Centers for Medicare and Medicaid Innovation (CMMI)
- Launched in October 2015 and running through 2018 with two 1-year extension options
- Partnership between nephrologists, dialysis organizations, and other care providers
- Accountable for all facets of matched beneficiaries Medicare A/B costs with savings or losses shared between participants and CMMI
## Fresenius Seamless Care Quick Facts

<table>
<thead>
<tr>
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<th>Program Year 1 (2015/2016)</th>
<th>Program Year 2 (2017&lt;sup&gt;1&lt;/sup&gt;)</th>
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<tbody>
<tr>
<td>Total ESCOs</td>
<td>13</td>
<td>37</td>
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<tr>
<td>FME ESCOs</td>
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<td>FME Aligned Beneficiary Years</td>
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<td>Total Program Savings</td>
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<td>FME Gross Savings</td>
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1. As of end of 3Q'17
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