



... to choose the benefits that work best for you & your family

2011 BENEFITS SUMMARY

EFFECTIVE JANUARY 1, 2011

Genzyme offers a benefits package designed to balance your work and life needs—now and in the future. The benefit plans described in this summary are available to you and your eligible dependents if you are a U.S. Genzyme employee.

Coverage for most benefits is effective on your date of hire once you complete the enrollment process. Eligibility requirements are noted in each section. Corporate Benefits is available to help you.

This summary provides information on the following benefit plans:

Medical

Dental

Life and Accident Insurance

Disability

Flexible Spending Accounts

Retirement and Financial Benefits

Time Off

Other Benefits



Medical Plans

You may enroll yourself and your eligible dependents in a Genzyme medical plan if you are regularly scheduled to work at least 20 hours a week. The plans available to you are:

- **Blue Cross Blue Shield National Preferred Provider Organization (PPO)**, available to Genzyme employees at all locations.
- **Network Blue New England HMO** available to employees living in the New England states (Massachusetts, Rhode Island, New Hampshire, Maine, Vermont and Connecticut).
- **Advantage Blue (EPO)**, available to employees outside of the New England Area.

There are three levels of coverage from which you may choose:

- Employee — This level provides coverage for you only.
- Employee plus one dependent — This level provides coverage for you and one eligible dependent.
- Family — This level provides coverage for you and all your eligible dependents.

Your eligible dependents include your:

- Legal spouse (includes a same gender spouse under state law).
- Same or opposite gender domestic partner,
- Children* from birth to age 26 who are not eligible to enroll in an employer-sponsored health plan (other than a group health plan of another parent)
- Disabled dependent children* over age 26 who are physically or mentally dependent on you for support.

If you want to cover a domestic partner, you must complete and submit a [Domestic Partner Affidavit](#).

**Children include eligible children of your domestic partner.*

Tax Implications

Domestic partners and their dependent children are considered non-tax-qualified dependents under current IRS rules. When you include a non-tax-qualified dependent for coverage under Genzyme's health care plans, your deductions are treated differently than for tax-qualified dependents. The differences are:

Your contributions for the non-tax-qualified dependent will be deducted from your pay on an after-tax basis.

The value of the employer-provided coverage for the non-qualified dependent is considered taxable income to you and will result in additional income called "imputed income." The amount of your imputed income will be reported on your W-2

Form and on your paycheck as taxable income. This imputed income is also subject to withholding of FICA and Medicare taxes.

A same gender spouse can be covered on our medical or dental plans; however, the deductions for the same gender spouse will be taken on a pre-tax basis for state tax only when the state recognizes same gender marriages.

Following are brief descriptions of the medical plans.

Blue Cross Blue Shield National PPO Plan – Available at all locations

The Blue Cross Blue Shield (BCBS) National PPO offers you the choice of obtaining services through a nationwide network of physicians, hospitals, and other providers. Office visits are a \$20 co-payment or are covered at a 90% coinsurance level. Hospitalization is covered at 90%. No deductibles are required for services obtained from providers who participate in the BCBS network.

Directories of providers who participate in the network for BCBS National PPO are available at www.bluecares.com/healthtravel/finder.html or by calling BCBS at 888-211-4521.

You may obtain services from providers who do not participate in the network as well; however, you will incur greater costs in the form of required deductibles of \$300 per covered individual to a family maximum of \$600. The Plan pays a coinsurance level of 70% for covered services received from providers who do not participate in the Blue Cross Blue Shield network.

The Plan has an in-network out of pocket annual maximum limit of \$1,000 per covered individual, \$2,000 for employee plus one dependent or \$2,500 per family. The plan also has an out-of-network out-of-pocket annual maximum limit of \$1,500 per covered individual, \$3,000 for employee plus 1 dependent or \$3,750 per family. Once you reach the out-of-pocket maximum limit, the Plan will pay 100% of the costs of covered services for the remainder of that calendar year.

Utilization Review

To help ensure that the care you and your covered dependents receive is provided in the most appropriate and cost-effective setting, you will need to have all inpatient admissions and certain outpatient care pre-certified through the BCBS utilization review program.

Out of Network PPO Claims

Effective October 1, 2010, any services for Massachusetts providers who are outside the BCBS network will be paid for by you directly and then a claim will need to be filed with BCBS for reimbursement.

Network Blue New England HMO Plan – Available to employees living in New England

The Network Blue New England HMO Plan gives you the opportunity to obtain first dollar medical coverage from a network of physicians and hospitals located in the New England states. Office visits are a \$20 co-payment. Hospitalization and ambulatory surgery is also covered at 100% after you pay a \$150 co-payment. Your Primary Care Physician (PCP) must give you a referral to see a specialist.

If you enroll in the HMO Plan, you must select a Primary Care Physician (PCP) for yourself and each covered dependent. You may obtain a directory listing the providers who participate in the HMO Blue New England network by visiting www.bcbsma.com or by calling BCBS at 888-211-4521.

Advantage Blue (In-network Plan) – Available if you live outside of New England

The Advantage Blue Plan gives you the opportunity to obtain first dollar coverage from a national network of physicians and hospitals. The Plan pays benefits for covered medical services only if you use providers who participate in the BCBS network. Office visits are a \$20 co-payment are covered at 100%. Hospitalization and ambulatory surgery is also covered at 100% after you pay a \$150 co-payment.

Directories of providers who participate in the network for Advantage Blue are available at www.bluecares.com/healthtravel/finder.html or by calling BCBS at 888-211-4521.

Note: In order for your doctor to properly bill BCBS, please notify them this plan is a BCBS of Massachusetts EPO not an HMO Plan.

Special Features - Visit www.bcbsma.com for more information.

The BCBS National PPO, Network Blue New England HMO and Advantage Blue includes several features to help you and your covered dependents become better consumers of health care services and live as healthy a life as possible. These include:

- A reimbursement of up to \$150 per year per family toward the cost of your membership at any health club you choose*
- A reimbursement of up to \$150 per year when you enroll in Weight Watchers*
- A nurse line, to provide answers to your health-related questions 24 hours a day
- Living Health Naturally, which provides discounts on acupuncture, massage therapy, and nutritional counseling
- www.AHealthyMe.com, a Web site providing health news and features, like a personal page, that you can customize to meet your health needs
- Living Healthy Babies®, for expectant mothers
- Discounts on eyewear and safety items

**These reimbursements are subject to tax and should be discussed with your tax advisor.*

Prescription Drug Benefits – Available through all medical plans

All Medical Plans provide prescription coverage. Here are highlights:

- All covered prescription drugs (including those filled at retail pharmacies and through the mail order program for your plan) are grouped into three tiers:
 1. Generic
 2. Preferred brand name
 3. Non-preferred brand name
- Prescriptions are covered in full after you pay the required co-payment.
- The type of drug prescribed determines the dollar amount of your co-payment.
- You will need approval from your plan if your doctor prescribes a medication that is not on your plan’s list of covered drugs.

Prescription Drug Definitions

- **Generic Drugs** are therapeutically equivalent to brand name drugs and must be approved by the U.S. Food and Drug Administration for safety and effectiveness. Generic drugs are chemically equivalent and more cost-effective than their brand name counterparts. Your local pharmacist should substitute an appropriate generic drug when available over the brand name drug prescribed by your doctor. If you prefer the brand name drug to the generic drug, or if for any reason a brand name drug is purchased when a generic equivalent exists, you will pay a higher co-payment.
- **Preferred Brand Name Drugs** are those that have been chosen by your medical plan administrator because of their clinical and cost-effectiveness. The list of preferred brand name drugs may differ for each medical plan.
- **Non-preferred Brand Name Drugs** are those that do not fall into the preferred category, but are still covered under your plan, subject to higher co-payment amounts.

The chart below lists the 2011 tiers and co-payment amounts:

BCBS PPO, Network Blue New England HMO, and Advantage Blue Plans			
Tier	Retail Pharmacy		
	30-day Supply	31- to 60-day Supply	61- to 90-day Supply & Mail Order
1	\$10	\$10	\$15
2	\$20	\$25	\$35
3	\$35	\$50	\$65

For more information about covered prescription drugs through: BCBS National PPO, Network Blue New England HMO and Advantage Blue plans—Read the Pharmacy

Program brochure included in the New Member Kit or visit the web site, www.bcbsma.com.

Vision Benefits – Provided through all medical plans

Genzyme provides an annual eyewear reimbursement up to \$200 for each covered individual for eyeglasses or contact lenses.

- Claims for eyewear benefits should be submitted to BCBS of MA for reimbursement.
- If you enroll in the BCBS National PPO you may receive your eye exam from any provider (in or out of network) and the co-payment is \$20.

Cost for Medical Coverage

You and Genzyme share the cost of your medical coverage. You pay your share of the cost through payroll deductions, using before-tax dollars.

The following table provides the employee contributions for medical coverage for BCBS National PPO, Network Blue New England HMO, and Advantage Blue.

BCBS National PPO	2011 Biweekly Contributions	
	30 – 40 hours	20 – 29 hours
Employee	\$49.00	\$61.00
Employee plus one dependent	\$98.00	\$122.00
Family	\$147.00	\$184.00

Network Blue New England HMO and Advantage Blue	2011 Biweekly Contributions	
	30 – 40 hours	20 – 29 hours
Employee	\$47.00	\$59.00
Employee plus one dependent	\$93.00	\$116.00
Family	\$140.00	\$175.00

Compliance Information

Special Enrollment Right for Medical Coverage

The following rules apply under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If you do not enroll in a medical plan for yourself or your dependents (including your spouse) when you are first eligible because of other health insurance coverage, you may be eligible to enroll yourself or your other dependents at a future date, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be eligible to enroll yourself and your dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. If you do not enroll within the 31-day period following such event, your next chance to enroll will be during the annual enrollment period.

The Women's Health and Cancer Rights Act of 1998

Under Genzyme's medical plans, coverage will be provided to a member who is receiving benefits for a medically necessary mastectomy and who elects breast reconstruction after the mastectomy for:

- Reconstruction of the breast on which a mastectomy has been performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance,
- Prostheses, and
- Treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same calendar year deductibles and coinsurance amounts provided for the mastectomy.

Contact Blue Cross Blue Shield for more information.

Dental Plan

You may enroll in the Genzyme Dental Plan if you are regularly scheduled to work at least 20 hours per week. The dental coverage levels and eligible dependents for the Dental Plan are the same as those for the Medical Plans.

Dental Plan participants have access to the Delta Dental PPO Plus Premier networks of dentists. Delta Dental PPO Plus Premier is the largest dental network in the United States. Two out of three dentists participate in these networks. When you receive your dental care from a Delta Dental PPO Plus Premier dentist, you will have lower out-of-pocket costs. This is because network dentists have agreed to accept Delta's discounted fees for their services. Also, when you use a network dentist, you will not have to complete claim forms. Your dentist will prepare and submit them for you.

The following chart highlights the benefits for covered services:

Services	Coverage	Deductible	Annual Maximum Benefit (for each covered individual)
Preventive and Diagnostic Treatment <i>(for example: exams, x-rays)</i>	100%	No deductible	\$2,000 annual maximum per covered individual
Basic Treatment <i>(for example: fillings, extractions, root canals)</i>	80%	\$50 calendar year deductible (combined with major treatment)	\$2,000 annual maximum per covered individual
Major Treatment <i>(for example: inlays, crowns, bridges, implants)</i>	50%	\$50 calendar year deductible (combined with basic treatment)	\$2,000 annual maximum per covered individual
Orthodontia <i>(for example: braces)</i>	50%	No deductible	Lifetime maximum benefit of \$2,000 per covered individual

The Dental Plan also provides coverage if you receive care from a dentist who does not participate in the Delta Dental PPO Plus Premier Plan network. However, out-of-network benefits are based on either your dentist's fee or the following allowable fee—whichever is lower—as follows:

- For dentists located outside of Massachusetts, Delta Dental provides coverage up to the fee charged by 90% of dentists in your geographic area.
- For Massachusetts dentists, Delta Dental provides coverage up to 80% of the median charge of all Massachusetts dentists' fees.

To find out if your dentist is part of the Delta Dental PPO Plus Premier Plan, check www.deltamass.com or by calling **Delta Dental at 1-800-872-0500**.

Cost for Dental Coverage

You and Genzyme share the cost of your Dental Plan coverage. You pay your share of the cost, through payroll deductions, using before-tax dollars.

Coverage Level	2011 Bi-weekly Contributions	
	30 – 40 hours	20 – 29 hours
Individual	\$4.00	\$5.00
Employee plus one dependent	\$8.00	\$10.00
Family	\$13.00	\$16.00

Life and Accident Insurance

You are eligible to participate in Genzyme's life and accident insurance plans if you are regularly scheduled to work at least 20 hours a week.

Basic Life, Accidental Death & Dismemberment, and Dependent Life Insurance

As an eligible employee, Genzyme provides you with Basic Life and Accidental Death and Dismemberment (AD&D) Insurance coverage equal to two times your base annual salary, up to a maximum of \$1,500,000 for each insurance. Genzyme also provides you with Dependent Life Insurance coverage in an amount equal to \$10,000 for your spouse or domestic partner and \$5,000 for each eligible dependent child, including dependent children of your domestic partner.

Genzyme pays 100% of the cost for your Basic Life, AD&D, and Dependent Life Insurance coverage.

Tax Implications

Current federal tax laws require that you pay income tax on the value of the employer-paid portion of your Basic Life Insurance that is in excess of \$50,000. This is referred to as imputed income and is calculated using federal premium tax tables and your age and amount of insurance. The amount of your imputed income will be reported on your W-2 Form and on your paycheck as taxable income. This imputed income is also subject to withholding of FICA and Medicare taxes.

Business Travel Accident Insurance

As an eligible employee, Genzyme provides you with Business Travel Accident Insurance coverage equal to four times your base annual salary. The minimum amount of coverage you will receive is \$250,000 and the maximum is \$1,000,000. This benefit covers you when you are traveling on Company business. It does not cover you when you are commuting to and from work.

Genzyme pays 100% of the cost for this coverage.

Optional Life Insurance for Employee and Spouse

While the Company-paid Basic Life and AD&D Insurance coverage provides valuable benefits, we recognize that you may wish to purchase additional coverage.

You pay 100% of the cost for Optional Life Insurance for you and/or your spouse with after-tax dollars. You can purchase coverage equal to one, two, three, four, five or six times your base annual salary, up to \$1,000,000 for yourself. You can purchase coverage for your spouse or domestic partner equal to \$10,000, \$25,000, \$50,000, \$75,000, or \$100,000.

The rates for Optional Life Insurance and Optional Spouse Life Insurance are established using the age brackets listed below. Your cost is based on your age, salary and amount of coverage. The cost for your spouse's coverage is based on their age and amount of coverage.

Age as of January 1, 2011	Monthly Cost per \$1,000 of Coverage
Less than 25	\$.03
25 – 29	\$.03
30 – 34	\$.05
35 – 39	\$.05
40 – 44	\$.08
45 – 49	\$.13
50 – 54	\$.20
55 – 59	\$.32
60 – 64	\$.52
65- 69	\$.82
70+	\$1.41

For example: If you are 40, your base annual salary is \$90,000, and you choose coverage of four times your base annual salary, your biweekly premium would be \$13.29.

Here's how it works:

$\$90,000 \times 4 = \$360,000$
 $\$360,000 \div 1,000 = \360
 $\$360 \times \$0.08 = \$28.80$ per month
 $\$28.80 \times 12 = \345.60 per year
 $\$345.60 \div 26$ biweekly pay periods = \$13.29 per pay period

For example: If your spouse is age 40 and you choose to purchase \$50,000 in coverage, your biweekly premium would be \$1.85.

Here's how it works:

$\$50,000 \div 1,000 = \50
 $\$50 \times \$0.08 = \$4.00$ per month
 $\$4.00 \times 12 = \48.00 per year
 $\$48.00 \div 26$ biweekly pay periods = \$1.85 per pay period

Optional Child(ren) Life Insurance

You may purchase Optional Child(ren) Life Insurance coverage in an amount equal to \$10,000 or \$5,000 for each dependent child (yours or your domestic partner's). You pay 100% of the cost with after-tax dollars.

The cost of the coverage is \$0.17 for \$5,000 or \$0.35 for \$10,000 per pay period regardless of the number of children covered.

Proof of Good Health for Life Insurance

You must provide proof of good health to the insurance company if:

- You enroll in the Optional Life Insurance Plan or the Optional Spouse Life Insurance Plan for the first time more than 31 days after the date you first become eligible unless you have a qualifying event,
- At any time you purchase Optional Life Insurance coverage in an amount greater than \$350,000, or
- If you want to increase your Optional Life Insurance or your Optional Spouse Life Insurance coverage by more than one level (for example, if you want to increase coverage from one times your base annual salary to three or four times your base annual salary).

Beneficiary Information for Life Insurance

The beneficiary rules for the Life Insurance Plans are as follows:

- If you have multiple beneficiaries for any type of insurance, each beneficiary must be given a share as a whole percent (33%, 20%, etc.) not a partial percent (33.5%, etc).
- Basic Life and AD&D Insurance: You may designate anyone as the beneficiary for your Basic Life and AD&D Insurance benefits.
- Business Travel Accident Insurance: the beneficiary you designate for your Basic Life Insurance is the beneficiary for your Business Travel Accident Insurance benefits.
- Optional Employee Life Insurance: You may designate anyone as the beneficiary for your Optional Life Insurance benefits.
- Dependent Life and Optional Spouse and Child(ren) Life Insurance: You are the beneficiary for your Dependent Life and Optional Spouse and Child(ren) Life Insurance benefits.

Disability Plans

Short-term Disability

You are eligible to participate in the Short-term Disability (STD) Plan if you are regularly scheduled to work at least 20 hours a week. Short Term Disability ("STD") provides paid time off from work to eligible employees who are unable to work due to a non-work related medical condition (including maternity) up to the equivalent of 13 weeks.

The STD Plan pays a benefit equal to 100% of your base salary up to eight weeks (a waiting period of seven calendar days of disability applies). If you are disabled for more than eight weeks, you are eligible to receive 80% of your base salary up to an additional five weeks. Medical documentation is required. Time away from work while you receive STD benefits runs concurrent with the leave time you may be eligible for under the Family Medical Leave Act (FMLA).

To apply for STD benefits, please contact our vendor, The Hartford, at [1-866-854-9098](tel:1-866-854-9098), [Monday through Friday, 8:00 am to 8:00 pm, Eastern Time.](#)

Long-term Disability

You are eligible to participate in the Long-term Disability (LTD) Plan if you are regularly scheduled to work at least 20 hours a week. The LTD Plan provides you with a benefit equal to 60% of your pre-disability base annual salary (this may vary for sales representatives) after three months of a continuous disability. The maximum monthly benefit is \$30,000.

You have the option of allowing Genzyme to pay 100% of the cost for your annual LTD premium. Or, you may choose to pay the premium yourself using after-tax dollars. Under current tax laws, if you pay your own LTD premiums, any LTD benefits you receive will not be taxed.

LTD Calculation:

The following chart shows how taxes can impact the amount of your LTD benefit:

Base Annual Salary	Monthly Income Before Disability	LTD Premium Biweekly	Monthly LTD Benefit If Company Pays The Premium (at 30% tax rate)	Monthly LTD Benefit If You Pay The Premium (not subject to taxes)
\$60,000	\$5,000	\$ 5.54	\$2,100	\$3,000
\$90,000	\$7,500	\$ 8.31	\$3,150	\$4,500
\$120,000	\$10,000	\$ 11.08	\$4,200	\$6,000

If you choose to pay your LTD premium, the cost is \$0.24 per hundred dollars of base annual salary. To calculate your biweekly LTD premium, multiply your base annual salary times .0024 then divide by 26. Here is an example of how to calculate the premium for a base annual salary of \$90,000. The biweekly premium would be \$8.31.

$$\$90,000 \times .0024 = \$216 \text{ then take } \$216 \div 26 \text{ biweekly pay periods} = \$8.31$$

Flexible Spending Accounts

You are eligible to participate in one or both of the Flexible Spending Accounts if you are regularly scheduled to work at least 20 hours per week. The Accounts allow you to pay for eligible expenses with tax-free dollars. Here is a brief description of how they work:

- You decide whether to participate in one or both Accounts.
- You choose the amount you will defer for the year.
- Your deferrals are deducted from your pay in equal installments each pay period.

When you incur eligible expenses, you may obtain reimbursements through one of three ways.

- The Wage Works Health Care Card, which provides you with a debit card to pay for eligible health care expense.
- The “Pay My Provider” option, which allows you to authorize Wage Works to make direct payments to a health care or dependent care provider; or
- The “Pay Me Back” option, which allows you to submit paper claims.

Any unused balances remaining in your Accounts after the plan year are forfeited.

Health Care Flex Account

If you enroll in this Account, you may defer from \$100 to \$5,000 each year to help pay for eligible medical, dental, vision, or hearing care expenses not covered by your Genzyme or other group health care plans. Examples of eligible expenses include:

- Co-payments
- Deductibles
- Costs for glasses and contacts
- Dental work
- Orthodontia
- Over-the-counter medication*
 - *Please note: Effective January 1, 2011, prescriptions are required for reimbursement for over-the-counter drug expenses

You will receive a Wage Works Health Care Card with your name on it approximately 3 weeks after enrolling in the plan. You may request a second card for use by one of your dependents (it will have their name on it). Both cards will automatically draw from funds in your Health Care Flex Account. To request any additional cards you can log into your account at www.wageworks.com or call 1-877-WageWorks (1-877-924-3967).

Dependent Care Flex Account

If you enroll in this Account, you may defer money to help pay the cost of care for your eligible dependents (children up to the age of 13 or disabled adults) while you (and your spouse, if you are married) work.

Each year you may defer a minimum of \$400 up to a maximum of:

- \$5,000 if you are single, or if you are married, and you and your spouse file a joint federal income tax return, or
- \$2,500 if you are married, and you and your spouse file individual federal income tax returns.

When you participate in the Dependent Care Flex Account, Genzyme will make a Company contribution of \$400 to your Account. The \$400 Company contribution is counted toward your contribution maximum of either \$5,000 or \$2,500.

When you are on a leave of absence from Genzyme, including maternity leave, you may continue to make contributions to your Dependent Care Flex Account, however, you may not submit for reimbursement for the dates of service while you are not actively at work. If you prefer, you may withdraw from Dependent Care Flex Account when you go on a leave of absence and re-enroll when you return.

Note: Because the IRS does not consider domestic partners eligible family members, you may not use your Dependent Flex Account or Health Care Flex Account to pay for expenses incurred on behalf of domestic partners or their child(ren) .

For more information on Flex Accounts go to www.wageworks.com or call 1-877-WageWorks (1-877-924-3967).

Retirement and Financial Benefits

Genzyme offers a variety of benefits to help you prepare for your retirement years and other long-term financial needs.

Genzyme Corporation 401(k) Plan

You are eligible to participate in the Genzyme Corporation 401(k) Plan as of your date of hire if you are age 21 or older and scheduled to work at least 1,000 hours per year. Here are highlights of the Plan:

- You may contribute from 1% to 60% of your eligible compensation, subject to IRS limits, on a before-tax basis. The 2011 IRS before-tax deferral limit is \$16,500.
- Genzyme will match \$1 for every \$1 you contribute, up to 6% of eligible compensation you contribute to the Plan.
- Genzyme provides an annual true-up. A “true-up” is an adjustment to the match account made at year-end. The adjustment is given to participants who were not otherwise able to maximize their match due to circumstances such as reaching the IRS maximum prior to year-end or having large swings in their percentage contribution throughout the year.
- The Plan accepts rollover contributions from other qualified plans. Qualified benefit rollovers from surviving spouses or other designated beneficiaries are also acceptable.
- The Plan allows “catch-up” contributions for employees who are or will be 50 years of age or better in 2011 and who have maximized their contributions to the plan (60% of pay or \$16,500). In 2011 the catch-up maximum is \$5,500.
- Your pre-tax and Company-matching contributions may be invested among various funds. The mix of investments you choose to build your individual retirement portfolio is one of the most important decisions you will make to help you manage your retirement goals. You may choose from various investment alternatives.
- Goal Maker is an optional asset allocation program that can help you target the investment options best suited to your retirement goals. You determine your risk tolerance and time horizon until retirement and Goal Maker will put you in the appropriate asset classes using the investments provided in the Genzyme 401(k) Plan. Goal Maker will automatically rebalance quarterly.
- IncomeFlex Select is available to employees who are age 50 or better. IncomeFlex Select lets you keep investing in the market, but without the risk that losses may impact your income. It guarantees your future income will grow today and never run

out tomorrow. You can direct your contributions into any of the three IncomeFlex Select Funds.

- Employees have access to CAPTRUST Financial Advisors, an independent investment advisory firm, to provide objective investment and asset allocation advices as well as retirement planning for all Genzyme 401(k) participants. For further investment guidance, contact **CAPTRUST toll-free at 800-967-9948** Monday through Thursday, 8:30 a.m. to 5:30 p.m. and Friday 8:30 a.m. to 4:00 p.m. Eastern Time.

To obtain more information about the 401(k) plan, go to the Prudential Retirement® Online Retirement Center at www.prudential.com/online/retirement or contact **Prudential Retirement at 877-778-2100**.

Beneficiary Information for the 401(k) Plan

- If you are single, you may designate anyone as your beneficiary.
- If you are married, your spouse will be your beneficiary. You may name someone else as your beneficiary only if you obtain written, notarized consent from your spouse.

Time Off

Vacation

If you are regularly scheduled to work at least 40 hours per week, you accrue vacation at the rate of three weeks per year during your first four years at Genzyme. Starting on your fourth anniversary, you accrue vacation time at a rate of four weeks per year. You may accrue up to four weeks (160 hours) of vacation time. If your accrued vacation balance reaches 160 hours, you stop accruing time until you take a vacation.

If you are regularly scheduled to work at least 20 to 39 hours per week, you will accrue vacation time on a prorated basis. There is no waiting period before you are eligible to use accrued vacation time.

Sick Time

If you are regularly scheduled to work at least 20 hours per week, you are eligible to receive sick time. Employees working 40 hours may take up to seven paid sick days (prorated if you are hired in June or after) per calendar year, if you or a member of your family becomes ill. For employees working 20 – 39 hours, sick time calculation of eligible time is as follows: (# of hours scheduled to work in a week divided by 40 hours) times 5 (for sick time); times 2 (for emergency time). You may take as many as two of the allotted seven sick days per calendar year to handle unforeseen *life emergencies*. Life emergencies are defined as any short-term event in your life that requires time away from work (for example, a broken furnace, taking care of a child when daycare arrangements fall through, etc.).

Holidays

Genzyme has nine paid holidays for 2011. They are:

New Year's Day observed – December 31, 2010	Columbus Day - October 10
President's Day - February 21	Thanksgiving Day - November 24
Memorial Day - May 30	Day after Thanksgiving - November 25
Independence Day – July 4	Christmas Day observed- December 26
Labor Day – September 5	

Two floating holidays are also available. These may be used at your discretion subject to your manager's approval.

Additional Benefits

Best Doctors

Best Doctors is a unique benefit that provides additional diagnostic support when you or an immediate family member is facing a serious medical situation. The Best Doctors team of Harvard-affiliated doctors will assess and analyze your medical information to validate your treatment plan or to identify any issues that may have been missed during your initial evaluation. They then bring in world-class experts to offer specific diagnosis and treatment recommendations. This progressive benefit will give you the peace of mind that comes from knowing you're getting the right health care at the right time.

Call **Best Doctors** at **1-866-904-0910**. It's a free and confidential service offered to you as part of your benefits plan. To find out more information, please visit www.bestdoctors.com.

Back-up Dependent Care Program

When your regular child or elder care breaks down and you need help in a tough situation, Genzyme offers you the Back-Up Care Advantage Program through Bright Horizons. Register in advance by calling **877-BH-CARES**

Programs Available:	Center-based back-up child care In-home back-up child care In-home back-up adult/elder care
Co-payment:	Center-based back-up child care \$25 per child per day; maximum of \$35 per family per day In-home child and adult/elder care \$6 per hour; there is a 4 hour minimum for all in-home care reservations
Days / Year Available	10 days per year per dependent

Education Assistance Program

You are eligible to participate in the Education Assistance Program if you are regularly scheduled to work at least 30 hours per week. To participate, you must meet or exceed performance standards required for your position. Pre-approval from your cost center manager and a Corporate Benefits representative is required.

You have two options for receiving education assistance in a calendar year:

- A maximum of four classes (or modules) reimbursed at 100%, or
- Unlimited classes (or modules) to a maximum reimbursement amount of \$5,250.

Taxes - Graduate and undergraduate classes reimbursed over \$5,250 will be considered taxable income.

Family Medical Leave Act

You are eligible for leave time under the Family Medical Leave Act (FMLA) once you have worked for at least 12 months (and a minimum of 1,250 hours). With appropriate medical documentation, the FMLA entitles you to 12 weeks of unpaid, job-protected time off for specific family and medical reasons in a rolling 12 month period. The leave may be used for childbirth, the placement of a child for adoption or foster care, to care for an immediate family member (spouse, child, or parent) with a serious health condition, or for a personal serious health condition. To apply for a FMLA leave, please contact [1-866-854-9098](tel:1-866-854-9098), Monday through Friday, 8:00 am to 8:00 pm, Eastern Time.

Adoption Leave

You are eligible for Adoption Leave benefits if you are regularly scheduled to work at least 20 hours or more per week. Adoption Leave provides you, as the primary caregiver, eight weeks of paid time off to care for a newly adopted child. The eight-week Adoption Leave benefit runs concurrent with leave time available under the FMLA. To apply for an Adoption Leave, please contact [Corporate Benefits](#).

Parenting Leave

You are eligible for Parenting Leave benefits if you are regularly scheduled to work at least 20 hours or more per week. Parenting Leave provides up to five days of paid time off for the birth or care of your newborn child or adopted child if you are not the primary caregiver. Parenting Leave must be used in full-day (not partial day) increments and must conclude within 90 days of your child's birth. The paid Parenting Leave days do not need to be consecutive. To apply for a Parenting Leave, please contact [Corporate Benefits](#).

Employee Assistance Program

An Employee Assistance Program (EAP) is available to provide confidential short-term counseling, crisis intervention, assessment, and referral services. The EAP is designed to help you cope with a wide variety of personal issues such as stress, depression, substance abuse, career management, financial concerns, legal questions, and child and elder care responsibilities. They can also research various child care options and screen providers to meet your criteria. The EAP is available at no cost to you, your immediate family members, and significant others. To access EAP services, contact **KGA at 1-800-648-9557**. You may also view information about their services at the KGA Web site www.kgreer.com and enter through the EAP member login button. **The Genzyme username is “gen,” and the password is “9557.”**

Pre-Tax Transportation Program

Genzyme employees can take advantage of pre-tax deductions for some parking and public transportation options.

Parking and Transit

- Employee transportation deductions are taken on a before-tax basis, up to federal and state limits.
- WageWorks allows you to self-manage your benefit by placing an order for your desired commuting products via a user-friendly website
- Each month, orders will be mailed directly to an address you specify for delivery

Additional information on the Genzyme Corporation Pre-Tax Transportation Program is available in [Corporate Benefits](#).

College Coach

College Coach is an organization with an expertise in assisting families through important education challenges, including selecting, applying to and financing college. The benefit is available free of charge to full-time and part-time employees interested in college and educational issues that affect them and their children. The College Coach benefit includes training workshops, one-on-one counseling, a help desk, and a Virtual Learning Center.

For additional information about any of these programs, contact **College Coach at 617-597-1307** or email to genzyme@getintocollege.com.

Healthy Living Programs

This program includes onsite and virtual programs to address a variety of wellness issues including stress reduction, nutrition, exercise and fitness and creating work/life balance.

Additional information about Genzyme's Healthy Living Program is available in *genie* at [Corporate Human Resources > Benefits > Aspire to Healthy Living](#).

You Decide

As a Genzyme employee you have access to a special benefits and discount program: *Employee Advantage from You Decide*. The program helps you save time and money when shopping for auto and home insurance, home and college loans and much more.

To access Employee Advantage from You Decide simply visit their website <http://www.youdecide.com/gen222> or call 1-866-396-5516. Genzyme's client ID is GEN222

This Guide provides a summary of some of the benefit plans offered to Genzyme employees. This guide also serves as a summary material modification to the Summary Plan Descriptions effective January 2011 for the Medical, Dental and Flexible Spending Account Plans. If there are discrepancies between the information included in this guide and the applicable plan documents or insurance contracts, the plan documents and insurance contracts will govern. Nothing herein is intended to constitute a contract between Genzyme and any employee. Either Genzyme or an employee may terminate the employment relationship at any time and for any reason. Genzyme reserves the right to amend or terminate the plans described in this guide at any time without prior notice.