

## EXHIBIT 4: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

First United American Insurance Company  
Company submitting the rate adjustment request

74101  
Company NAIC Code

AMLC-129674086  
SERFF tracking number

- => Use this Exhibit for the policy forms/products included in the rate adjustment submission.  
Submit separate exhibits by rating region if the rate changes differ by rating region.  
Submit separate exhibits for each rolling rate table of a rolling rate structure.
- => This form must be submitted as an Excel file and as a PDF file.
- => Market segment refers to Large Group, Small Group, Individual, Sole Proprietor, Healthy NY, etc. If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor is to be reported.
- => The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan.
- => The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- => If one policy form is used for more than one products, then a separate row should be entered for each policy form/product name/product street name combination.
- => The format of this exhibit is discussed below and should be tailored to the specific rate filing submission. Extend the worksheet to add more rows or tabs as needed.

### A. BASE MEDICAL PLAN

- => Provide a list of proposed rate changes for each base medical plan type, by product name/street name.
- => The "proposed rate change" is just for the base medical product, excluding the impact of any riders.
  - Lowest should be the smallest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
  - Highest should be the largest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
  - The weighted average should reflect the average using the distribution of contracts within each base medical product; the impact of riders is not included.

#### Non Rolling Rate Product

Policy Form #	Market Segment	Rating Region	Product Name	Product Street Name	Effective Date of New Rate	Proposed Percentage Rate Change		
						Lowest	Highest	Weighted Avg
NYMSA, NYMSAR93, NYMSA06, NYMSA10	Individual	1, 2, 3, 4	Medicare Supplement	ProCare	12/15/2014	0.0%	0.0%	0.0%
NYMSB, NYMSBR93, NYMSB06, NYMSB10	Individual	1, 2, 3, 4	Medicare Supplement	ProCare	12/15/2014	0.0%	0.0%	0.0%
NYMSC, NYMSCR93, NYMSC06, NYMSC10	Individual	1, 2, 3, 4	Medicare Supplement	ProCare	12/15/2014	0.0%	0.0%	0.0%
NYMSD, NYMSDR93, NYMSD06, NYMSD10	Individual	1, 2, 3, 4	Medicare Supplement	ProCare	12/15/2014	0.0%	0.0%	0.0%
NYMSF, NYMSFR93, NYMSF06, NYMSF10	Individual	1, 2, 3, 4	Medicare Supplement	ProCare	12/15/2014	0.0%	0.0%	0.0%
NYMSHDF, NYMSHDF06, NYMSHDF10	Individual	1, 2, 3, 4	Medicare Supplement	ProCare	12/15/2014	0.0%	0.0%	0.0%
NYMSG, NYMSGR93, NYMSG06, NYMSG10	Individual	1, 2, 3, 4	Medicare Supplement	ProCare	12/15/2014	0.0%	0.0%	0.0%
NYMSK06, NYMSK06R	Individual	1, 2, 3, 4	Medicare Supplement	ProCare	12/15/2014	0.0%	0.0%	0.0%
NYMSL06, NYMSL06R	Individual	1, 2, 3, 4	Medicare Supplement	ProCare	12/15/2014	0.0%	0.0%	0.0%
NYMSN10	Individual	1, 2, 3, 4	Medicare Supplement	ProCare	12/15/2014	0.0%	0.0%	0.0%
NYMSA, NYMSAR93, NYMSA06, NYMSA10	Individual	5	Medicare Supplement	ProCare	12/15/2014	10.0%	10.0%	10.0%
NYMSB, NYMSBR93, NYMSB06, NYMSB10	Individual	5	Medicare Supplement	ProCare	12/15/2014	10.0%	10.0%	10.0%
NYMSC, NYMSCR93, NYMSC06, NYMSC10	Individual	5	Medicare Supplement	ProCare	12/15/2014	10.0%	10.0%	10.0%
NYMSD, NYMSDR93, NYMSD06, NYMSD10	Individual	5	Medicare Supplement	ProCare	12/15/2014	10.0%	10.0%	10.0%
NYMSF, NYMSFR93, NYMSF06, NYMSF10	Individual	5	Medicare Supplement	ProCare	12/15/2014	10.0%	10.0%	10.0%
NYMSHDF, NYMSHDF06, NYMSHDF10	Individual	5	Medicare Supplement	ProCare	12/15/2014	10.0%	10.0%	10.0%
NYMSG, NYMSGR93, NYMSG06, NYMSG10	Individual	5	Medicare Supplement	ProCare	12/15/2014	10.0%	10.0%	10.0%
NYMSK06, NYMSK06R	Individual	5	Medicare Supplement	ProCare	12/15/2014	10.0%	10.0%	10.0%
NYMSL06, NYMSL06R	Individual	5	Medicare Supplement	ProCare	12/15/2014	10.0%	10.0%	10.0%
NYMSN10	Individual	5	Medicare Supplement	ProCare	12/15/2014	10.0%	10.0%	10.0%

**Rolling Rate Product**

Policy Form #	Market Segment	Rating Region	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
						Lowest	Highest	Weighted Avg
N/A								

\* The effective period of a new rolling rate may vary depending on the rolling structure (e.g., "Q1 2012" for a quarterly rolling rate structure.)

**B. DRUG RIDERS**

- => Provide a list of proposed rate changes for drug riders available with base medical products.
- => The "proposed percentage rate change" is just for the drug riders available with the indicated base medical product and excludes the impact of the base medical plan rates and non-drug riders.  
 The lowest, highest, and weighted average are just among the drug riders available to the indicated base medical product.
- => This is for the traditional drug riders, but not for minor drug related riders such as, the inclusion of oral contraceptives.

**Non Rolling Rate Product**

Base Medical Policy Form #	Market Segment	Rating Region	Drug Rider	Base Medical Product Name	Effective Date of New Rate	Proposed Percentage Rate Change		
						Lowest	Highest	Weighted Avg
N/A								

**Rolling Rate Product**

Base Medical Policy Form #	Market Segment	Rating Region	Drug Rider	Base Medical Product Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
						Lowest	Highest	Weighted Avg
N/A								