

SERFF Tracking Number: BNLB-125835746 State: Arkansas
Filing Company: Bankers Life and Casualty Company State Tracking Number: 40394
Company Tracking Number:
TOI: MS04I Individual Medicare Supplement - Sub-TOI: MS04I.006 Plan F (Basic)
Medicare Select
Product Name: GR-A26F
Project Name/Number: /

Filing at a Glance

Company: Bankers Life and Casualty Company

Product Name: GR-A26F

SERFF Tr Num: BNLB-125835746 State: ArkansasLH

TOI: MS04I Individual Medicare Supplement -
Medicare Select

SERFF Status: Closed

State Tr Num: 40394

Sub-TOI: MS04I.006 Plan F (Basic)

Co Tr Num:

State Status: Approved-Closed

Filing Type: Rate

Co Status: Submitted

Reviewer(s): Stephanie Fowler

Author: Diana Willis

Disposition Date: 10/28/2008

Date Submitted: 09/29/2008

Disposition Status: Approved

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 15%

Group Market Type:

Filing Status Changed: 10/28/2008

State Status Changed: 10/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

2009 Premium Rates for Standardized Medicare Supplement Policy Form GR-A26F

We are submitting revised 2009 rates for the forms captioned above. These policy forms were approved in your state on November 18, 1997.

Policy form GR-A26F are guaranteed renewable Medicare SELECT Supplement forms. Except for the restrictions on

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the use of Network Hospitals, these policies provide the same benefit packages as the standardized Medicare Supplement Plan F.

Due to claim cost trend increase, continued inflation in medical care costs and poorer than anticipated experience, we must increase the rates. The amounts and details of our proposed adjustments are explained in the enclosed memorandum.

These revised rates are intended to be effective through year-end 2009 and will apply to in-force and new business. With these revised rates the anticipated loss ratio standard of your State for these forms will be met.

Because of the lead-time needed to implement these rates, we'd sincerely appreciate your expedited review for approval of this filing. Please feel free to correspond with us via SERFF, fax to (312) 396-5906 or e-mail d.willis@banklife.com.

Company and Contact

Filing Contact Information

Diana Willis, Actuarial Analyst II
 600 West Chicago Avenue
 Chicago, IL 60610
 d.willis@banklife.com
 (312) 396-7658 [Phone]
 (312) 396-5906[FAX]

Filing Company Information

Bankers Life and Casualty Company
 600 West Chicago Avenue
 Chicago, IL 60610
 (312) 396-6000 ext. [Phone]
 CoCode: 61263
 Group Code: 233
 Group Name:
 FEIN Number: 36-0770740
 State of Domicile: Illinois
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form being filed x 1 form = \$50.00

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Life and Casualty Company	\$50.00	09/29/2008	22797156

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	10/28/2008	10/28/2008

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Disposition

Disposition Date: 10/28/2008

Implementation Date:

Status: Approved

Comment: We have approved the requested 15.0% rate increase. This approval is subject to the following:

Increases will not be given more frequently than once in a twelve-month period.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Bankers Life and Casualty Company	15.000%	\$1,048	1	\$	15.000%	15.000%	15.000%

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 13.000%
Effective Date of Last Rate Revision: 01/01/2008
Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Bankers Life and Casualty Company	15.000%	15.000%	\$1,048	1		15.000%	15.000%

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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	Rate Sheet Plan F	GR-A26F	Revised	Previous State Filing Number: 36808 Percent Rate Change Request: 15	Rate Sheets - GRA26F.pdf Rate Sheet Mode.pdf

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Standardized Medicare Supplement
Policy Form Series GR-A26

Annual Premium Rates* Male or Female

<u>Issue Age</u>	<u>Plan F</u>
Ages 65 & Over	\$3,216.96

These rates are for Crittenden county.

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

0.08583 for Monthly Bank Draft/Payroll Deduction; 0.515 for Semi-Annual; 0.2625 for Quarterly;
0.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Standardized Medicare Supplement
Policy Form Series GR-A26

Annual Premium Rates* Male or Female

<u>Issue Age</u>	<u>Plan F</u>
Ages 65 & Over	\$4,511.42

All counties except Crittenden.

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

0.08583 for Monthly Bank Draft/Payroll Deduction; 0.515 for Semi-Annual; 0.2625 for Quarterly;
0.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Standardized Medicare Supplement

Policy Form Series GR-A26

Premium Rates Male or Female

	Issue Age	ANNUAL	SEMI-ANNUAL	QUARTERLY	LIST BILL	P.P.S.P./P.R.D
GR-A26F	65 & Older	3216.96	1657.69	845.56	295.89	277.11

These rates are for Crittenden county.

	Issue Age	ANNUAL	SEMI-ANNUAL	QUARTERLY	LIST BILL	P.P.S.P./P.R.D
GR-A26F	65 & Older	4511.42	2324.32	1185.41	414.55	388.22

All counties except Crittenden.