



**FRESENIUS
MEDICAL CARE**

Benefits Enrollment Guide 2013



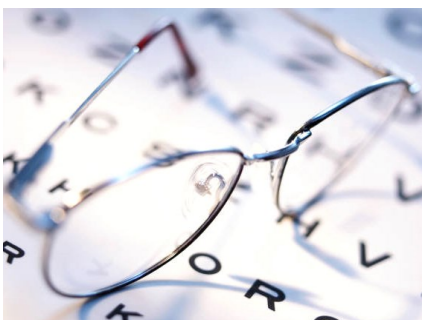
A Guide to Your Health and Welfare Benefits



**FRESENIUS
MEDICAL CARE**

What's Inside...

Table of Contents



Enrollment	2
Eligibility	3
Medical	4
Dental and Discount Vision	6
Non-Grandfathered Notice	7
CHIP Notice	8
Contacts	9

Important Notes:

1. This guide is an overview of the benefits available to the employees of the Fresenius Travel Nurses Program, and is not to be confused with the corporate benefit program available to employees of Fresenius Medical Care North America.
2. This guide is only a summary and is not a substitute for the official plan documents. If there is a discrepancy between the official plan documents and this summary, the official plan documents will govern.

Enrollment

At Fresenius Medical Care North America our greatest asset is people like you. We value your hard work and want to reward your efforts. That's why we are offering you valuable employee benefits that have been carefully selected to give you (and your family) financial protection now - and in the future.

We have prepared this enrollment guide to help you understand the terms and conditions under which your benefits are offered. Inside you will find summary information about each benefit including plan costs, eligibility requirements for enrollment, and important contacts. Please review the information in this booklet carefully.

Benefits

- **Medical** - Starmark®
- **Dental** - MetLife®
- **Discount Vision** - MetLife®

How to Enroll

Here is a checklist of actions you'll need for your enrollment elections if newly eligible *or* changing coverage.

- ☒ Review your current benefit elections (if applicable).
- ☒ Make your benefit elections.
 - 1) Complete and return the necessary enrollment and/or change forms.
 - 2) Submit a waiver if you are not electing to take the coverage.

IMPORTANT: Once you make your benefit elections, you may not change your elections until the next open enrollment period unless you experience a change in enrollment status (*see Eligibility*).

When to Enroll

You will have the opportunity to enroll during the annual open enrollment period, March 1 - 31, 2013. Changes made during the enrollment period will be effective **April 1, 2013**. If you are enrolling outside of open enrollment because you are newly eligible, your coverage will be effective the first of the month following 30 days from your date of hire (*see Eligibility*).

Enrollment Assistance

If you need assistance or have questions regarding your benefits, please contact Human Resources. You may also contact a Benefits Specialist at Cherry Creek Benefits at (303) 771-2221 or toll-free at (855) 777-5035. Assistance is available from 8:30 a.m. to 4:30 p.m. (MST), Monday through Friday excluding holidays.

Employer and Employee Contributions

Fresenius Medical Care North America contributes generously toward the cost of your benefits. Costs are listed separately throughout this guide by type of enrollment. Your portion of the cost(s) will be deducted from your paycheck on a pre-tax basis unless requested otherwise.





Eligibility

All Fresenius Medical Care North America full-time employees working 30 hours or more per week are eligible for benefits. Benefit coverage for you and/or your dependent(s) begins the first of the month following 30 days from full-time date of hire.

Dependent Eligibility

- An employee's legal spouse
- A subscriber's unmarried or married child up to age 26

Changes in Enrollment

Should a "life changing event" occur after the open enrollment period has passed, you are eligible to make changes to your enrollment. These life changing events include:

- Marriage
- Divorce or legal separation
- Birth or adoption of a child
- Death
- Spouse gaining or losing coverage at their place of employment

****You MUST notify Human Resources within 30 days of any "life changing event" if you wish to make changes to your benefit coverage.**

You may lose your benefit coverage if you do not continue to satisfy these requirements during the plan year. However, if you are on a FMLA (Family and Medical Leave Act) leave of absence, you may continue your benefit coverage during the FMLA leave period on the same basis as active Employees. You may also be eligible for Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation coverage when you lose your health benefits due to certain events such as a reduction of work hours below the 30 hours per week requirement.



Fresenius Medical Care North America offers quality health care coverage through Starmark®.

Plan Features and Benefits

The medical plan covers services within a network of contracted hospitals, doctors, specialists, clinics, and therapists. Benefits received from network providers are payable at a higher level than those benefits received from non-network providers.

Medical Contributions & Plan Summary

Please see the adjacent grid for your cost to participate and page 5 for a summary of the medical plan. Additional information such as detailed plan descriptions, member forms, FAQ's and prescription Starmark® drug lists can be found on the Starmark® website, www.starmark.com. Please note,

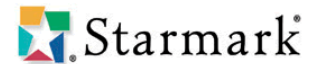
effective April 1, 2013, the Cigna® National Network will be the underlying PPO network for the Starmark® plan. To access the Cigna® network directories, log on to www.mycignaforhealth.com (Select "Find a Provider" and then "PPO" from the dropdown menu).

2013 Employee Contribution Per Pay Period

Starmark® Medical	
Enrollment Type	Option 2 Plan
Employee Only	\$126.68
Employee + Spouse	\$389.47
Employee + Child(ren)	\$229.91
Family	\$492.70



Medical Plan Summary



Starmark®		
Benefits	In-Network	Out-of-Network
Deductible*		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Out of Pocket <i>(includes deductible)</i>		
Individual	\$4,000	\$10,000
Family	\$8,000	\$20,000
Lifetime Maximum	Unlimited	
Office Visit		
Preventive Care	100% Coverage	Deductible then 40%
PCP	\$30	Deductible then 40%
Specialist	\$30	Deductible then 40%
Diagnostics		
Lab	Deductible then 20%	Deductible then 40%
X-ray	Deductible then 20%	Deductible then 40%
Scans	Deductible then 20%	Deductible then 40%
Hospital		
Inpatient	Deductible then 20%	Deductible then 40%
Outpatient	Deductible then 20%	Deductible then 40%
Prescription Drug		
Tier 1	\$15	\$15
Tier 2	\$45	\$45
Tier 3	\$75	\$75
Mail Order (90 day supply)	\$30 / \$110 / \$225	\$30 / \$110 / \$225
Emergency	\$200 access fee; Deductible then 20%	
Ambulance	Deductible then 20%	Deductible then 40%
Urgent Care	\$45 Copay	Deductible then 40%
Chiropractic	\$30 Copay	Deductible then 40%
	<i>(20 visits per calendar year)</i>	

*Deductible runs on a policy-year basis accumulating from April 1st - March 31st.

See detailed summary plan descriptions for complete benefit information including limitations and exclusions.

Dental and Discount Vision



Dental

Fresenius Medical Care North America offers dental benefits through MetLife®. The dental plan has in and out-of-network coverage with the ability to choose any dentist, however you will receive the best benefits available on the plan by choosing a contracted dentist who participates in the network.

The cost to participate is provided below as well as a summary of the dental benefits. For additional information including FAQ's, claim forms and provider directories, visit MetLife® online, www.metlife.com.

MetLife® Dental Premier Plan Costs	
Enrollment Type	Per Pay Period Cost
Employee Only	\$18.90
Employee + Spouse	\$37.00
Employee + Child(ren)	\$35.40
Family	\$56.56

Discount Vision

In addition to your Dental benefits, Fresenius Medical Care North America has also partnered with MetLife® to offer you Vision benefits at a discounted rate. The MetLife® VisionAccess program provides access to thousands of highly qualified, credentialed, private practice ophthalmologists and optometrists participating in the network. Enjoy 20% off eye exams, lenses and lens options, and non-prescription sunglass as well as 25% off frames and discounts on laser vision correction.

To obtain your discount, provide your program code, **MET2020**, when making an appointment or receiving services or materials from a participating MetLife VisionAccess program provider. To review benefits or find a participating provider, visit www.metlife.com/mybenefits. For all other information, please contact Human Resources.

MetLife® Dental Premier Plan Benefits		
Items	In-Network	Out-of-Network ¹
Annual Maximum	\$1,000 per person	
Calendar Year Deductible	Type B and C Services Only	
Individual		\$50
Family Maximum		\$150
Type A- Preventive: <i>Oral Examinations, Full Mouth X-rays, Bitewing X-rays, Cleanings, Topical Fluoride Applications</i>	100%	100%
Type B- Basic Restorative: <i>Amalgam & Composite Fillings, Simple Extractions, Surgical Extractions, Other Oral Surgery, Bridges, Emergency Palliative Treatment, General Anesthesia, Consultations, Sealants, Space Maintainers, Endodontics, Peridontics</i>	80%	80%
Type C- Major Restorative: <i>Crowns, Inlays, Onlays, Prefabricated Stainless Steel & Resin Crowns, Denture Repairs, Rebases/Relines, Bridges, Implants</i>	50%	50%
Type D- Orthodontia	Not Covered	

¹ Out-of-Network reimbursement limited to 90th percentile usual & customary allowances.

Non-Grandfathered Notice

Patient Protection and Affordable Care Act Required Notifications

Date of Notice: 3/1/2013

Group Health Plan: **Fresenius Medical Care North America**

Group Contact Information: **Peter Leibowitz**

Coverage Effective Date: **4/1/2013**

Patient Protection Disclosure

You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from the group health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For information on how to select a primary care provider (only if required), and for a list of the participating primary care providers, please contact the group contact.

CHIPRA Notice

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at **www.askebsa.dol.gov** or by calling toll-free 1-866-444-EBSA (3272).

You may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility.

For more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa www.cms.hhs.gov
1-866-444-EBSA (3272)

or

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

Resources and Contact Information



Important Telephone Numbers and Websites

Medical

Starmark

800-522-1246

Account Access: www.starmarkinc.com

Provider Directories: www.mycignaforhealth.com

Dental and Discount Vision

MetLife

800-ASK4MET

www.metlife.com

Human Resources

Fresenius Medical Care North America

Peter Leibowitz

781-699-4210

peter.leibowitz@fmc-na.com

Employee Benefits Consultants

Cherry Creek Benefits

303-771-2221 or 855-777-5035

Andy Neff *ext. 347* or andy@cherrycreekbenefits.com

Dave Stoller *ext. 305* or dave@cherrycreekbenefits.com

www.cherrycreekbenefits.com

or

Hay & Associates

Les Hay

303-730-1345

lhay@hayandassociates.com

All detailed benefit plan information, plan documents, enrollment forms and summary plan information can be found online at:

<https://www.employeebenefitswebsite.com/wbd/broker/cherrycreekexp/index.php>

User Name: **fresenius**

Password: **benefits**

Your Employee Benefits Guide was created by:

CHERRY CREEK

BENEFITS

Where Excellence is Deliberate

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