## Agenda

<table>
<thead>
<tr>
<th></th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Our Business Today</td>
</tr>
<tr>
<td>B</td>
<td>Market Dynamics</td>
</tr>
<tr>
<td>C</td>
<td>Our Strategy &amp; Vision</td>
</tr>
</tbody>
</table>
Our Business Today

$9.6bn
66% of overall Revenue

2,133 Clinics

Care to 171,000 Patients

24.6m Treatments

$8.3bn Services Revenue

$800m Products Revenue

$500m Care Coordination (Vascular, Rx and Lab)
## Market Dynamics

### DEMOGRAPHICS*

- **Stable patient growth >3%**
- 27.5% of Medicare population has diabetes
- 12.7% of Medicare population has CKD
- ESRD population has multiple co-morbidities

### PAYOR RELATIONSHIPS

- **Stable government reimbursement**
- **Stable commercial reimbursement**
  - Single-digit rate growth
- **Steady cash flows**

### GROWTH OPPORTUNITIES

- 37% of US dialysis market
- Targeted dialysis growth opportunities remain
- Additional opportunities in Care Coordination

*Source: United States Renal Data Service (USRDS), 2013 Annual Data Report*
Driving the Business Forward

EFFICIENCY
- Drug
- Operational
- Administrative

GROWTH
- Targeted geographic expansion
- Improve patient mortality
- Reduce hospitalization
### CARE COORDINATION

<table>
<thead>
<tr>
<th></th>
<th>Medicare FFS (Case Mix Adjusted)</th>
<th>FMCNA Demo</th>
<th>% Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-year Mortality</td>
<td>14.6%</td>
<td>9.3%</td>
<td>36%</td>
</tr>
<tr>
<td>Two-year Mortality</td>
<td>26.1%</td>
<td>19.9%</td>
<td>24%</td>
</tr>
<tr>
<td>Two-year All-Cause Hospitalizations</td>
<td>76.1%</td>
<td>60.5%</td>
<td>20%</td>
</tr>
<tr>
<td>Two-year CVD Hospitalizations</td>
<td>75.2%</td>
<td>59.7%</td>
<td>21%</td>
</tr>
<tr>
<td>Readmissions</td>
<td>0.71</td>
<td>0.64</td>
<td>10%</td>
</tr>
<tr>
<td>Physician Visits</td>
<td>10.57</td>
<td>8.43</td>
<td>20%</td>
</tr>
<tr>
<td>SNF Stays</td>
<td>0.6</td>
<td>0.28</td>
<td>53%</td>
</tr>
</tbody>
</table>

FMCNA Demo improved health outcomes and achieved cost savings of 5.1%

All results were adjusted for demographics and co-morbidities. Demonstration, December 8, 2010. Source: Arbor Research: ESRD Demonstration Disease Management Demonstration Evaluation from 2006-2008, the First Three Years of a Five-Year
Poised to Deliver on Our Promise of Care Coordination

CARE COORDINATION

TECHNOLOGICAL INNOVATION

CRIT-LINE

Fluid-Related Hosp.  6%
All-Cause Hospitalization  10%
% Patients With High BP  12%

Average EPO Cost Per Txt Reduction in Crit-Line vs. Non-Crit-Line Clinics

- Avg. EPO Cost Per Txt reduction critline clinics
- Avg. EPO Cost Per Txt reduction for non-critline clinics
- Avg. Cost Per Txt Difference
Poised to Deliver on Our Promise of Care Coordination

CARE COORDINATION

TECHNOLOGICAL INNOVATION

DATA ANALYTICS

Goal
Identify high risk ESRD patients (>5 hosp. in next 12 months)

Model
Clinical predictors yield 90% accuracy
Targeted care coordination/clinical interventions

Results

<table>
<thead>
<tr>
<th></th>
<th>Admit rate 6 months before</th>
<th>Admit rate 6 months after</th>
<th>Admit rate 3 months before</th>
<th>Admit rate 3 months after</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Admissions</td>
<td>5.34</td>
<td>2.61</td>
<td>5.69</td>
<td>2.69</td>
</tr>
<tr>
<td></td>
<td>51%</td>
<td></td>
<td>53%</td>
<td></td>
</tr>
</tbody>
</table>

FRESENIUS MEDICAL CARE
High Cost Special Needs Population

Source: NIHCM Foundation analysis of data from the 2009 Medical Expenditure Panel Survey

Percent of Civilian Non-Institutionalized Population Ordered by Health Care Spending

Source: NIHCM Foundation analysis of data from the 2009 Medical Expenditure Panel Survey
Specialized Network Required

Medicare Spending – Dialysis Patients

<table>
<thead>
<tr>
<th>Service</th>
<th>Per Patient/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>$29,706</td>
</tr>
<tr>
<td>Dialysis</td>
<td>$26,452</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$8,999</td>
</tr>
<tr>
<td>Post-acute (SNF + Home Health + Hospice)</td>
<td>$5,767</td>
</tr>
<tr>
<td>Vascular access</td>
<td>$1,755</td>
</tr>
<tr>
<td>Nephrology</td>
<td>$3,110</td>
</tr>
<tr>
<td>Other specialists</td>
<td>$6,214</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>$5,270</td>
</tr>
<tr>
<td>Total</td>
<td>$87,273</td>
</tr>
</tbody>
</table>

Source: United States Renal Data Service
Current Fragmented Care Model
Our Vision of Care Coordination: The Renal Care Network
**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 its views with respect to future events an financial performance. 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) 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 independent of being the reported or the adjusted number. Numbers mentioned are in US-$. 