

SERFF Tracking Number: BNLB-126341799 State: Arkansas
 Filing Company: Bankers Life and Casualty Company State Tracking Number: 43770
 Company Tracking Number:
 TOI: MS04I Individual Medicare Supplement - Sub-TOI: MS04I.006 Plan F (Basic)
 Medicare Select
 Product Name: GR-A26
 Project Name/Number: /

Filing at a Glance

Company: Bankers Life and Casualty Company

Product Name: GR-A26 SERFF Tr Num: BNLB-126341799 State: Arkansas
 TOI: MS04I Individual Medicare Supplement - Medicare Select SERFF Status: Closed-Approved- Closed State Tr Num: 43770
 Sub-TOI: MS04I.006 Plan F (Basic) Co Tr Num: State Status: Approved-Closed
 Filing Type: Rate Reviewer(s): Stephanie Fowler
 Author: Diana Willis Disposition Date: 11/19/2009
 Date Submitted: 10/13/2009 Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date: 11/19/2009

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
 Project Number: Date Approved in Domicile: 08/04/2009
 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: Group Market Type:
 Filing Status Changed: 11/19/2009 Explanation for Other Group Market Type:
 State Status Changed: 11/19/2009
 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 Form GR-A26F

We are submitting revised 2010 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 the use of Network Hospitals, these policies provide the same benefit packages as the standardized Medicare

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 Supplement Plan F.

Even though benefits payable increased January 1, 2010 and the inflation in medical care costs is expected to continue, we are not changing the rates. The same rates as currently approved will continue to be used in 2010.

These revised rates are intended to be effective through year-end 2010 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) 396-5907 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: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form x 1 form being filed = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Life and Casualty Company	\$50.00	10/13/2009	31251148

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Medicare Select
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	11/19/2009	11/19/2009

SERFF Tracking Number: *BNLB-126341799* State: *Arkansas*
 Filing Company: *Bankers Life and Casualty Company* State Tracking Number: *43770*
 Company Tracking Number:
 TOI: *MS041 Individual Medicare Supplement - Medicare Select* Sub-TOI: *MS041.006 Plan F (Basic)*
 Product Name: *GR-A26*
 Project Name/Number: */*

Disposition

Disposition Date: 11/19/2009

Implementation Date: 11/19/2009

Status: Approved-Closed

Comment: We have approved this rate filing for Select Plan F. There was no increase requested.

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	0.000%	0.000%	\$0	1	\$	0.000%	0.000%

SERFF Tracking Number: *BNLB-126341799* State: *Arkansas*
 Filing Company: *Bankers Life and Casualty Company* State Tracking Number: *43770*
 Company Tracking Number:
 TOI: *MS041 Individual Medicare Supplement - Medicare Select* Sub-TOI: *MS041.006 Plan F (Basic)*
 Product Name: *GR-A26*
 Project Name/Number: */*

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

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 15.000%
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	0.000%	0.000%	\$0	1		0.000%	0.000%

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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 11/19/2009	Rate Sheet	GR-A26	Revised	Previous State Filing Number: Percent Rate Change Request:	40394 Rate Sheet.pdf
Approved 11/19/2009	Premium Mode Rate Sheet	GR-A26	Other	Previous State Filing Number: Rate Action Other Explanation:	40394 AR Modal Premiums.pdf Informational

Bankers Life and Casualty Company

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 Monthly 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 Monthly Direct Bill

Bankers Life and Casualty Company

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 Monthly 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 Monthly 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.