

SERFF Tracking Number: BNLB-126308214 State: Arkansas
Filing Company: Bankers Life and Casualty Company State Tracking Number: 43524
Company Tracking Number:
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.003 Plan C
Standard Plans
Product Name: GR-A05
Project Name/Number: /

Filing at a Glance

Company: Bankers Life and Casualty Company

Product Name: GR-A05 SERFF Tr Num: BNLB-126308214 State: Arkansas
TOI: MS051 Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num: 43524
Standard Plans Closed
Sub-TOI: MS051.003 Plan C Co Tr Num: State Status: Approved-Closed
Filing Type: Rate Reviewer(s): Stephanie Fowler
Author: Diana Willis Disposition Date: 10/22/2009
Date Submitted: 09/17/2009 Disposition Status: Approved-Closed
Implementation Date Requested: 01/01/2010 Implementation Date: 01/01/2010
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: 8% Group Market Type:
Filing Status Changed: 10/22/2009 Explanation for Other Group Market Type:
State Status Changed: 10/22/2009
Deemer Date: Created By: Diana Willis
Submitted By: Diana Willis Corresponding Filing Tracking Number:
Filing Description:
INDIVIDUAL A&H
2010 Premium Rates for Standardized Medicare Supplement Policy Forms GR-A05B, GR-A05C, GR-A05D and GR-A05F

We are submitting the revised rates to be used beginning in 2010 for forms GR-A05B, GR-A05C, GR-A05D and GR-A05F. These forms are guaranteed renewable Medicare Supplement forms, which were approved in your state on April 28, 1992.

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Each plan provides varying degrees of benefits as shown in the enclosed materials.

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

These revised rates are intended to be effective January 1, 2010 and 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 fax to (312) 396-5907 or e-mail d.willis@banklife.com.

Company and Contact

Filing Contact Information

Diana Willis, Actuarial Analyst II d.willis@banklife.com
 600 West Chicago Avenue 312-396-7658 [Phone]
 Chicago, IL 60610 312-396-5907 [FAX]

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form x 3 forms being filed = \$150.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Life and Casualty Company	\$150.00	09/17/2009	30614520

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	10/22/2009	10/22/2009

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Disposition

Disposition Date: 10/22/2009

Implementation Date: 01/01/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after January 1, 2010. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period
- Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Bankers Life and Casualty Company	8.000%	8.000%	\$6,118	25	\$	11.000%	5.000%

SERFF Tracking Number: *BNLB-126308214* State: *Arkansas*
 Filing Company: *Bankers Life and Casualty Company* State Tracking Number: *43524*
 Company Tracking Number:
 TOI: *MS051 Individual Medicare Supplement - Standard Plans* Sub-TOI: *MS051.003 Plan C*
 Product Name: *GR-A05*
 Project Name/Number: */*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Rate	Plan C Rate Sheet	Approved	Yes
Rate	Plan D Rate Sheet	Approved	Yes
Rate	Plan F Rate Sheet	Approved	Yes
Rate	Rate Sheet Mode	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 4.570%
Effective Date of Last Rate Revision: 01/01/2009
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:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Bankers Life and Casualty Company	8.000%	8.000%	\$6,118	25		11.000%	5.000%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 10/22/2009	Plan C Rate Sheet	GR-A05C	Revised	Previous State Filing Number: 40295 Percent Rate Change Request: 5.000	Rate Sheet - A05C.pdf
Approved 10/22/2009	Plan D Rate Sheet	GR-A05D	Revised	Previous State Filing Number: 40295 Percent Rate Change Request: 11.000	Rate Sheet - A05D.pdf
Approved 10/22/2009	Plan F Rate Sheet	GR-A05F	Revised	Previous State Filing Number: 40295 Percent Rate Change Request: 10.500	Rate Sheet - A05F.pdf
Approved 10/22/2009	Rate Sheet Mode	GR-A05	Other	Previous State Filing Number: 40295 Rate Action Other Explanation: Informational	Rate Sheet Mode.pdf

Bankers Life and Casualty Company

Standardized Medicare Supplement
Policy Form Series GR-A05

Annual Premium Rates* Male or Female

<u>Issue Age</u>	<u>Plan C</u>
Ages 65 & Over	\$3,717.46

*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

Standardized Medicare Supplement
Policy Form Series GR-A05

Annual Premium Rates* Male or Female

<u>Issue Age</u>	<u>Plan D</u>
Ages 65 & Over	\$4,923.23

*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

Standardized Medicare Supplement
Policy Form Series GR-A05

Annual Premium Rates* Male or Female

<u>Issue Age</u>	<u>Plan F</u>
Ages 65 & Over	\$3,891.35

*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

2010 STATE OF ARKANSAS
PREMIUMS

	Issue Age	ANNUAL	SEMI-ANNUAL	QUARTERLY	LIST BILL	P.P.S.P./P.R.D
GR-A05C	65 & Older	3717.46	1915.45	976.97	341.77	320.07
GR-A05D	65 & Older	4923.23	2536.40	1293.52	452.30	423.57
GR-A05F	65 & Older	3891.35	2005.00	1022.62	357.71	335.00