

SERFF Tracking Number: BNLB-126270678 State: Arkansas
Filing Company: Bankers Life and Casualty Company State Tracking Number: 43261
Company Tracking Number:
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: GR-A06
Project Name/Number: /

Filing at a Glance

Company: Bankers Life and Casualty Company

Product Name: GR-A06 SERFF Tr Num: BNLB-126270678 State: Arkansas
TOI: MS051 Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num: 43261
Standard Plans Closed
Sub-TOI: MS051.001 Plan A Co Tr Num: State Status: Approved-Closed
Filing Type: Rate Reviewer(s): Stephanie Fowler
Author: Diana Willis Disposition Date: 09/22/2009
Date Submitted: 08/18/2009 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: 9.6% Group Market Type:
Filing Status Changed: 09/22/2009 Explanation for Other Group Market Type:
State Status Changed: 09/22/2009
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-A06A through GR-A06G, GR-A06FH, GR-A06J through GR-A06L

We are submitting the revised rates to be used beginning in 2010 for forms GR-A06A through GR-A06G, GR-A06FH and GR-A06J through GR-A06L. The forms were approved in your state on September 16, 1996. GR-A06FH was approved on March 9, 2000 and forms GR-A06J through GR-A06L were approved on October 27, 2005.

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The forms are guaranteed renewable, fully medically underwritten, Standardized Medicare Supplement plans. The various degrees of benefits provided by each plan are 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 for certain plans. The amounts and details of our requests are explained in the enclosed memorandum.

These revised rate scales are intended to be effective January 1, 2010 or later, depending on the premium mode option chosen and will apply to in-force as well as 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 rate filing x 1 rate filing = \$50.00
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Life and Casualty Company	\$50.00	08/18/2009	29917222

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	09/22/2009	09/22/2009

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Disposition

Disposition Date: 09/22/2009

Implementation Date: 01/01/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after January1, 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	9.600%	9.600%	\$323,946	1,967	\$	12.000%	0.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Rate	Rate Sheet Plan A	Approved	Yes
Rate	Rate Sheet Plan B	Approved	Yes
Rate	Rate Sheet Plan C	Approved	Yes
Rate	Rate Sheet Plan D	Approved	Yes
Rate	Rate Sheet Plan E	Approved	Yes
Rate	Rate Sheet Plan F	Approved	Yes
Rate	Rate Sheet Plan FH	Approved	Yes
Rate	Rate Sheet Plan G	Approved	Yes
Rate	Rate Sheet Plan J	Approved	Yes
Rate	Rate Sheet Plan K	Approved	Yes
Rate	Rate Sheet Plan L	Approved	Yes

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 Product Name: GR-A06
 Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 11.870%
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	9.600%	9.600%	\$323,946	1,967		12.000%	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 09/22/2009	Rate Sheet Plan A	GR-A06A	Revised	Previous State Filing Number: Percent Rate Change Request: 8.000	Rate Sheet - Plan A.pdf AR - Modal Premiums - Plan A.pdf
Approved 09/22/2009	Rate Sheet Plan B	GR-A06B	Revised	Previous State Filing Number: Percent Rate Change Request: 7.000	Rate Sheet - Plan B.pdf AR - Modal Premiums - Plan B.pdf
Approved 09/22/2009	Rate Sheet Plan C	GR-A06C	Revised	Previous State Filing Number: Percent Rate Change Request: 10.000	Rate Sheet - Plan C.pdf AR - Modal Premiums - Plan C.pdf
Approved 09/22/2009	Rate Sheet Plan D	GR-A06D	Revised	Previous State Filing Number: Percent Rate Change Request: 4.000	Rate Sheet - Plan D.pdf AR - Modal Premiums - Plan D.pdf
Approved 09/22/2009	Rate Sheet Plan E	GR-A06E	Revised	Previous State Filing Number:	Rate Sheet - Plan E.pdf AR - Modal

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 Product Name: GR-A06
 Project Name/Number: /

Percent Rate Change Request: 12.000 Premiums - Plan E.pdf

Approved Rate Sheet Plan F GR-A06F Revised Previous State Filing Number: Rate Sheet - Plan F.pdf
 09/22/2009 Percent Rate Change Request: 10.500 AR - Modal Premiums - Plan F.pdf

Approved Rate Sheet Plan FH GR-A06FH Revised Previous State Filing Number: Rate Sheet - Plan FH.pdf
 09/22/2009 Percent Rate Change Request: AR - Modal Premiums - Plan FH.pdf

Approved Rate Sheet Plan G GR-A06G Revised Previous State Filing Number: Rate Sheet - Plan G.pdf
 09/22/2009 Percent Rate Change Request: 4.500 AR - Modal Premiums - Plan G.pdf

Approved Rate Sheet Plan J GR-A06J Revised Previous State Filing Number: Rate Sheet - Plan J.pdf
 09/22/2009 Percent Rate Change Request: 9.500 AR - Modal Premiums - Plan J.pdf

Approved Rate Sheet Plan K GR-A06K Revised Previous State Filing Number: Rate Sheet - Plan K.pdf
 09/22/2009 Percent Rate Change Request: 4.500 AR - Modal Premiums - Plan K.pdf

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Company Tracking Number:
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: GR-A06
Project Name/Number: /

Approved Rate Sheet Plan L GR-A06L Revised Previous State Filing
09/22/2009 Number: Rate Sheet - Plan
Percent Rate Change 3.000 L.pdf
Request: AR - Modal
Premiums - Plan
L.pdf

Bankers Life and Casualty Company

Standardized Medicare Supplement
Policy Form Series GR-A06

Annual Premium Rates* Male or Female

<u>Issue Age</u>	<u>Plan A</u>
Ages 65 & Over	\$2,448.09

*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. To determine the Triennial rates multiply the Annual Rates by the Triennial factor.

0.08583 for Monthly Bank Draft/Payroll Deduction; 0.515 for Semi-Annual; 0.2625 for Quarterly;
0.09167 for Renewal Direct Bill; 2.50 for Triennial

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Standardized Medicare Supplement

Policy Form Series GR-A06

Premium Rates* Male or Female

	Issue Age	ANNUAL	SEMI-ANNUAL	QUARTERLY	LIST BILL	P.P.S.P./P.R.D	TRIENNIAL
GR-A06A	65 & Older	2448.09	1261.74	643.71	225.41	211.12	6120.33

Bankers Life and Casualty Company

Standardized Medicare Supplement
Policy Form Series GR-A06

Annual Premium Rates* Male or Female

<u>Issue Age</u>	<u>Plan B</u>
Ages 65 & Over	\$3,514.99

*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. To determine the Triennial rates multiply the Annual Rates by the Triennial factor.

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Chicago, Illinois

Standardized Medicare Supplement

Policy Form Series GR-A06

Premium Rates* Male or Female

	Issue Age	ANNUAL	SEMI-ANNUAL	QUARTERLY	LIST BILL	P.P.S.P./P.R.D	TRIENNIAL
GR-A06B	65 & Older	3514.99	1811.18	923.81	323.21	302.69	8787.63

Bankers Life and Casualty Company

Standardized Medicare Supplement
Policy Form Series GR-A06

Annual Premium Rates* Male or Female

<u>Issue Age</u>	<u>Plan C</u>
Ages 65 & Over	\$5,184.17

*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. To determine the Triennial rates multiply the Annual Rates by the Triennial factor.

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Chicago, Illinois

Standardized Medicare Supplement

Policy Form Series GR-A06

Premium Rates* Male or Female

	Issue Age	ANNUAL	SEMI-ANNUAL	QUARTERLY	LIST BILL	P.P.S.P./P.R.D	TRIENNIAL
GR-A06C	65 & Older	5184.17	2670.79	1362.03	476.22	445.96	12960.68

Bankers Life and Casualty Company

Standardized Medicare Supplement
Policy Form Series GR-A06

Annual Premium Rates* Male or Female

<u>Issue Age</u>	<u>Plan D</u>
Ages 65 & Over	\$2,866.56

*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. To determine the Triennial rates multiply the Annual Rates by the Triennial factor.

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Chicago, Illinois

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Policy Form Series GR-A06

Premium Rates* Male or Female

	Issue Age	ANNUAL	SEMI-ANNUAL	QUARTERLY	LIST BILL	P.P.S.P./P.R.D	TRIENNIAL
GR-A06D	65 & Older	2866.56	1477.24	753.57	263.77	247.04	7166.53

Bankers Life and Casualty Company

Standardized Medicare Supplement
Policy Form Series GR-A06

Annual Premium Rates* Male or Female

<u>Issue Age</u>	<u>Plan E</u>
Ages 65 & Over	\$3,770.04

*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. To determine the Triennial rates multiply the Annual Rates by the Triennial factor.

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Chicago, Illinois

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Policy Form Series GR-A06

Premium Rates* Male or Female

	Issue Age	ANNUAL	SEMI-ANNUAL	QUARTERLY	LIST BILL	P.P.S.P./P.R.D	TRIENNIAL
GR-A06E	65 & Older	3770.04	1942.52	990.77	346.59	324.59	9425.28

Bankers Life and Casualty Company

Standardized Medicare Supplement
Policy Form Series GR-A06

Annual Premium Rates* Male or Female

<u>Issue Age</u>	<u>Plan F</u>
Ages 65 & Over	\$3,072.52

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BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Standardized Medicare Supplement

Policy Form Series GR-A06

Premium Rates* Male or Female

	Issue Age	ANNUAL	SEMI-ANNUAL	QUARTERLY	LIST BILL	P.P.S.P./P.R.D	TRIENNIAL
GR-A06F	65 & Older	3072.52	1583.31	807.65	282.65	264.72	7681.44

Bankers Life and Casualty Company

Standardized Medicare Supplement
Policy Form Series GR-A06

Annual Premium Rates* Male or Female

<u>Issue Age</u>	<u>Plan FH</u>
Ages 65 & Over	\$390.11

*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. To determine the Triennial rates multiply the Annual Rates by the Triennial factor.

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Chicago, Illinois

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Premium Rates* Male or Female

	Issue Age	ANNUAL	SEMI-ANNUAL	QUARTERLY	LIST BILL	P.P.S.P./P.R.D	TRIENNIAL
GR-A06FH	65 & Older	390.11	201.90	103.42	36.76	34.48	975.28

Bankers Life and Casualty Company

Standardized Medicare Supplement
Policy Form Series GR-A06

Annual Premium Rates* Male or Female

<u>Issue Age</u>	<u>Plan G</u>
Ages 65 & Over	\$2,247.80

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BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Standardized Medicare Supplement

Policy Form Series GR-A06

Premium Rates* Male or Female

	Issue Age	ANNUAL	SEMI-ANNUAL	QUARTERLY	LIST BILL	P.P.S.P./P.R.D	TRIENNIAL
GR-A06G	65 & Older	2247.80	1158.59	591.13	207.05	193.93	5619.60

Bankers Life and Casualty Company

Standardized Medicare Supplement
Policy Form Series GR-A06

Annual Premium Rates* Male or Female

<u>Issue Age</u>	<u>Plan J</u>
Ages 65 & Over	\$2,237.00

*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. To determine the Triennial rates multiply the Annual Rates by the Triennial factor.

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BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Standardized Medicare Supplement

Policy Form Series GR-A06

Premium Rates* Male or Female

	Issue Age	ANNUAL	SEMI-ANNUAL	QUARTERLY	LIST BILL	P.P.S.P./P.R.D	TRIENNIAL
GR-A06J	65 & Older	2237.00	1153.03	588.29	206.06	193.00	5592.60

Bankers Life and Casualty Company

Standardized Medicare Supplement
Policy Form Series GR-A06

Annual Premium Rates* Male or Female

<u>Issue Age</u>	<u>Plan K</u>
Ages 65 & Over	\$1,004.28

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BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Standardized Medicare Supplement

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Premium Rates* Male or Female

	Issue Age	ANNUAL	SEMI-ANNUAL	QUARTERLY	LIST BILL	P.P.S.P./P.R.D	TRIENNIAL
GR-A06K	65 & Older	1004.28	518.19	264.66	93.06	87.20	2510.75

Bankers Life and Casualty Company

Standardized Medicare Supplement
Policy Form Series GR-A06

Annual Premium Rates* Male or Female

<u>Issue Age</u>	<u>Plan L</u>
Ages 65 & Over	\$1,420.46

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BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Standardized Medicare Supplement

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Premium Rates* Male or Female

	Issue Age	ANNUAL	SEMI-ANNUAL	QUARTERLY	LIST BILL	P.P.S.P./P.R.D	TRIENNIAL
GR-A06L	65 & Older	1420.46	732.52	373.92	131.21	122.92	3551.22