

SERFF Tracking Number: BNLB-126823115 State: Arkansas
Filing Company: Bankers Life and Casualty Company State Tracking Number: 46846
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

TOI: MS051 Individual Medicare Supplement -
Standard Plans

Sub-TOI: MS051.003 Plan C

Filing Type: Rate

SERFF Tr Num: BNLB-126823115 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 46846
Closed

Co Tr Num:

Author: Diana Willis

Date Submitted: 09/20/2010

State Status: Approved-Closed

Reviewer(s): Stephanie Fowler

Disposition Date: 09/24/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: 01/01/2011

Implementation Date: 01/01/2011

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 4.3%

Filing Status Changed: 09/24/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 07/26/2010

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 09/24/2010

Created By: Diana Willis

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Diana Willis

Filing Description:

INDIVIDUAL A&H

2011 Premium Rates for Standardized Medicare Supplement Policy Forms GR-A05C, GR-A05D and GR-A05F

We are submitting the revised rates to be used beginning in 2011 for forms 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.

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

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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, 2011 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 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 60654-2800 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 form rate filings = \$150.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Life and Casualty Company	\$150.00	09/20/2010	39669551

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	09/24/2010	09/24/2010

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Disposition

Disposition Date: 09/24/2010

Implementation Date: 01/01/2011

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after January 1, 2011. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- The insured 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	4.300%	4.300%	\$3,605	19	\$83,839	7.500%	3.500%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification		No
Rate	GR-A5C Rate Sheet		Yes
Rate	GR-A5D Rate Sheet		Yes
Rate	GR-A5E Rate Sheet		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: 7.930%
Effective Date of Last Rate Revision: 01/01/2010
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	4.300%	4.300%	\$3,605	19	\$83,839	7.500%	3.500%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	GR-A5C Rate Sheet	GR-A5C	Revised	Previous State Filing Number: 43524 Percent Rate Change Request: 4.500	Rate Sheet - Plan C.pdf
	GR-A5D Rate Sheet	GR-A5D	Revised	Previous State Filing Number: 43524 Percent Rate Change Request: 7.500	Rate Sheet - Plan D.pdf
	GR-A5E Rate Sheet	GR-A5E	Revised	Previous State Filing Number: 43524 Percent Rate Change Request: 3.500	Rate Sheet - Plan F.pdf

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois

Standardized Medicare Supplement Plan C
Form GR-A05C

<u>Age At Issue</u>	<u>Annual Premium Rates* Male or Female</u>
Ages 65 & Over	\$3,884.80

*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 Plan D
Form GR-A05D

<u>Age At Issue</u>	<u>Annual Premium Rates* Male or Female</u>
Ages 65 & Over	\$5,292.50

*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 Plan F
Form GR-A05F

<u>Age At Issue</u>	<u>Annual Premium Rates* Male or Female</u>
Ages 65 & Over	\$4,027.49

*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