

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information			
1a Name of plan <u>HEALTH MANAGEMENT ASSOCIATES, INC. RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>	1c Effective date of plan <u>10/01/1990</u>		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>HEALTH MANAGEMENT ASSOCIATES, INC.</u> <u>5811 PELICAN BAY BLVD., SUITE 500</u> <u>NAPLES, FL 34108-2710</u>	2b Employer Identification Number (EIN) <u>61-0963645</u>	2c Sponsor's telephone number <u>239-598-3131</u>		
		2d Business code (see instructions) <u>622000</u>		

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/24/2013	MARCIA YONALEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/24/2013	MARCIA YONALEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address THE RETIREMENT COMMITTEE 5811 PELICAN BAY BOULEVARD STE. 500 NAPLES, FL 34108-2710		3b Administrator's EIN 61-0963645
		3c Administrator's telephone number 239-598-3131
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 48346
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	38805
b Retired or separated participants receiving benefits.....	6b	6
c Other retired or separated participants entitled to future benefits.....	6c	7719
d Subtotal. Add lines 6a , 6b , and 6c	6d	46530
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	46530
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	42999
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1151
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2G 2K 2F 3I 2T 2S 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
--	---	---

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>HEALTH MANAGEMENT ASSOCIATES, INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HEALTH MANAGEMENT ASSOCIATES, INC.</u>	D Employer Identification Number (EIN) <u>61-0963645</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier

PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>06-1050034</u>	<u>93629</u>	<u>38610-001</u>	<u>46530</u>	<u>01/01/2012</u>	<u>12/31/2012</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>0</u>	<u>0</u>

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	194428063
5 Current value of plan's interest under this contract in separate accounts at year end	5	395384423

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED GENERAL ACCOUNT CONTRACT**

b Balance at the end of the previous year	7b	177387981
--	-----------	-----------

c Additions: (1) Contributions deposited during the year	7c(1)	26470823
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	4464941
(4) Transferred from separate account	7c(4)	15421476
(5) Other (specify below)	7c(5)	6478381

▶ **LOAN REPAYMENTS MISCELLANEOUS OUT, TRANSFERS IN FORFEITURE CREDITS**

(6) Total additions	7c(6)	52835621
---------------------------	--------------	----------

d Total of balance and additions (add lines 7b and 7c(6))	7d	230223602
---	-----------	-----------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	19055419
(2) Administration charge made by carrier	7e(2)	88380
(3) Transferred to separate account	7e(3)	10302808
(4) Other (specify below)	7e(4)	6348090

▶ **LOAN INITIATIONS TRANSFERS OUT, FORFEITURE DEBITS MISCELLANEOUS OUT**

(5) Total deductions	7e(5)	35794697
----------------------------	--------------	----------

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	194428905
---	-----------	-----------

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>HEALTH MANAGEMENT ASSOCIATES, INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HEALTH MANAGEMENT ASSOCIATES, INC.</u>	D Employer Identification Number (EIN) <u>61-0963645</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 37 50 60 64	NONE	422047	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

RR DONNELLEY

88-0222636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	75760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ERNST & YOUNG US LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	27500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

HARTER SECREST & EMERY LLP

16-0766172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	6158	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>HEALTH MANAGEMENT ASSOCIATES, INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HEALTH MANAGEMENT ASSOCIATES, INC.</u>	D Employer Identification Number (EIN) <u>61-0963645</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LGE CP VAL/LSV ASSET MGMT</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>			
c EIN-PN <u>06-1050034-318</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>59933349</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP GROWTH/ARTISAN</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>			
c EIN-PN <u>06-1050034-185</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13471279</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP VALUE/WELL MGMT</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>			
c EIN-PN <u>06-1050034-187</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14167252</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP GROWTH/TIMESSQ</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>			
c EIN-PN <u>06-1050034-132</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32171866</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP VALUE/TBCAM</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>			
c EIN-PN <u>06-1050034-410</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25077806</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BAL/JPMORGAN INVEST MGMT</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>			
c EIN-PN <u>06-1050034-230</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11469271</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DRYDEN S & P 500 INDEX FUND</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>			
c EIN-PN <u>06-1050034-123</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18557205</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND ENHAN INDEX**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN 06-1050034-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68024667
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL BLEND/AQR**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN 06-1050034-125	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63222824
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: PRU IFX TGT EASYPATH BAL**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN 06-1050034-697	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42749697
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROW/JP MORGAN**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN 06-1050034-141	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46539205
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan HEALTH MANAGEMENT ASSOCIATES, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTH MANAGEMENT ASSOCIATES, INC.	D Employer Identification Number (EIN) 61-0963645	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10728972	11749058
(2) Participant contributions	1b(2)	2881427	571
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	28268657	29063902
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	296120869	395384421
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	177387981	194428905
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	54972085	60194271
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	570359991	690821128

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	2906	5938
i Acquisition indebtedness	1i		
j Other liabilities	1j	107069	1489
k Total liabilities (add all amounts in lines 1g through 1j)	1k	109975	7427

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	570250016	690813701
---	-----------	-----------	-----------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	11338551	
(B) Participants	2a(1)(B)	88702039	
(C) Others (including rollovers)	2a(1)(C)	15945919	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		115986509

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1295579	
(F) Other	2b(1)(F)	4464941	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5760520

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	12600086	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		12600086

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		45334589
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		179681704

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	58586554	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		58586554
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	531465	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		531465
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		59118019

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		120563685
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: ERNST & YOUNG LLP

(2) EIN: 34-6565596

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

	5b(2) EIN(s)	5b(3) PN(s)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>HEALTH MANAGEMENT ASSOCIATES, INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HEALTH MANAGEMENT ASSOCIATES, INC.</u>	D Employer Identification Number (EIN) <u>61-0963645</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>186162</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-1211670</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Report of Independent Certified Public Accountants

Plan Sponsor
Health Management Associates, Inc. Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Health Management Associates, Inc. Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 3, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2012 and 2011, and for the years then ended, stating that the investment information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion on Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Disclaimer of Opinion on Supplemental Schedule

The accompanying supplemental schedule of assets (held at end of year) as of December 31, 2012, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Compliance of Form and Content With Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

July 19, 2013

Health Management Associates, Inc. Retirement Savings Plan

EIN #61-0963645 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2012

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost**	(e) Current Value
*	Health Management Associates, Inc.	Class A common stock, \$0.01 par value (6,458,613 shares) ⁽¹⁾	\$	60,194,271
*	Prudential Retirement Insurance and Annuity Company	Guaranteed Income Fund (unallocated insurance contract)		194,428,905
*	Prudential Retirement Insurance and Annuity Company	Balanced/JPMorgan Investment Management, PIM Fund		11,469,271
*	Prudential Retirement Insurance and Annuity Company	Core Bond Enhanced Index/PIM Fund		68,024,667
*	Prudential Retirement Insurance and Annuity Company	Dryden S&P 500 [®] Index Fund		18,557,205
*	Prudential Retirement Insurance and Annuity Company	International Blend/Applied Quantitative Research Fund		63,222,824
*	Prudential Retirement Insurance and Annuity Company	Large Cap Growth/JPMorgan Investment Management Fund		46,539,205
*	Prudential Retirement Insurance and Annuity Company	Large Cap Value/LSV Asset Management Fund		59,933,349
*	Prudential Retirement Insurance and Annuity Company	Mid Cap Growth/Artisan Partners Fund		13,471,279
*	Prudential Retirement Insurance and Annuity Company	Mid Cap Value Fund (sub-advised by Wellington Management)		14,167,252
*	Prudential Retirement Insurance and Annuity Company	Small Cap Growth/TimesSquare Fund		32,171,866
*	Prudential Retirement Insurance and Annuity Company	Small Cap Value/The Boston Company Asset Management Fund		25,077,806
*	Prudential Retirement Insurance and Annuity Company	Prudential IncomeFlex [®] Target SM Easy Path SM Balanced Fund		42,749,697
*	Participants	Loans with interest rates ranging from 3.25% to 10.50% and various maturity dates		29,063,902
			\$	679,071,499

* Investment is with a party-in-interest to the Health Management Associates, Inc. Retirement Savings Plan.

** Pursuant to Internal Revenue Service Form 5500 disclosure requirements, cost information has been omitted for participant-directed investments and participant loans.

⁽¹⁾ This investment is frozen to any new contributions, deposits and transfers from other investments. However, participants can sell their holdings at their discretion (subject to certain rules and conditions of the Health Management Associates, Inc. Retirement Savings Plan).

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

Health Management Associates, Inc. Retirement Savings Plan
Years Ended December 31, 2012 and 2011
With Report of Independent Certified Public Accountants

Ernst & Young LLP

Health Management Associates, Inc. Retirement Savings Plan

Financial Statements and Supplemental Schedule

Years Ended December 31, 2012 and 2011

Contents

Report of Independent Certified Public Accountants	1
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplemental Schedule	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	20

Report of Independent Certified Public Accountants

Plan Sponsor
Health Management Associates, Inc. Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Health Management Associates, Inc. Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 3, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2012 and 2011, and for the years then ended, stating that the investment information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion on Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Disclaimer of Opinion on Supplemental Schedule

The accompanying supplemental schedule of assets (held at end of year) as of December 31, 2012, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Compliance of Form and Content With Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

July 19, 2013

Health Management Associates, Inc. Retirement Savings Plan

Statements of Net Assets Available for Benefits

	December 31	
	2012	2011
Assets		
Investments at fair value:		
Pooled separate accounts	\$ 395,384,421	\$ 296,120,869
Unallocated insurance contracts	194,428,905	177,387,981
Health Management Associates, Inc. Class A common stock	60,194,271	54,972,085
Total investments	650,007,597	528,480,935
Other assets:		
Contributions receivable from participants	571	2,881,427
Contributions receivable from employers	11,749,058	10,728,972
Notes receivable from participants	29,063,902	28,268,657
Total other assets	40,813,531	41,879,056
Total assets	690,821,128	570,359,991
Liabilities		
Excess contributions and related earnings	1,489	107,069
Accrued expenses	5,938	2,906
Total liabilities	7,427	109,975
Net assets available for benefits	\$ 690,813,701	\$ 570,250,016

See accompanying notes.

Health Management Associates, Inc. Retirement Savings Plan

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31	
	2012	2011
Additions		
Net appreciation (depreciation) in the fair value of investments:		
Pooled separate accounts	\$ 45,334,589	\$ (2,538,178)
Health Management Associates, Inc. Class A common stock	12,600,086	(16,337,694)
Interest income	4,464,941	4,670,949
Net investment income (loss)	62,399,616	(14,204,923)
Interest income on notes receivable from participants	1,295,579	1,140,365
Contributions:		
Participants	88,702,039	75,993,670
Employers	11,338,551	9,770,315
Rollovers	15,945,919	19,070,604
Total contributions	115,986,509	104,834,589
Total additions, net	179,681,704	91,770,031
Deductions		
Benefit payments	26,874,674	22,221,955
Rollovers	31,711,880	37,422,994
Administrative expenses	531,465	583,129
Total deductions	59,118,019	60,228,078
Net increase in net assets available for benefits	120,563,685	31,541,953
Net assets available for benefits at the beginning of the year	570,250,016	538,708,063
Net assets available for benefits at the end of the year	<u>\$ 690,813,701</u>	<u>\$ 570,250,016</u>

See accompanying notes.

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements

December 31, 2012

1. Description of the Plan

The following description of the Health Management Associates, Inc. Retirement Savings Plan (the Plan) provides only general information. Interested parties should refer to the Plan document for a more complete description of the Plan's provisions. In the event of a conflict between the discussion included herein and the Plan document, the Plan document will control.

General

The Plan (i) is a defined contribution plan that became effective on October 1, 1990 and (ii) currently operates pursuant to a Plan document, dated January 1, 2012, as subsequently amended. The Plan covers eligible employees, as defined in the Plan document, who may elect to participate in the Plan as of the date set forth in the Plan document; however, completion of a year of service is generally required before a participant is eligible for matching contributions from the Plan's sponsor, Health Management Associates, Inc. (the Company), and/or certain of its participating subsidiaries. Prudential Bank & Trust, F.S.B. is the Plan's trustee (the Trustee) and Prudential Retirement Insurance and Annuity Company is the Plan's recordkeeper.

The Plan has been designed to qualify as a defined contribution plan under Section 401(a) of the Internal Revenue Code of 1986, as amended (the Code). The Plan includes a cash or deferred arrangement under Section 401(k) of the Code and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions

Subject to certain limitations in the Code, participants may elect to defer from 1% to 75% of their eligible compensation during each Plan year. Unless a participant elects otherwise, he or she will be automatically enrolled in the Plan and will be treated as having elected to contribute 4% of his or her eligible compensation to the Plan on a pre-tax basis. Additionally, subject to certain limitations in the Code, participants who attain the age of fifty before the end of a taxable year are eligible to make voluntary catch-up contributions.

The Company and certain of its participating subsidiaries may make discretionary matching contributions to the Plan. For the years ended December 31, 2012 and 2011, substantially all matching contributions for employees at facilities that were covered by certain collective bargaining arrangements (referred to herein as the "CBA Employees") were in an amount equal to one-third of a Plan participant's deferred compensation, but not exceeding 2% of the participant's eligible compensation. One of the Company's subsidiaries may also make

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

discretionary nonelective contributions on behalf of its eligible employees. At their discretion, the Company and its participating subsidiaries may make qualified matching or qualified nonelective contributions (or designate matching or nonelective contributions as qualified matching or qualified nonelective contributions, respectively) in amounts determined by the Company in its sole discretion.

Effective January 1, 2011, the Plan added certain additional annual matching contribution eligibility requirements for Plan participants who are not CBA Employees. To receive a discretionary matching contribution subsequent to such date, affected Plan participants must be employed by the Company or one of its participating subsidiaries on December 31 and must be credited with 1,000 hours of service during the Plan year then ended. These annual eligibility requirements are waived for participants who retire, become disabled or die during a Plan year and, at the discretion of the Plan sponsor, participants who are affected by the sale of the assets of a Company location or the closure of a Company location during a Plan year. For the years ended December 31, 2012 and 2011, the Company made matching contributions for employees who were not CBA employees of \$8,649,058 and \$7,677,945, respectively.

Prior to March 7, 2011, substantially all Company contributions were required to be initially invested in the Company's Class A common stock. Immediately after those contributions were deposited in the Plan, the investments were entirely participant-directed. Effective March 7, 2011, Company contributions were required to be initially invested in participant-directed investments other than the Company's Class A common stock. Historically, the Plan also offered the Company's Class A common stock as an investment option; however, effective March 7, 2011, new investments in that option were prohibited and all related investment accounts were frozen to any new deposits and transfers from other investments. The Plan provides that existing holdings of the Company's Class A common stock will be held in the Plan until disposed of in accordance with a participant's direction or processed as a benefit payment/rollover. Accordingly, Plan participants can continue to sell their existing Company Class A common stock holdings at their discretion (subject to certain Plan rules and conditions) but can no longer acquire Company Class A common stock through the Plan.

Effective with the amendment and restatement of the Plan document on January 1, 2012, participants may make voluntary after-tax Roth contributions, as defined in such Plan document, up to 75% of their eligible compensation during a Plan year, subject to certain limitations in the Code.

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Participants may contribute amounts representing distributions from other qualified pension plans in the form of rollover contributions. As a result of recent acquisitions by the Company's participating subsidiaries, a significant amount of rollover contributions was received by the Plan during each of the years ended December 31, 2012 and 2011.

Participant Accounts and Forfeitures

Each participant's account is credited with the participant's contributions and allocations of Company contributions and Plan earnings or losses. Allocations are based on participant earnings or account balances, as provided in the Plan document. Specifically, each participant's account is (i) credited with the participant's and the Company's contributions, investment income and an allocation of the net appreciation/depreciation in the fair value of investments and (ii) charged with the participant's withdrawals and distributions, as well as an allocable share of the Plan's administrative expenses that were not paid by the Company. Investment income and appreciation/depreciation in the fair value of investments are allocated by individual fund based on the proportion that each participant's account balance bears to the aggregate balance of all participants. Each participant's proportionate share of investment earnings/losses is then credited to, or charged against, his or her individual fund account.

The benefit to which a participant is entitled is that which can be provided from the participant's vested account. If a participant separates from service before becoming fully vested, the portion of the account attributable to Company contributions is generally not permanently forfeited until the participant incurs a five-year break in service. Accordingly, participants who are rehired by the Company or an affiliate within five years of their termination date will have their nonvested Company contributions, if any, restored. Participants that received distributions of their vested balances upon severance from the Company and/or its affiliates must comply with the provisions of the Plan document to reinstate their nonvested Company contributions.

Forfeited balances of nonvested accounts are used to: (i) reduce future Company contributions; (ii) pay administrative expenses of the Plan; and (iii) reinstate certain account balances of former Plan participants who are rehired by the Company or an affiliate; however, forfeitures cannot be used to increase benefits for Plan participants. The Plan used forfeitures aggregating \$350,557 and \$752,132 during the years ended December 31, 2012 and 2011, respectively. The accumulated forfeitures held by the Plan at December 31, 2012 and 2011, were \$123,516 and \$29,145, respectively.

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Participant Loans

Participants may borrow against their vested account balance a minimum of \$1,000 and a maximum aggregate amount not to exceed the lesser of (i) 50% of their vested account balance or (ii) \$50,000. The portion of a participant's account balance attributable to after-tax Roth contributions is not available to fund loans but such amount, if any, counts toward the total account balance available for borrowing. The loan repayment period cannot exceed five years unless the loan is for the purchase of a primary residence, in which case the loan repayment period may not exceed ten years. Loans are secured by a participant's vested account balance and bear interest at a rate commensurate with local prevailing rates, as determined at the time the loan is approved. Principal and interest are generally paid ratably through payroll withholdings and outstanding loan balances are due and payable upon a participant's termination of employment. A discussion of special loan repayment provisions available to certain terminated participants is set forth below under the heading "Vesting."

Withdrawals and Payments of Benefits

Upon retirement, disability, death or other termination of employment, the vested amount of a participant's account is distributable to the participant or a designated beneficiary in Company Class A common stock and/or cash. Amounts that were rolled over from another qualified benefit plan, plus earnings thereon, are always available for distribution at a participant's discretion. Otherwise, participants are only entitled to withdrawals from their accounts prior to severance from employment if they attain age 59½ or qualify for a hardship withdrawal.

Vesting

Participants are immediately vested in their voluntary pre-tax contributions, qualified matching contributions, qualified nonelective contributions, rollover contributions and voluntary after-tax Roth contributions, plus earnings thereon. A participant becomes fully vested in Company matching contributions and nonelective contributions, if any, plus earnings thereon, upon the occurrence of one of the following events:

- The participant attains his/her Normal Retirement Date, as such term is defined in the Plan document, while still an employee of the Company or one of its affiliates;
- The participant becomes Disabled, as such term is defined in the Plan document, while still an employee of the Company or one of its affiliates;

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

- The participant dies while an employee of the Company or one of its affiliates; or
- The Company terminates the Plan in accordance with its terms or a participant is affected by a partial Plan termination.

Absent one of the above circumstances, the Plan utilizes a graded vesting schedule whereby participants vest 20% per annum upon the completion of two years of vesting service. A participant becomes 100% vested upon the completion of six years of vesting service. A year during which an employee works at least 1,000 hours is deemed to be a year of vesting service.

The Plan provides accelerated vesting and special loan repayment provisions to participants whose employment is terminated as a result of the sale of the assets of a Company location or the closure of a Company location. In that regard, affected participants will become (i) fully vested on the date the underlying transaction or event is completed and (ii) eligible for post-employment repayment of outstanding loans according to such loans' original terms. Effective July 1, 2011 and May 24, 2012, these Plan provisions covered employees affected by the disposition of hospitals in Marathon, Florida and Oneida, Tennessee, which were previously operated by the Company.

Effective January 1, 2013, the Plan has been amended so that a participant's vested interest in the Company's matching contributions is 100% at all times.

2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan's financial statements are prepared using the accrual method of accounting. The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates. When completing the financial statements included herein, the Plan's management evaluated subsequent events up to and including July 19, 2013, the date that the financial statements were available to be issued.

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Investment Valuation

There were no changes in the Plan's valuation methodologies for its investments during the years ended December 31, 2012 and 2011. The valuation methods described below may produce a fair value measurement that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management believes that the valuation methods are appropriate and consistent with other market participants, the use of alternative methodologies or assumptions to determine the fair values of the Plan's investments could result in different fair value measurements at the reporting dates.

Equity Securities

Investments in equity securities are stated at their estimated fair values based on quoted prices in an active market. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year.

Pooled Separate Accounts

The estimated fair values of the participation units owned by the Plan in pooled separate accounts are based on net asset values, as determined by the Trustee, on the last business day of the Plan year. Pooled separate accounts are accounts established by the Trustee solely for the purpose of investing the assets of one or more pension plans. Funds in a separate account are not commingled with other assets of the Trustee for investment purposes.

Unallocated Insurance Contracts

As required by GAAP, investment contracts held by a defined contribution plan are required to be reported at their fair value. However, contract value is the relevant measurement factor for the Plan's fully benefit-responsive investment contracts because contract value is generally the amount that participants receive when they initiate permitted transactions. During the years presented herein, the contract values of the Plan's unallocated insurance contracts reasonably approximated their corresponding fair values, which were estimated by the Plan's management after considering, among other things, the current yields of similar investments in the marketplace with comparable durations, review of existing contracts, economic conditions, industry and market developments and the overall creditworthiness of the Trustee. Contract

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

values represent contributions and reinvested interest income, less withdrawals and expenses, plus or minus net participant loan activity and other participant-directed transfer activity with the Plan's other investment funds.

The unallocated insurance contracts in the Plan's financial statements represent contracts between the Trustee and the Plan that provide for a guaranteed investment return over a specified time period. Other than certain limited circumstances, which the Plan's management considers unlikely to occur, these contracts have fully benefit-responsive features. However, in the event of such an unlikely circumstance, the Trustee has the right to defer transfers or distributions. For example, in the event of a withdrawal request coinciding with a pool closing, the contract value would be paid in installments, which may result in an aggregate distribution of an amount other than the contract value. At December 31, 2012 and 2011, no unallocated insurance contract reserves were recorded or deemed necessary for the inherent credit risk of the Trustee or other related matters.

The Plan's unallocated insurance contracts credited interest to Plan participant accounts at a weighted average annual rate of 2.43% and 2.75% during the years ended December 31, 2012 and 2011, respectively. Interest is credited to participant accounts using the single portfolio rate approach whereby a discrete contractual interest rate is applied to all contributions during the period, regardless of the timing of the receipt of the contributions during such period.

When establishing unallocated insurance contract gross and net interest crediting rates, the Trustee considers a number of factors, including, but not limited to, current economic and market conditions, the general interest rate environment and the expected and actual experience of a reference portfolio. However, the Trustee does not use an explicit formula to establish such interest crediting rates, which are reset semi-annually and cannot be less than 1.50%. Subsequent to December 31, 2012, the net interest crediting rate on the Plan's unallocated insurance contracts was set at 2.10% for the six months ended June 30, 2013 and 2.00% for the six months ending December 31, 2013.

At December 31, 2012 and 2011, the average net yield earned by the Plan's unallocated insurance contracts was 2.35% and 2.75%, respectively.

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Notes Receivable From Participants

Notes receivable from participants represent loans that are recorded at their unpaid principal balances, plus accrued but unpaid interest thereon. Interest income on notes receivable from participants is recognized when earned and any loan-related fees are expensed when incurred. No allowance for loan losses was recorded at December 31, 2012 or 2011, or during the years then ended. If a participant ceases to make loan repayments and the Plan's recordkeeper deems the loan to be a distribution, the participant loan balance is reduced and a benefit payment is recognized.

Contributions

Participant contributions are recognized when payroll withholdings are processed and are remitted to the Plan as soon as administratively practicable. Company matching contributions accrue to the Plan at such payroll withholding dates. For CBA Employees, Company matching contributions are generally remitted to the Plan at the same time as the underlying participant contributions. Company matching contributions for eligible employees who are not CBA Employees are remitted to the Plan prior to the date that the Company files its federal income tax return for the corresponding fiscal year.

Nonelective Company contributions accrue to the Plan when declared and are remitted prior to the date that the Company files its federal income tax return for the corresponding fiscal year.

Rollover contributions are recognized when received by the Plan.

Investment Income

Interest income is recognized when earned. Dividend income is recorded on the ex-dividend date. Gains and losses on dispositions of securities are recorded on a trade-date basis.

Concentrations of Market and Credit Risk

The Plan's exposure to credit loss in the event of nonperformance of its investments is limited to the carrying value of each such investment. The Plan's concentrations of credit and market risk are dictated by individual participant investment preferences. Due to the risks associated with investments and uncertainties related to changes in the values of such investments, it is at least reasonably possible that changes in the marketplace in the near term could materially affect participant account balances and the amounts reported in the Plan's financial statements.

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Administrative Expenses

Certain of the Plan's administrative expenses are paid directly by the Company and, accordingly, such expenses are not reflected in the Plan's financial statements.

Benefit Payments and Rollover Distributions

Benefit payments and rollover distributions are recognized when paid by the Plan.

New Accounting Pronouncement

In May 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs*, (ASU 2011-04). ASU 2011-04 amended Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, to converge the fair value measurement guidance in US GAAP and International Financial Reporting Standards (IFRSs).

Some of the amendments clarify the while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures, although certain of these new disclosures are not required for nonpublic entities, as defined in ASC 820. The amendments are to be applied prospectively and were effective for annual periods beginning after December 15, 2011. Adoption of ASU 2011-04 did not have an effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

3. Fair Value Measurements and Investments

All investment information in the financial statements and the supplemental schedule of assets (held at end of year) at December 31, 2012, including investments, notes receivable from participants, net investment income (loss) and interest income on notes receivable from participants, was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by the Trustee.

GAAP defines fair value as the amount that would be received for an asset or paid to transfer a liability (i.e., an exit price) in the principal market for the asset or liability in an orderly transaction between market participants on the measurement date. GAAP also establishes a

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

3. Fair Value Measurements and Investments (continued)

hierarchy that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. GAAP describes the following three levels of inputs that may be used:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets and liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Observable prices that are based on inputs not quoted on active markets but corroborated by market data.

Level 3: Unobservable inputs when there is little or no market data available, thereby requiring an entity to develop its own assumptions. The fair value hierarchy gives the lowest priority to Level 3 inputs. Transfers between levels within the fair value hierarchy are recognized by the Plan on the date of the change in circumstances that requires such transfer.

The tables below summarize the estimated fair values of the Plan's investments by investment strategy.

	Level 1	Level 2	Level 3
As of December 31, 2012			
Company Class A common stock	\$ 60,194,271	\$ —	\$ —
Pooled separate accounts:			
Large cap stock funds	—	125,029,759	—
Mid cap stock funds	—	27,638,531	—
Small cap stock funds	—	57,249,672	—
Fixed income fund	—	68,024,667	—
Balanced fund	—	11,469,271	—
International stock fund	—	63,222,824	—
Fund of funds	—	42,749,697	—
Unallocated insurance contract	—	—	194,428,905
Totals	\$ 60,194,271	\$ 395,384,421	\$ 194,428,905

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

3. Fair Value Measurements and Investments (continued)

	Level 1	Level 2	Level 3
As of December 31, 2011			
Company Class A common stock	\$ 54,972,085	\$ —	\$ —
Pooled separate accounts:			
Large cap stock funds	—	95,025,391	—
Mid cap stock funds	—	21,989,114	—
Small cap stock funds	—	43,578,307	—
Fixed income fund	—	53,257,650	—
Balanced fund	—	10,147,054	—
International stock fund	—	45,564,993	—
Fund of funds	—	26,558,360	—
Unallocated insurance contract	—	—	177,387,981
Totals	\$ 54,972,085	\$ 296,120,869	\$ 177,387,981

The investment strategies for each category of investments are as follows:

Large cap stock funds

This category includes investments primarily in large and medium U.S. companies that are executing on a sustainable competitive advantage and have good price momentum.

Mid cap stock funds

This category includes investments in a diversified portfolio of U.S. mid-cap growth companies that are selling at attractive valuations and are benefiting from an accelerating profit cycle.

Small cap stock funds

This category includes investments in small cap stocks with the greatest potential to achieve price appreciation over a shorter term horizon.

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

3. Fair Value Measurements and Investments (continued)

Fixed income fund

This category includes a bond fund that is structured to reflect many of the characteristics of the Barclays Capital U.S. Aggregate Bond Index, including duration and interest rate exposure.

Balanced fund

This category invests in a combination of domestic equity, fixed income and cash equivalent instruments through two underlying separate accounts.

International stock fund

This category invests in international stocks selected using a disciplined bottom-up stock selection process comprised of five unique regional models, each containing their own multi-factor industry selection methodology.

Fund of funds

This category includes diversified holdings of participation units in the pooled separate accounts that are otherwise available to Plan participants as investment alternatives. This investment is designed to increase the potential that the participant's account balance, in conjunction with the Prudential IncomeFlex Target® Guarantees, will provide a reliable source of lifetime income.

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

3. Fair Value Measurements and Investments (continued)

Additional information regarding our unallocated insurance contracts (i.e. the Plan's only Level 3 investment) is as follows:

Instrument	Fair Value as of December 31, 2012	Principal Valuation Technique	Inputs	Observable/ Unobservable	Range of Significant Input Values
Guaranteed Income Fund	\$ 194,428,905	Fair value = Contract value	Deposits Earnings at Guaranteed Crediting Rate Withdrawals Fees	Observable Unobservable Observable Observable	Gross guaranteed. Crediting Rate must be greater than or equal to the contractual minimum crediting rate.

The table below summarizes recent changes in the estimated fair values of the Plan's unallocated insurance contract (i.e., the only Level 3 investment).

	Years Ended December 31	
	2012	2011
Balances at the beginning of the year	\$ 177,387,981	\$ 160,438,705
Purchases and transfers in	43,514,120	47,442,022
Sales and transfers out	(29,643,979)	(33,281,006)
Interest income	4,464,941	4,670,949
Net participant loan activity	(1,306,638)	(1,567,594)
Other, net	12,480	(315,095)
Balances at the end of the year	<u>\$ 194,428,905</u>	<u>\$ 177,387,981</u>

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

3. Fair Value Measurements and Investments (continued)

The estimated fair values of individual investments that represented 5% or more of the Plan's net assets available for benefits are summarized in the table below.

	December 31	
	2012	2011
Prudential Retirement Insurance and Annuity Company:		
Guaranteed Income Fund (unallocated insurance contract)	\$ 194,428,905	\$ 177,387,981
Core Bond Enhanced Index/PIM Fund	68,024,667	53,257,650
International Blend/Applied Quantitative Research Fund	63,222,824	45,564,993
Large Cap Value/LSV Asset Management Fund	59,933,349	45,020,666
Large Cap Growth/JPMorgan Investment Management Fund	46,539,205	34,246,828
Income Flex Target Easy Path Balanced Fund ⁽¹⁾	42,749,697	—
Company Class A common stock ⁽²⁾	60,194,271	54,972,085

⁽¹⁾ At December 31, 2011, the estimated fair value of this fund was \$26,558,360, which was less than 5% of the Plan's net assets available for benefits on such date.

⁽²⁾ At December 31, 2012 and 2011, the per share market value of the Company Class A common stock was \$9.32 and \$7.37, respectively.

4. Excess Contributions

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to participant contributions. Liabilities for \$1,489 were recorded in the Plan's financial statements at December 31, 2012, for such contributions. The Plan distributed the excess contributions to the applicable participants prior to March 15, 2013.

Subsequent to December 31, 2011, certain 2011 participant contributions were deemed to be excess contributions under the Code. Such contributions and the related investment earnings thereon were refunded to Plan participants in March 2012. A liability of \$107,069 for the excess contributions and related investment earnings was recorded in the Plan's financial statements at December 31, 2011.

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

5. Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated October 1 2012, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and therefore, the related trust is tax-exempt. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator has indicated that it will take the necessary steps, if any, to bring the Plan's operations into compliance with the Code.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2009.

6. Party-in-Interest Transactions

Plan investments include (i) shares of pooled separate accounts and trust funds (i.e., unallocated insurance contracts) that are managed by the Trustee and (ii) shares of the Company's Class A common stock. Additionally, the Company paid an immaterial amount of the Plan's administrative expenses during each of the years ended December 31, 2012 and 2011, and those expenses are not reflected in the Plan's financial statements. These arrangements are characterized as party-in-interest transactions.

7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan document to terminate the Plan, subject to the provisions of ERISA. In the event of a Plan termination, participants become fully vested in their Company matching contributions and nonelective contributions, including investment earnings thereon, and the balance in each participant's account shall be held in the Plan and continue to accrue investment earnings until it is distributed as a benefit payment or rollover distribution.

Supplemental Schedule

Health Management Associates, Inc. Retirement Savings Plan

EIN #61-0963645 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2012

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost**	(e) Current Value
* Health Management Associates, Inc.		Class A common stock, \$0.01 par value (6,458,613 shares) ⁽¹⁾		\$ 60,194,271
* Prudential Retirement Insurance and Annuity Company		Guaranteed Income Fund (unallocated insurance contract)		194,428,905
* Prudential Retirement Insurance and Annuity Company		Balanced/JPMorgan Investment Management, PIM Fund		11,469,271
* Prudential Retirement Insurance and Annuity Company		Core Bond Enhanced Index/PIM Fund		68,024,667
* Prudential Retirement Insurance and Annuity Company		Dryden S&P 500 [®] Index Fund		18,557,205
* Prudential Retirement Insurance and Annuity Company		International Blend/Applied Quantitative Research Fund		63,222,824
* Prudential Retirement Insurance and Annuity Company		Large Cap Growth/JPMorgan Investment Management Fund		46,539,205
* Prudential Retirement Insurance and Annuity Company		Large Cap Value/LSV Asset Management Fund		59,933,349
* Prudential Retirement Insurance and Annuity Company		Mid Cap Growth/Artisan Partners Fund		13,471,279
* Prudential Retirement Insurance and Annuity Company		Mid Cap Value Fund (sub-advised by Wellington Management)		14,167,252
* Prudential Retirement Insurance and Annuity Company		Small Cap Growth/TimesSquare Fund		32,171,866
* Prudential Retirement Insurance and Annuity Company		Small Cap Value/The Boston Company Asset Management Fund		25,077,806
* Prudential Retirement Insurance and Annuity Company		Prudential IncomeFlex [®] Target SM Easy Path SM Balanced Fund		42,749,697
* Participants		Loans with interest rates ranging from 3.25% to 10.50% and various maturity dates		29,063,902
				<u>\$ 679,071,499</u>

* Investment is with a party-in-interest to the Health Management Associates, Inc. Retirement Savings Plan.

** Pursuant to Internal Revenue Service Form 5500 disclosure requirements, cost information has been omitted for participant-directed investments and participant loans.

⁽¹⁾ This investment is frozen to any new contributions, deposits and transfers from other investments. However, participants can sell their holdings at their discretion (subject to certain rules and conditions of the Health Management Associates, Inc. Retirement Savings Plan).

Ernst & Young LLP

Assurance | Tax | Transactions | Advisory

About Ernst & Young

Ernst & Young is a global leader in assurance, tax, transaction and advisory services. Worldwide, our 167,000 people are united by our shared values and an unwavering commitment to quality. We make a difference by helping our people, our clients and our wider communities achieve their potential.

For more information, please visit www.ey.com

Ernst & Young refers to the global organization of member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. This Report has been prepared by Ernst & Young LLP, a client serving member firm located in the United States.

