

State: Pennsylvania **Filing Company:** Bankers Life and Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: GR-N160 & GR-N165
Project Name/Number: 2017 Legacy Rate Increase/

Filing at a Glance

Company: Bankers Life and Casualty Company
Product Name: GR-N160 & GR-N165
State: Pennsylvania
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Rate - M.U. (Medically underwritten)
Date Submitted: 12/29/2017
SERFF Tr Num: BNLB-131320151
SERFF Status: Assigned
State Tr Num: BNLB-131320151
State Status: Received Review in Progress
Co Tr Num:

Implementation: On Approval
Date Requested:
Author(s): Brian Millsap, Sanja Zehnder, Jody Danna, Christopher Bartley, Jeswin Thomas
Reviewer(s): Jim Laverty (primary)
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

Proposed 35% increase on 517 PA policyholders of Bankers Life forms GR-N160 & GR-N165.

State: Pennsylvania **Filing Company:** Bankers Life and Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: GR-N160 & GR-N165
Project Name/Number: 2017 Legacy Rate Increase/

General Information

Project Name: 2017 Legacy Rate Increase
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 35%

Deemer Date:
Submitted By: Jody Danna

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 09/08/2016
Domicile Status Comments: Illinois is our domicile state.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 12/29/2017
State Status Changed: 12/29/2017
Created By: Jody Danna
Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:

2017 Legacy Block Rate Increase, Policy Forms GR-N160 & GR-N165

Company and Contact

Filing Contact Information

Sanja Zehnder, Managing Actuary s.zehnder@banklife.com
111 E Wacker Dr 312-396-6051 [Phone]
Suite 2100
Chicago, IL 60601

Filing Company Information

Bankers Life and Casualty CoCode: 61263 State of Domicile: Illinois
Company Group Code: 233 Company Type:
111 East Wacker Drive Group Name: State ID Number:
Chicago, IL 60601 FEIN Number: 36-0770740
(312) 396-6000 ext. [Phone]

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

SERFF Tracking #:

BNLB-131320151

State Tracking #:

BNLB-131320151

Company Tracking #:**State:**

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

GR-N160 & GR-N165

Project Name/Number:

2017 Legacy Rate Increase/

Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

14.000%

Effective Date of Last Rate Revision:

06/27/2012

Filing Method of Last Filing:

SERFF

SERFF Tracking Number of Last Filing:

BNLB-128205206

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Bankers Life and Casualty Company	35.000%	35.000%	\$385,741	517	\$1,102,117	35.000%	35.000%

SERFF Tracking #:

BNLB-131320151

State Tracking #:

BNLB-131320151

Company Tracking #:**State:**

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

GR-N160 & GR-N165

Project Name/Number:

2017 Legacy Rate Increase/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		GR-N160_N165_PA.pdf	GR-N160, GR-N165	Revised	Previous State Filing Number: BNLB-128205206 Percent Rate Change Request: 35	GR-N160_N165_PA.pdf,

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N160

Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount

Without Increasing Benefit Option

0 Day Elimination Period

Issue Age	Maximum Benefit Multiplier								
	365	500	730	1,095	1,460	1,825	2,190	2,920	Unlimited
Under 35	\$25.09	\$26.59	\$31.00	\$35.43	\$39.86	\$41.33	\$44.30	\$47.25	\$51.68
35-39	26.59	29.53	33.96	39.86	44.30	47.25	50.20	53.15	57.59
40-44	29.53	32.49	38.39	44.30	50.20	54.61	57.59	62.02	67.92
45-49	33.96	38.39	45.77	54.61	62.02	67.92	72.33	78.23	85.62
50	38.39	42.81	51.68	63.49	72.33	78.23	82.67	90.04	98.91
51	39.86	44.30	54.61	66.42	75.28	81.20	87.10	94.47	103.34
52	41.33	47.25	56.12	69.39	78.23	85.62	91.53	98.91	109.24
53	42.81	50.20	60.51	73.83	84.14	91.53	97.44	106.29	116.63
54	45.77	53.15	63.49	79.73	90.04	98.91	104.81	113.66	125.48
55	48.72	56.12	67.92	84.14	97.44	106.29	113.66	122.53	135.82
56	51.68	60.51	73.83	90.04	103.34	113.66	121.06	131.38	144.68
57	54.61	63.49	78.23	97.44	112.19	122.53	129.90	141.72	156.49
58	57.59	69.39	85.62	106.29	121.06	132.87	141.72	155.01	169.78
59	62.02	75.28	93.00	115.16	132.87	146.15	155.01	168.30	186.02
60	67.92	81.20	100.38	125.48	144.68	159.44	169.78	184.51	203.73
61	72.33	88.57	109.24	137.29	157.96	172.70	184.51	200.76	221.44
62	78.23	95.94	118.10	149.09	172.70	188.95	202.23	219.95	242.10
63	85.62	104.81	129.90	163.86	188.95	208.14	222.91	242.10	265.72
64	93.00	115.16	143.19	180.12	208.14	228.82	245.06	267.19	293.78
65	101.86	125.48	157.96	199.29	230.29	252.43	270.15	293.78	323.29
66	112.19	137.29	172.70	218.47	252.43	279.01	298.21	323.29	355.76
67	122.53	150.59	190.43	240.63	279.01	307.04	327.73	357.25	392.68
68	137.29	169.78	214.05	271.62	314.43	346.92	370.54	404.49	444.33
69	153.53	190.43	240.63	307.04	355.76	392.68	419.23	457.63	503.38
70	171.25	214.05	270.15	345.44	401.54	442.86	475.35	518.16	569.82
71	191.92	239.16	304.12	389.72	454.68	501.91	537.33	587.54	645.09
72	215.53	268.68	342.48	439.92	513.73	566.86	608.20	664.31	730.73
73	236.19	296.70	377.91	485.67	566.86	627.39	673.15	735.17	806.02
74	261.29	326.23	416.31	535.87	624.44	693.82	745.49	814.87	890.16
75	287.87	360.19	459.11	590.48	689.39	769.10	825.21	900.51	981.68
76	317.39	397.10	506.35	652.50	761.73	850.30	912.30	996.45	1,083.55
77	349.86	438.43	558.02	718.92	839.96	940.34	1,009.73	1,102.74	1,197.22
78	383.82	481.25	614.11	791.24	925.59	1,036.30	1,111.59	1,211.97	1,307.93
79	420.71	529.97	676.11	872.45	1,018.61	1,141.10	1,223.78	1,333.03	1,430.45
80	462.05	581.64	744.02	959.54	1,121.93	1,256.26	1,347.79	1,465.89	1,564.79
81	506.35	639.20	819.30	1,056.97	1,235.58	1,383.21	1,483.58	1,610.55	1,710.95
82	556.52	702.68	900.51	1,163.25	1,361.08	1,521.98	1,632.70	1,769.99	1,870.36
83	597.87	757.30	971.36	1,256.26	1,468.84	1,641.54	1,756.70	1,895.46	1,986.99
84	643.63	816.34	1,048.11	1,355.18	1,585.47	1,768.51	1,889.55	2,028.32	2,110.99
85	692.34	879.83	1,130.79	1,462.94	1,710.95	1,905.79	2,031.27	2,170.05	2,242.37
86	745.49	947.74	1,219.36	1,579.56	1,846.74	2,054.90	2,184.80	2,323.57	2,382.61
87	803.06	1,021.53	1,315.31	1,705.03	1,992.89	2,214.32	2,350.13	2,485.94	2,530.24
88	863.59	1,101.26	1,418.64	1,840.85	2,150.84	2,385.56	2,528.75	2,661.62	2,688.17
89	928.53	1,186.88	1,529.35	1,986.99	2,322.08	2,571.57	2,719.19	2,847.61	2,855.01

* 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

Rider Form 230D

Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount

With 5% Equal Increases Benefit Option

0 Day Elimination Period

Issue Age	Maximum Benefit Multiplier								
	365	500	730	1,095	1,460	1,825	2,190	2,920	Unlimited
Under 35	\$17.50	\$21.80	\$25.12	\$32.32	\$37.57	\$41.91	\$44.74	\$51.44	\$60.57
35-39	21.80	24.65	31.85	39.47	46.67	51.44	56.25	62.97	75.95
40-44	24.65	31.38	39.04	50.52	60.11	67.31	74.01	83.13	98.52
45-49	31.85	39.04	51.02	67.31	79.25	88.84	97.97	109.49	131.14
50	37.11	46.23	60.57	77.78	94.11	105.64	116.68	130.60	152.70
51	39.47	50.52	63.43	82.59	98.91	112.33	121.93	137.77	161.78
52	39.98	51.44	67.73	87.37	105.64	117.60	129.11	144.96	169.44
53	44.27	54.33	71.09	94.54	113.28	127.16	138.70	154.98	183.35
54	47.11	59.10	77.78	100.26	120.91	135.25	148.71	166.96	195.79
55	49.97	63.88	83.05	109.39	128.97	145.32	157.28	179.38	208.68
56	52.85	67.23	86.81	117.05	138.55	157.28	171.18	191.82	224.97
57	57.64	73.92	94.01	123.20	147.17	167.78	183.64	204.71	240.24
58	62.41	77.69	102.10	133.68	161.50	180.67	196.98	222.39	259.87
59	67.65	85.36	110.22	146.11	172.92	194.47	212.71	240.05	280.38
60	71.43	91.04	118.31	157.08	188.20	210.21	230.85	258.67	301.39
61	78.64	97.22	128.82	168.50	202.03	227.93	249.00	281.14	326.27
62	84.33	105.34	139.29	183.79	218.25	246.50	268.05	302.60	352.05
63	90.50	113.88	150.72	198.05	236.81	266.01	289.95	326.91	380.68
64	98.60	122.90	160.65	212.76	254.41	287.91	314.24	354.05	410.66
65	105.23	131.91	172.98	228.40	274.83	310.74	339.48	381.65	443.09
66	112.32	143.33	187.29	247.93	297.18	334.47	365.61	414.07	480.30
67	119.36	153.25	200.52	268.37	319.00	362.59	396.11	445.92	516.92
68	129.80	166.98	219.46	291.55	351.32	396.23	434.56	491.57	569.75
69	142.57	181.16	239.34	318.07	383.54	433.71	476.83	539.07	624.92
70	155.82	196.24	262.08	349.35	419.03	476.43	521.35	592.73	686.20
71	168.07	215.65	284.20	380.54	456.86	519.94	571.61	649.13	754.14
72	181.20	234.51	309.72	415.51	500.35	571.11	626.54	711.70	827.20
73	195.39	249.08	330.44	443.28	536.28	611.20	673.82	764.69	887.39
74	207.06	265.99	352.00	474.39	573.51	657.03	721.49	820.46	948.40
75	221.13	282.34	375.03	506.84	613.08	701.75	775.31	881.90	1017.50
76	234.16	301.53	401.31	539.64	654.92	754.08	831.42	946.60	1,087.87
77	250.09	320.22	427.05	575.81	700.54	807.26	890.76	1,016.43	1,161.95
78	266.45	343.21	456.11	617.68	752.33	866.13	957.26	1,089.11	1,238.96
79	283.73	364.16	488.96	660.32	808.32	929.70	1,027.01	1,167.39	1,317.69
80	302.41	389.90	521.70	708.71	865.64	998.37	1,102.32	1,251.29	1,402.04
81	321.98	415.54	556.71	758.36	928.11	1,070.76	1,183.30	1,342.75	1,490.08
82	343.40	443.03	595.47	812.70	994.20	1,148.76	1,270.27	1,438.77	1,584.18
83	360.12	465.82	627.22	855.17	1,049.00	1,211.13	1,335.94	1,502.95	1,634.01
84	376.30	488.08	656.90	901.42	1,106.56	1,275.74	1,406.30	1,571.37	1,686.11
85	393.38	511.67	690.33	950.41	1,166.88	1,345.54	1,479.40	1,642.53	1,738.56
86	411.85	536.67	725.61	1,000.21	1,230.41	1,417.06	1,554.24	1,713.51	1,791.85
87	429.73	561.57	761.29	1,052.78	1,297.14	1,493.74	1,634.68	1,789.15	1,845.51
88	450.50	588.25	797.29	1,106.65	1,365.62	1,572.15	1,715.39	1,865.09	1,900.46
89	470.70	614.89	835.62	1,163.70	1,438.25	1,655.17	1,803.64	1,946.17	1,956.19

* 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

Rider Form 230E

Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount

With 5% Compound Benefit Option

0 Day Elimination Period

Issue Age	Maximum Benefit Multiplier								
	365	500	730	1,095	1,460	1,825	2,190	2,920	Unlimited
Under 35	\$27.17	\$31.49	\$40.59	\$49.72	\$58.83	\$67.05	\$71.82	\$82.42	\$97.33
35-39	33.41	40.15	53.12	66.59	77.62	88.23	96.88	109.41	130.13
40-44	42.06	50.75	66.14	87.30	102.70	115.69	126.28	141.20	168.22
45-49	53.12	66.14	85.83	111.83	133.44	148.84	161.83	181.13	214.36
50	62.24	77.19	97.33	128.11	152.18	171.42	188.27	209.94	247.52
51	64.67	79.55	102.15	134.86	160.86	182.00	197.39	221.00	260.51
52	68.98	82.42	108.38	141.56	169.48	189.20	206.51	232.03	272.00
53	71.38	87.21	113.68	148.75	179.06	200.71	218.03	245.95	287.84
54	76.15	93.93	120.38	158.33	188.64	212.66	231.95	259.86	304.17
55	79.02	98.71	127.54	167.47	198.66	222.72	242.43	274.20	320.92
56	81.86	103.99	133.26	177.05	210.20	236.63	258.26	290.53	339.16
57	86.66	110.70	142.41	187.05	220.69	249.06	272.63	305.33	358.31
58	93.38	116.40	150.52	197.55	236.97	265.83	289.86	324.96	381.77
59	98.62	124.07	160.52	211.91	252.28	281.54	309.46	348.43	406.20
60	104.32	131.69	170.56	224.81	267.54	301.18	327.59	369.01	431.06
61	111.54	139.82	181.07	238.17	285.22	320.81	349.64	393.39	459.79
62	117.23	147.93	193.47	253.44	301.45	341.34	372.55	418.72	487.50
63	123.41	156.46	204.90	269.65	321.97	362.79	394.47	444.96	520.03
64	131.51	165.46	216.80	288.23	341.47	386.63	420.69	474.04	553.91
65	140.03	176.43	229.11	303.90	361.93	409.47	447.86	505.50	588.25
66	147.17	187.85	243.40	323.42	386.24	435.10	475.91	537.92	627.39
67	156.15	197.77	258.56	341.89	408.05	461.27	506.41	569.77	665.95
68	166.55	211.46	277.52	368.99	442.29	498.79	546.82	617.36	722.67
69	177.41	227.60	297.40	395.49	476.44	538.21	591.03	668.74	781.68
70	190.66	242.69	320.11	426.75	511.93	580.91	637.47	724.33	846.83
71	202.87	260.17	342.28	457.97	549.76	626.39	687.72	780.74	914.78
72	216.05	277.10	365.87	490.97	591.35	673.67	740.71	843.30	989.76
73	230.21	293.56	386.55	518.77	625.28	715.74	788.03	898.23	1049.95
74	239.97	308.56	408.15	547.91	664.50	759.62	835.67	952.08	1112.89
75	254.02	324.94	431.12	578.45	702.11	802.38	885.62	1013.51	1180.07
76	267.08	342.20	453.56	609.32	740.06	850.84	939.79	1074.35	1,250.45
77	279.12	358.92	477.37	643.54	781.85	902.07	995.25	1,140.32	1,320.62
78	295.49	379.96	506.44	685.43	833.61	959.02	1,061.77	1,214.94	1,397.66
79	312.78	402.86	535.40	726.13	887.68	1,022.59	1,131.50	1,293.19	1,474.45
80	329.49	426.65	568.15	772.58	943.07	1,089.34	1,204.91	1,375.15	1,554.94
81	349.08	450.39	601.23	820.30	1,003.57	1,157.86	1,283.93	1,464.66	1,641.01
82	366.62	475.91	636.14	868.85	1,065.83	1,233.90	1,367.05	1,556.83	1,729.33
83	383.33	496.79	665.95	911.29	1,118.67	1,292.40	1,430.77	1,619.07	1,773.34
84	399.51	517.08	695.61	955.59	1,172.34	1,355.09	1,497.26	1,683.63	1,817.71
85	414.67	538.75	725.18	1,000.72	1,230.72	1,421.03	1,566.49	1,748.96	1,862.42
86	431.17	561.80	756.59	1,046.66	1,288.48	1,488.65	1,639.37	1,816.07	1,904.11
87	447.16	582.85	788.40	1,093.44	1,351.34	1,557.61	1,712.11	1,885.94	1,948.10
88	464.05	605.70	820.51	1,143.42	1,414.02	1,632.16	1,788.95	1,954.10	1,989.49
89	482.32	628.45	854.97	1,194.66	1,478.86	1,707.42	1,867.53	2,027.46	2,031.65

* 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

Policy Form GR-N160

Additional Elimination Period Factors
and Maximum Benefit Multiplier Options

To determine the annual premium rates for Policy Form GR-N160 for Elimination Periods other than 0 day, multiply the appropriate Elimination Period factor from below times the corresponding 0 day Elimination Period annual rate.

Benefit Multiplier	Elimination Period			
	15 Day	30 Day	60 Day	90 Day
365	0.93	0.85	0.79	0.73
500	0.93	0.85	0.79	0.73
730	0.93	0.85	0.79	0.73
1,095	0.94	0.87	0.82	0.77
1,460	0.94	0.87	0.82	0.77
1,825	0.94	0.87	0.82	0.77
2,190	0.94	0.87	0.82	0.77
2,920	0.95	0.89	0.85	0.80
Unlimited	0.95	0.89	0.85	0.80

To determine the annual premium rates for Policy Form GR-N160 for 1000, 1500, 2000, and 2500 Maximum Benefit Multiplier options, perform the following calculations:

For the 1,000 multiplier option, multiply the annual premium rate for the 1,095 multiplier option times 0.96.

For the 1,500 multiplier option, multiply the annual premium rate for the 1,460 multiplier option times 1.02.

For the 2,000 multiplier option, multiply the annual premium rate for the 2,190 multiplier option times 0.97.

For the 2,500 multiplier option, multiply the annual premium rate for the 2,920 multiplier option times 0.96.

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 206A-PA
(When attached to Base Policy GR-N160)

Premium Rate Factors

To calculate the annual premium for Rider Form 206A, multiply the base policy annual premium times the appropriate Maximum Benefit Multiplier factor from below.

Issue Age	Maximum Benefit Multiplier Options				
	365-500	501-900	901-1,300	1,301-2,000	2,001- Unlimited
52 & under	0.386	0.299	0.260	0.230	0.202
53	0.377	0.292	0.255	0.227	0.202
54	0.368	0.285	0.250	0.224	0.202
55	0.359	0.278	0.245	0.221	0.202
56	0.350	0.271	0.240	0.218	0.202
57	0.341	0.264	0.235	0.215	0.202
58	0.329	0.257	0.230	0.211	0.199
59	0.317	0.250	0.225	0.208	0.196
60	0.305	0.243	0.220	0.204	0.192
61	0.294	0.237	0.215	0.201	0.189
62	0.282	0.230	0.210	0.197	0.186
63	0.275	0.226	0.208	0.196	0.185
64	0.267	0.223	0.206	0.194	0.184
65	0.260	0.219	0.203	0.193	0.182
66	0.253	0.216	0.201	0.191	0.181
67	0.246	0.212	0.199	0.190	0.180
68	0.239	0.207	0.195	0.186	0.176
69	0.232	0.203	0.191	0.182	0.173
70	0.225	0.198	0.186	0.178	0.169
71	0.218	0.194	0.182	0.174	0.166
72	0.211	0.189	0.178	0.170	0.162
73	0.202	0.182	0.171	0.164	0.156
74	0.194	0.174	0.164	0.158	0.150
75	0.186	0.167	0.157	0.151	0.145
76	0.177	0.159	0.151	0.145	0.139
77	0.169	0.152	0.144	0.139	0.133
78	0.163	0.146	0.139	0.134	0.128
79	0.158	0.141	0.134	0.129	0.123
80	0.152	0.135	0.128	0.123	0.119
81	0.147	0.130	0.123	0.118	0.114
82	0.141	0.124	0.118	0.113	0.109
83	0.130	0.115	0.109	0.105	0.101
84	0.118	0.105	0.101	0.097	0.094
85	0.107	0.096	0.092	0.089	0.087
86	0.096	0.087	0.083	0.081	0.079
87	0.085	0.078	0.075	0.073	0.072
88	0.074	0.069	0.067	0.065	0.065
89	0.063	0.060	0.058	0.057	0.058

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 Rate, as given above by the appropriate factor shown below:

- .08583 for Monthly Bank Draft/Payroll Deduction
- .515 for Semi-Annual
- .2625 for Quarterly
- .09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N165

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount &

Per \$5 Daily Home Health Care Benefit Amount

Without Increasing Benefit Option

0 Day Elimination Period

Issue Age	Maximum Benefit Multiplier								
	365	500	730	1,095	1,460	1,825	2,190	2,920	Unlimited
Under 35	\$33.96	\$35.43	\$41.33	\$47.25	\$51.68	\$54.61	\$59.06	\$62.02	\$70.85
35-39	36.91	39.86	45.77	53.15	59.06	62.02	67.92	72.33	81.20
40-44	39.86	44.30	53.15	62.02	69.39	73.83	79.73	85.62	97.44
45-49	48.72	54.61	63.49	76.76	87.10	93.00	101.86	107.76	124.00
50	54.61	62.02	72.33	87.10	100.38	106.29	115.16	122.53	140.25
51	56.12	63.49	75.28	91.53	104.81	112.19	119.57	128.43	146.15
52	57.59	66.42	78.23	95.94	109.24	116.63	125.48	134.34	153.53
53	62.02	70.85	84.14	101.86	115.16	124.00	134.34	143.19	163.86
54	64.95	75.28	88.57	107.76	124.00	132.87	143.19	152.06	174.21
55	69.39	79.73	94.47	115.16	131.38	141.72	152.06	162.39	186.02
56	72.33	84.14	100.38	122.53	140.25	150.59	162.39	174.21	197.83
57	76.76	90.04	106.29	131.38	149.09	160.91	172.70	184.51	211.10
58	82.67	95.94	115.16	141.72	160.91	174.21	187.49	200.76	228.82
59	88.57	103.34	124.00	152.06	174.21	187.49	202.23	217.00	246.53
60	94.47	112.19	134.34	165.34	188.95	202.23	218.47	234.72	267.19
61	101.86	119.57	144.68	178.61	203.73	219.95	236.19	253.91	289.34
62	107.76	129.90	156.49	191.92	219.95	237.66	255.38	274.59	312.96
63	116.63	140.25	169.78	209.63	239.16	258.35	279.01	298.21	341.00
64	126.96	152.06	183.04	227.34	259.82	280.49	304.12	324.76	372.01
65	135.82	163.86	199.29	246.53	283.44	305.59	330.67	354.29	404.49
66	147.62	177.15	215.53	268.68	308.52	333.63	360.19	386.78	441.39
67	157.96	191.92	234.72	292.31	335.10	363.16	392.68	420.71	481.25
68	175.68	212.57	261.29	326.23	374.96	407.44	439.92	472.39	540.31
69	194.86	236.19	290.80	364.63	419.23	456.15	493.06	529.97	606.73
70	215.53	262.78	324.76	407.44	469.45	510.78	553.58	594.92	682.02
71	239.16	292.31	361.67	454.68	525.54	572.77	620.01	668.71	766.16
72	264.25	324.76	403.01	507.82	589.01	640.69	695.30	749.92	860.64
73	287.87	354.29	439.92	555.05	643.63	702.68	763.19	822.24	943.30
74	312.96	385.29	479.77	606.73	704.15	770.60	837.01	903.44	1,034.82
75	341.00	419.23	522.60	662.81	769.10	845.87	918.21	990.55	1,133.73
76	372.01	457.63	569.82	723.35	841.45	927.06	1,006.79	1,086.49	1,241.49
77	404.49	498.97	622.97	791.24	919.68	1,017.10	1,104.21	1,192.78	1,361.08
78	439.92	544.71	680.53	866.55	1,008.26	1,114.55	1,211.97	1,307.93	1,485.09
79	479.77	594.92	745.49	949.21	1,105.68	1,222.31	1,328.60	1,433.41	1,622.35
80	524.07	649.54	816.34	1,040.72	1,211.97	1,340.41	1,458.50	1,570.70	1,771.46
81	571.29	710.06	893.10	1,141.10	1,330.07	1,470.32	1,600.21	1,721.28	1,933.85
82	622.97	776.50	977.26	1,250.37	1,458.50	1,613.50	1,755.21	1,886.60	2,110.99
83	668.71	835.54	1,054.03	1,349.27	1,573.66	1,738.98	1,889.55	2,022.42	2,248.28
84	718.92	899.00	1,135.20	1,455.56	1,697.66	1,874.80	2,034.23	2,168.56	2,395.90
85	772.07	968.40	1,223.78	1,570.70	1,833.48	2,022.42	2,190.69	2,325.04	2,553.86
86	829.64	1,042.21	1,318.25	1,694.70	1,978.12	2,180.36	2,357.51	2,491.84	2,720.66
87	891.63	1,121.93	1,421.60	1,829.04	2,134.61	2,351.60	2,539.09	2,671.96	2,899.27
88	958.06	1,209.02	1,532.31	1,973.69	2,304.36	2,534.64	2,733.95	2,865.33	3,089.71
89	1,030.40	1,300.54	1,650.41	2,128.71	2,487.42	2,733.95	2,943.58	3,072.00	3,291.97

* 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

Rider Form 230D

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount &

Per \$5 Daily Home Health Care Benefit Amount

With 5% Equal Increases Benefit Option

0 Day Elimination Period

Issue Age	Maximum Benefit Multiplier								
	365	500	730	1,095	1,460	1,825	2,190	2,920	Unlimited
Under 35	\$26.04	\$32.32	\$38.00	\$47.57	\$56.70	\$61.51	\$66.72	\$ 75.39	\$ 89.79
35-39	32.77	37.57	47.11	59.10	70.61	77.33	84.98	94.11	112.33
40-44	39.47	46.67	57.16	73.46	89.32	98.41	107.99	119.54	142.53
45-49	49.97	59.58	75.86	97.43	116.12	127.64	140.03	157.36	185.65
50	55.70	69.58	86.38	112.25	131.86	147.23	161.59	179.38	213.92
51	58.07	73.92	91.16	117.50	139.06	152.93	170.74	188.96	225.44
52	62.41	76.79	95.96	122.75	146.22	162.05	178.36	196.60	233.54
53	63.76	80.12	99.73	130.38	155.78	172.10	188.86	209.05	248.36
54	68.59	85.36	106.89	138.04	164.35	180.67	199.36	221.46	263.18
55	71.88	90.57	114.56	146.11	174.41	193.08	213.72	236.31	280.38
56	78.64	95.85	120.26	156.15	184.89	205.50	226.58	249.62	297.61
57	81.95	101.56	129.85	164.72	197.34	216.49	239.52	264.48	315.32
58	87.63	109.22	136.45	177.61	210.68	232.23	255.69	283.08	338.21
59	93.36	117.30	146.94	190.49	224.49	249.90	273.87	303.60	363.10
60	100.99	123.95	155.97	202.38	240.70	268.05	294.39	324.58	386.96
61	107.17	132.04	166.89	216.18	256.89	285.17	315.36	346.04	413.19
62	114.82	141.04	178.31	231.91	275.49	304.23	336.84	371.81	443.76
63	121.43	150.06	190.21	247.11	294.99	326.12	359.66	398.51	473.77
64	128.50	159.51	204.03	264.23	314.96	348.49	384.86	426.14	506.65
65	137.05	170.94	216.81	281.82	335.86	373.72	410.56	454.69	543.82
66	144.62	180.88	231.52	300.33	359.17	397.93	439.09	486.04	582.38
67	155.58	193.23	245.25	321.17	382.91	424.52	468.53	521.79	621.89
68	166.87	207.38	265.13	349.20	416.58	463.47	512.26	568.82	680.89
69	178.66	224.43	287.86	376.60	453.59	503.76	557.81	619.63	746.05
70	192.82	242.34	310.03	409.27	492.39	547.85	607.61	676.59	813.96
71	207.89	261.21	335.05	443.32	533.09	596.16	661.18	736.34	890.46
72	223.46	280.99	363.37	481.15	577.99	648.25	719.43	804.14	972.11
73	234.68	295.98	384.54	509.38	614.33	690.74	767.65	857.61	1,036.53
74	248.31	313.34	406.61	540.91	652.50	735.08	817.68	913.82	1,103.70
75	262.82	331.67	431.51	573.86	694.00	781.72	870.02	975.71	1,177.04
76	276.33	349.40	455.91	608.14	735.84	832.14	926.59	1,038.48	1,253.13
77	290.30	368.05	482.11	644.78	781.46	885.33	987.86	1,106.37	1,334.82
78	309.04	391.97	513.54	689.45	834.15	948.52	1,056.20	1,182.83	1,421.76
79	329.21	417.26	547.31	734.52	891.56	1,014.92	1,131.19	1,264.43	1,512.87
80	346.84	443.91	582.89	784.27	953.64	1,086.50	1,208.38	1,351.64	1,609.53
81	367.33	472.42	620.32	836.79	1,017.47	1,161.71	1,293.08	1,444.90	1,712.26
82	389.21	500.81	660.05	892.03	1,086.45	1,241.11	1,381.93	1,544.71	1,821.58
83	409.25	524.98	693.57	940.21	1,147.41	1,313.00	1,454.68	1,615.97	1,891.36
84	426.79	550.55	728.52	992.60	1,211.12	1,386.21	1,528.67	1,690.47	1,962.43
85	447.19	577.92	765.71	1,045.83	1,276.58	1,461.16	1,608.34	1,768.16	2,034.77
86	468.97	604.75	804.78	1,101.82	1,346.77	1,543.18	1,691.17	1,851.02	2,111.83
87	490.20	633.42	844.65	1,159.08	1,420.56	1,627.40	1,776.68	1,934.09	2,188.66
88	510.85	662.45	884.89	1,221.51	1,496.58	1,717.22	1,866.28	2,019.40	2,267.23
89	533.33	694.78	929.36	1,285.19	1,574.82	1,808.25	1,958.55	2,110.79	2,347.56

* 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:

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

Rider Form 230E

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount &

Per \$5 Daily Home Health Care Benefit Amount

With 5% Compound Benefit Option

0 Day Elimination Period

Issue Age	Maximum Benefit Multiplier								
	365	500	730	1,095	1,460	1,825	2,190	2,920	Unlimited
Under 35	\$39.61	\$47.81	\$59.30	\$74.67	\$89.59	\$98.29	\$107.38	\$121.85	\$145.91
35-39	50.17	60.77	74.23	95.86	115.13	127.66	139.17	154.08	187.82
40-44	62.70	75.70	93.93	119.91	145.43	160.33	175.73	195.00	235.44
45-49	77.06	94.40	118.44	153.56	183.84	203.10	221.34	246.41	294.03
50	88.60	106.35	134.76	174.17	205.41	228.51	250.62	280.00	333.90
51	92.89	112.63	139.54	181.34	214.52	236.17	263.65	289.60	347.36
52	97.24	115.51	146.28	188.55	223.64	247.22	273.22	303.05	361.27
53	100.54	120.75	152.00	198.12	235.13	259.22	285.61	317.43	378.03
54	105.35	127.94	161.08	207.71	245.65	271.60	299.99	333.72	398.64
55	108.67	133.16	168.73	217.72	259.57	285.97	316.29	350.47	417.80
56	113.46	140.37	176.37	229.71	271.97	300.33	331.12	365.75	438.88
57	118.70	148.02	185.95	238.27	284.42	315.19	347.90	384.50	458.53
58	124.42	155.67	196.41	253.07	301.64	332.86	366.03	404.99	485.29
59	132.07	163.75	206.94	267.89	317.36	350.54	388.03	427.46	514.05
60	139.69	172.30	217.90	281.71	335.54	372.55	408.57	452.34	541.79
61	145.85	182.34	228.84	297.49	353.64	391.61	431.50	477.65	571.87
62	155.44	191.37	242.21	315.15	374.20	412.61	456.81	503.42	604.40
63	162.05	200.37	254.05	330.33	393.69	436.44	481.57	533.99	638.28
64	169.14	209.85	267.88	347.44	415.61	460.74	506.79	563.55	674.99
65	177.72	221.29	282.61	366.95	436.50	485.95	536.35	594.02	714.13
66	185.26	233.14	297.33	385.47	459.79	510.17	564.90	625.40	752.68
67	196.21	243.53	311.06	406.32	483.54	538.70	594.35	661.14	794.13
68	207.54	259.64	332.86	434.35	519.17	577.63	640.00	712.02	858.92
69	221.24	276.67	355.60	465.63	556.18	619.88	687.51	766.71	926.04
70	233.46	294.59	377.77	496.35	596.92	665.88	737.30	825.61	999.76
71	248.55	311.51	402.79	530.39	637.58	712.29	792.79	885.35	1,076.25
72	264.10	331.32	427.25	566.28	680.56	764.36	849.10	951.22	1,159.83
73	275.30	346.31	448.39	594.55	716.89	804.93	897.31	1,006.62	1,226.18
74	286.99	361.74	468.54	624.13	753.14	849.25	947.37	1,062.82	1,293.37
75	299.61	380.05	491.48	655.13	792.71	893.98	997.78	1,122.81	1,364.76
76	311.15	395.82	515.90	687.50	830.66	940.51	1,052.40	1,185.59	1,438.92
77	325.11	412.57	536.29	720.24	872.43	989.82	1,107.87	1,247.65	1,516.75
78	343.89	434.57	569.69	763.00	927.06	1,053.00	1,178.15	1,327.98	1,603.68
79	360.17	459.82	601.48	808.07	982.53	1,119.44	1,255.04	1,411.53	1,694.79
80	377.79	484.57	635.17	855.90	1,042.66	1,189.06	1,332.24	1,498.72	1,791.44
81	398.31	509.20	670.63	904.53	1,104.56	1,260.40	1,415.04	1,591.98	1,890.32
82	418.24	535.67	706.47	955.90	1,169.66	1,337.85	1,503.86	1,689.87	1,995.77
83	436.37	559.82	738.08	1,004.08	1,228.67	1,405.91	1,578.54	1,764.97	2,059.73
84	451.93	583.47	773.04	1,052.62	1,292.39	1,475.22	1,654.49	1,839.48	2,123.06
85	470.42	606.96	806.36	1,101.97	1,353.99	1,548.23	1,736.07	1,919.10	2,185.71
86	490.26	633.77	843.50	1,156.03	1,422.22	1,624.49	1,820.84	2,001.97	2,251.16
87	507.60	658.58	877.55	1,209.43	1,492.19	1,702.89	1,906.33	2,085.04	2,316.40
88	528.26	683.74	913.92	1,264.09	1,564.34	1,786.91	1,997.88	2,170.38	2,381.43
89	546.89	712.19	954.53	1,323.89	1,638.66	1,872.10	2,090.16	2,257.87	2,448.19

* 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

Policy Form Series GR-N165

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount &

Per \$10 Daily Home Health Care Benefit Amount

Without Increasing Benefit Option

0 Day Elimination Period

Issue Age	Maximum Benefit Multiplier								
	365	500	730	1,095	1,460	1,825	2,190	2,920	Unlimited
Under 35	\$36.91	\$39.86	\$45.77	\$53.15	\$59.06	\$63.49	\$67.92	\$72.33	\$85.62
35-39	39.86	44.30	51.68	59.06	66.42	72.33	78.23	84.14	98.91
40-44	44.30	50.20	59.06	69.39	78.23	85.62	93.00	100.38	118.10
45-49	53.15	60.51	72.33	87.10	98.91	107.76	118.10	126.96	150.59
50	59.06	67.92	81.20	98.91	112.19	122.53	134.34	144.68	169.78
51	60.51	70.85	84.14	103.34	118.10	128.43	138.77	150.59	177.15
52	63.49	73.83	88.57	107.76	122.53	134.34	146.15	157.96	184.51
53	66.42	78.23	93.00	115.16	131.38	141.72	155.01	168.30	196.33
54	70.85	84.14	100.38	122.53	138.77	152.06	165.34	178.61	209.63
55	75.28	88.57	106.29	129.90	149.09	160.91	175.68	190.43	222.91
56	79.73	94.47	112.19	138.77	157.96	172.70	187.49	202.23	236.19
57	84.14	100.38	119.57	147.62	168.30	183.04	199.29	215.53	250.96
58	90.04	107.76	129.90	159.44	181.59	197.83	215.53	231.76	270.15
59	95.94	115.16	138.77	171.25	196.33	214.05	231.76	250.96	292.31
60	103.34	124.00	149.09	184.51	211.10	230.29	250.96	270.15	314.43
61	110.72	132.87	160.91	199.29	228.82	249.48	270.15	292.31	338.05
62	119.57	143.19	174.21	215.53	246.53	268.68	290.80	314.43	364.63
63	128.43	155.01	187.49	233.25	267.19	290.80	315.92	342.48	395.63
64	137.29	166.81	203.73	252.43	290.80	315.92	343.95	370.54	428.12
65	149.09	180.12	219.95	273.10	314.43	343.95	372.01	403.01	465.01
66	159.44	194.86	237.66	296.70	341.00	373.48	404.49	436.96	504.88
67	172.70	209.63	258.35	321.82	370.54	404.49	438.43	475.35	547.68
68	190.43	231.76	286.39	358.72	413.34	451.73	491.58	531.44	612.64
69	211.10	256.87	318.86	400.07	462.05	504.88	549.15	593.45	684.97
70	233.25	284.91	354.29	445.82	515.20	563.92	614.11	664.31	766.16
71	256.87	315.92	392.68	496.01	575.73	630.35	684.97	742.54	856.20
72	284.91	349.86	436.96	552.13	642.16	704.15	766.16	831.11	958.06
73	308.52	380.88	475.35	602.30	699.74	769.10	837.01	907.87	1045.16
74	335.10	413.34	516.68	655.43	763.19	839.96	915.24	992.02	1,141.10
75	363.16	448.76	560.96	714.48	831.11	918.21	1000.89	1083.55	1,244.46
76	394.15	487.16	611.17	777.98	906.41	1003.84	1,093.88	1,185.40	1,358.13
77	426.62	528.50	664.31	847.36	987.59	1,096.83	1,195.75	1,294.64	1,482.11
78	463.53	577.21	724.83	925.59	1,080.59	1,200.16	1,307.93	1,415.69	1,613.50
79	504.88	628.88	792.71	1012.69	1,183.93	1,313.84	1,431.94	1,548.54	1,758.17
80	549.15	684.97	865.07	1,108.65	1,296.12	1,437.84	1,567.75	1,693.23	1,914.65
81	597.87	746.97	944.77	1,211.97	1,418.64	1,573.66	1,715.37	1,851.19	2,085.88
82	650.99	814.87	1,031.87	1,325.65	1,551.51	1,721.28	1,877.74	2,023.89	2,271.90
83	698.24	876.89	1,111.59	1,428.98	1,674.04	1,854.12	2,019.46	2,167.08	2,418.06
84	749.92	943.30	1,197.22	1,541.17	1,803.94	1,997.31	2,173.00	2,320.61	2,575.99
85	804.53	1,014.17	1,288.72	1,660.73	1,945.66	2,152.32	2,336.85	2,485.94	2,742.82
86	863.59	1,090.93	1,387.64	1,790.65	2,097.69	2,317.67	2,512.53	2,661.62	2,919.96
87	928.53	1,172.12	1,493.92	1,929.42	2,261.56	2,496.28	2,702.94	2,850.58	3,108.91
88	996.45	1,262.16	1,607.58	2,079.98	2,438.70	2,688.17	2,906.65	3,054.28	3,311.15
89	1,070.25	1,356.65	1,731.59	2,242.37	2,629.13	2,896.34	3,126.63	3,269.81	3,525.19

* 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

Rider Form 230D

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount &

Per \$10 Daily Home Health Care Benefit Amount

With 5% Equal Increases Benefit Option

0 Day Elimination Period

Issue Age	Maximum Benefit Multiplier								
	365	500	730	1,095	1,460	1,825	2,190	2,920	Unlimited
Under 35	\$30.84	\$35.64	\$43.27	\$53.30	\$62.86	\$70.05	\$79.16	\$ 88.31	\$113.73
35-39	35.64	42.78	50.88	66.72	76.79	86.38	97.89	109.39	141.06
40-44	42.78	52.36	64.79	83.51	97.89	109.84	123.76	137.68	176.08
45-49	55.23	67.23	84.43	106.43	127.50	143.85	160.58	180.76	228.73
50	62.86	77.23	96.86	123.67	147.17	165.82	183.05	207.56	259.87
51	65.27	80.12	101.65	128.90	152.84	173.48	194.11	217.13	269.90
52	68.11	82.93	104.96	134.13	161.96	181.13	200.28	225.26	281.89
53	72.93	88.21	112.16	142.23	170.53	193.08	214.64	238.14	297.18
54	76.23	93.92	116.38	152.29	182.50	204.03	225.61	252.97	312.92
55	79.55	99.15	124.03	162.34	191.53	216.49	240.42	268.24	332.53
56	84.77	104.88	133.61	170.88	203.95	227.93	253.77	285.48	352.13
57	90.05	110.57	141.70	181.39	216.85	242.72	270.99	301.20	372.22
58	95.75	118.65	148.78	192.80	230.63	258.91	287.66	323.68	395.60
59	103.41	126.73	161.21	208.07	246.85	275.58	308.20	343.19	419.88
60	109.55	135.36	172.18	221.93	265.00	296.13	327.70	366.56	448.10
61	115.69	143.88	183.59	236.16	282.10	315.63	351.09	390.85	478.66
62	122.32	152.91	193.51	252.82	301.18	337.07	374.95	419.06	510.12
63	130.93	162.38	207.30	268.01	321.13	359.47	400.16	445.20	542.99
64	139.46	171.89	220.10	287.53	342.05	384.68	426.31	477.15	580.17
65	147.01	183.73	234.86	305.56	364.88	408.88	454.38	508.53	616.84
66	156.03	194.11	250.05	324.54	388.60	435.50	483.82	542.32	656.31
67	164.06	206.47	264.20	345.87	413.27	464.45	517.63	577.46	698.67
68	177.29	223.05	286.46	374.77	449.82	504.33	561.23	627.82	761.43
69	189.53	240.50	308.18	405.03	486.26	547.93	610.11	683.86	830.38
70	204.14	256.98	332.77	438.61	527.94	595.34	663.20	744.61	904.01
71	219.23	276.30	358.22	475.53	569.98	645.03	720.08	809.59	986.21
72	235.69	298.48	385.55	514.24	617.74	698.95	782.10	879.72	1,072.08
73	248.85	313.91	407.15	543.41	656.91	744.32	833.16	936.47	1,139.81
74	260.99	329.81	431.63	575.43	696.06	789.59	884.63	997.47	1,210.31
75	275.51	348.59	455.07	607.35	738.45	839.07	940.26	1,060.77	1,285.01
76	289.01	366.29	480.36	642.55	781.17	890.84	998.19	1,127.30	1,364.87
77	304.94	386.89	506.54	679.59	827.74	944.93	1,058.88	1,198.04	1,447.96
78	322.22	409.82	538.92	727.19	885.67	1,009.98	1,134.44	1,280.21	1,539.13
79	340.83	435.55	573.63	773.63	944.91	1,080.14	1,213.64	1,367.98	1,634.44
80	362.39	462.67	609.66	824.73	1,006.91	1,153.55	1,296.52	1,461.35	1,737.30
81	383.33	491.62	648.02	878.18	1,075.98	1,232.56	1,386.94	1,560.78	1,844.76
82	403.75	520.53	688.62	936.72	1,148.26	1,317.19	1,481.96	1,664.83	1,958.71
83	422.31	543.64	723.09	986.29	1,211.51	1,389.46	1,562.82	1,746.14	2,033.15
84	442.22	570.12	759.38	1,038.60	1,279.01	1,464.98	1,645.37	1,828.71	2,107.48
85	463.12	597.94	797.57	1,095.15	1,348.27	1,544.14	1,733.12	1,914.98	2,186.44
86	483.38	625.71	836.04	1,152.95	1,420.72	1,630.38	1,824.51	2,006.37	2,266.70
87	503.62	656.74	878.79	1,213.53	1,498.77	1,716.91	1,920.51	2,099.97	2,348.69
88	526.64	686.72	921.89	1,277.79	1,579.02	1,811.43	2,020.68	2,196.22	2,430.94
89	547.68	718.01	964.31	1,343.77	1,663.40	1,907.12	2,125.83	2,298.09	2,516.88

* 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

Rider Form 230E

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount &

Per \$10 Daily Home Health Care Benefit Amount

With 5% Compound Benefit Option

0 Day Elimination Period

Issue Age	Maximum Benefit Multiplier								
	365	500	730	1,095	1,460	1,825	2,190	2,920	Unlimited
Under 35	\$46.33	\$54.96	\$66.48	\$82.33	\$97.70	\$110.70	\$123.68	\$140.56	\$181.47
35-39	56.93	67.95	83.80	107.38	127.11	140.56	159.83	177.13	228.16
40-44	69.89	83.34	103.50	133.83	159.83	177.58	199.24	222.82	284.43
45-49	84.26	103.99	130.89	168.36	201.07	225.12	251.55	281.39	354.53
50	95.77	117.87	147.19	189.44	226.51	254.87	281.76	317.87	397.25
51	102.05	122.68	153.92	198.57	236.07	264.45	294.74	329.38	411.17
52	104.88	127.45	159.14	205.78	245.19	274.01	306.72	343.30	427.05
53	109.70	134.66	168.27	215.78	257.59	289.86	321.09	358.12	446.20
54	114.94	138.44	174.44	225.83	269.58	302.75	335.92	376.83	465.80
55	118.25	145.59	184.02	237.82	282.49	317.12	352.67	394.04	487.36
56	123.49	153.24	193.60	248.30	296.85	332.42	369.88	413.22	510.84
57	128.75	160.89	203.63	260.73	311.67	349.19	387.11	432.81	532.85
58	136.37	168.99	212.65	276.01	327.41	367.28	407.65	457.22	562.05
59	144.03	177.08	225.08	291.30	345.56	387.84	430.14	480.60	590.19
60	150.18	187.57	237.98	307.06	365.64	408.38	453.48	507.86	622.25
61	158.30	196.14	249.38	323.26	384.66	429.83	478.81	534.08	654.77
62	164.92	207.10	261.24	339.91	405.67	453.18	504.62	564.23	690.11
63	173.48	216.58	275.06	357.01	425.67	479.46	531.77	592.28	724.92
64	182.04	226.07	287.84	376.55	448.50	502.72	557.91	626.16	764.02
65	189.61	237.91	302.60	396.53	471.32	528.87	589.83	657.55	804.56
66	200.55	248.32	317.78	415.49	496.99	555.47	619.28	693.28	845.97
67	208.54	260.65	333.87	436.83	521.63	586.40	651.16	728.42	888.34
68	219.86	277.24	356.14	465.74	558.20	628.19	698.64	782.65	956.92
69	234.02	294.68	377.86	497.93	596.58	671.78	749.46	842.57	1,029.73
70	246.72	313.10	402.43	529.59	638.26	719.20	802.54	903.32	1,107.23
71	261.80	330.48	427.89	566.48	680.29	768.88	859.43	968.29	1,189.43
72	276.36	350.74	453.27	603.23	726.12	820.87	919.50	1,038.43	1,277.23
73	289.49	366.15	474.90	630.49	763.36	864.30	968.62	1,095.18	1,344.96
74	301.61	382.08	497.40	662.51	800.54	911.50	1,020.08	1,154.23	1,415.44
75	314.21	398.93	518.96	692.51	841.00	957.11	1,073.77	1,215.60	1,490.13
76	325.79	414.70	540.36	725.74	881.82	1,005.02	1,127.87	1,278.26	1,566.13
77	339.76	431.41	564.62	757.02	924.50	1,055.23	1,184.71	1,345.12	1,643.43
78	357.04	454.30	597.00	802.64	980.52	1,120.30	1,260.25	1,429.25	1,736.52
79	375.69	478.13	629.75	849.09	1,037.82	1,188.52	1,337.50	1,515.07	1,831.85
80	393.35	505.25	663.84	898.27	1,097.86	1,260.00	1,420.37	1,606.49	1,932.75
81	412.39	530.34	700.27	949.78	1,163.09	1,335.12	1,506.91	1,703.98	2,036.35
82	432.79	557.26	737.02	1,002.54	1,231.48	1,415.86	1,598.09	1,806.10	2,146.43
83	451.36	580.40	769.54	1,052.11	1,292.79	1,486.26	1,677.00	1,883.53	2,213.14
84	469.34	604.96	803.90	1,100.52	1,358.38	1,559.81	1,755.70	1,964.20	2,279.72
85	486.35	628.89	838.18	1,153.23	1,423.71	1,635.07	1,841.50	2,046.58	2,349.00
86	506.61	654.73	874.73	1,207.16	1,492.33	1,715.53	1,929.02	2,132.16	2,417.66
87	522.98	681.92	911.70	1,263.87	1,564.54	1,798.18	2,019.24	2,219.95	2,488.01
88	544.05	708.00	950.93	1,320.36	1,639.01	1,883.06	2,113.58	2,308.47	2,556.73
89	561.24	735.42	989.48	1,380.55	1,717.60	1,970.98	2,210.99	2,402.60	2,627.18

* 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

Policy Form GR-N165

Additional Elimination Period Factors
and Maximum Benefit Multiplier Options

To determine the annual premium rates for Policy Form GR-N165 for Elimination Periods other than 0 day, multiply the appropriate Elimination Period factor from below times the corresponding 0 day Elimination Period annual rate.

Benefit Multiplier	Elimination Period			
	15 Day	30 Day	60 Day	90 Day
365	0.93	0.85	0.79	0.73
500	0.93	0.85	0.79	0.73
730	0.93	0.85	0.79	0.73
1,095	0.94	0.87	0.82	0.77
1,460	0.94	0.87	0.82	0.77
1,825	0.94	0.87	0.82	0.77
2,190	0.94	0.87	0.82	0.77
2,920	0.95	0.89	0.85	0.80
Unlimited	0.95	0.89	0.85	0.80

To determine the annual premium rates for Policy Form GR-N165 for 1000, 1500, 2000, and 2500 Maximum Benefit Multiplier options, perform the following calculations:

For the 1,000 multiplier option, multiply the annual premium rate for the 1,095 multiplier option times 0.96.

For the 1,500 multiplier option, multiply the annual premium rate for the 1,460 multiplier option times 1.02.

For the 2,000 multiplier option, multiply the annual premium rate for the 2,190 multiplier option times 0.97.

For the 2,500 multiplier option, multiply the annual premium rate for the 2,920 multiplier option times 0.96.

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 206A-PA
(When attached to Base Policy GR-N165)

Premium Rate Factors

To calculate the annual premium for Rider Form 206A, multiply the base policy annual premium times the appropriate Maximum Benefit Multiplier factor from below.

Issue Age	Maximum Benefit Multiplier Options				
	365-500	501-900	901-1,300	1,301-2,000	2,001- Unlimited
52 & under	0.450	0.360	0.310	0.290	0.220
53	0.442	0.356	0.308	0.288	0.220
54	0.434	0.352	0.306	0.286	0.220
55	0.426	0.348	0.304	0.284	0.220
56	0.418	0.344	0.302	0.282	0.220
57	0.410	0.340	0.300	0.280	0.220
58	0.398	0.332	0.294	0.276	0.216
59	0.386	0.324	0.288	0.272	0.212
60	0.374	0.316	0.282	0.268	0.208
61	0.362	0.308	0.276	0.264	0.204
62	0.350	0.300	0.270	0.260	0.200
63	0.342	0.294	0.266	0.256	0.198
64	0.334	0.288	0.262	0.252	0.196
65	0.326	0.282	0.258	0.248	0.194
66	0.318	0.276	0.254	0.244	0.192
67	0.310	0.270	0.250	0.240	0.190
68	0.300	0.262	0.242	0.234	0.186
69	0.290	0.254	0.234	0.228	0.182
70	0.280	0.246	0.226	0.222	0.178
71	0.270	0.238	0.218	0.216	0.174
72	0.260	0.230	0.210	0.210	0.170
73	0.248	0.220	0.202	0.200	0.164
74	0.236	0.210	0.194	0.190	0.158
75	0.224	0.200	0.186	0.180	0.152
76	0.212	0.190	0.178	0.170	0.146
77	0.200	0.180	0.170	0.160	0.140
78	0.192	0.172	0.162	0.154	0.134
79	0.184	0.164	0.154	0.148	0.128
80	0.176	0.156	0.146	0.142	0.122
81	0.168	0.148	0.138	0.136	0.116
82	0.160	0.140	0.130	0.130	0.110
83	0.148	0.130	0.120	0.120	0.102
84	0.136	0.120	0.110	0.110	0.094
85	0.124	0.110	0.100	0.100	0.086
86	0.112	0.100	0.090	0.090	0.078
87	0.100	0.090	0.080	0.080	0.070
88	0.088	0.080	0.070	0.070	0.062
89	0.077	0.071	0.061	0.061	0.054

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 Rate, as given above by the appropriate factor shown below:

- .08583 for Monthly Bank Draft/Payroll Deduction
- .515 for Semi-Annual
- .2625 for Quarterly
- .09167 for Renewal Direct Bill

SERFF Tracking #:

BNLB-131320151

State Tracking #:

BNLB-131320151

Company Tracking #:**State:**

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

GR-N160 & GR-N165

Project Name/Number:

2017 Legacy Rate Increase/

Supporting Document Schedules

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	PA Transmittal Form_N160.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Certification (A&H)
Bypass Reason:	N/A This is a rate filing, not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	
Attachment(s):	PA Memo - N160.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Advertisements (A&H)
Bypass Reason:	N/A This is a rate filing, not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Authorization to File (A&H)
Bypass Reason:	N/A This rate filing is not through a third party.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Insert Page Explanation (A&H)
Bypass Reason:	N/A This is a rate filing, not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

SERFF Tracking #:

BNLB-131320151

State Tracking #:

BNLB-131320151

Company Tracking #:

State:

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

GR-N160 & GR-N165

Project Name/Number:

2017 Legacy Rate Increase/

Bypassed - Item:	Rate Table (A&H)
Bypass Reason:	N/A This is a rate filing, not a form filing. Please see our rate sheets attached to the 'Rate/Rule Schedule' tab.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Replacement Form with Highlighted Changes (A&H)
Bypass Reason:	N/A This is a rate filing, not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Reserve Calculation (A&H)
Bypass Reason:	N/A This is a rate filing, not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Variability Explanation (A&H)
Bypass Reason:	N/A This is a rate filing, not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	PA Cover Letter - N160.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate History
Comments:	
Attachment(s):	Rate Increase History for Filing - Legacy 20171228.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Excel Versions of Exhibit I
--------------------------	-----------------------------

SERFF Tracking #:

BNLB-131320151

State Tracking #:

BNLB-131320151

Company Tracking #:

State:

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

GR-N160 & GR-N165

Project Name/Number:

2017 Legacy Rate Increase/

Comments:	
Attachment(s):	Exhibit I - N160.xlsx
Item Status:	
Status Date:	

SERFF Tracking #:

BNLB-131320151

State Tracking #:

BNLB-131320151

Company Tracking #:

State:

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

GR-N160 & GR-N165

Project Name/Number:

2017 Legacy Rate Increase/

Attachment Exhibit I - N160.xlsx is not a PDF document and cannot be reproduced here.

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Pennsylvania
-----------	----------------------------------	--------------

2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Bankers Life & Casualty Company 111 E. Wacker Dr. Chicago, IL 60601	Illinois		233	61263	36-0770740	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Sanja Zehnder 111 E. Wacker Dr. Chicago, IL 60601	(312) 396-6051	(312) 396-5906	s.zehnder@banklife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
-----------	------------------------------	--

6.	Company Tracking Number	
-----------	--------------------------------	--

7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
-----------	--	-----------------------

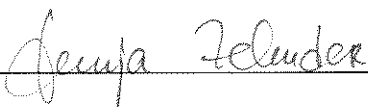
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
-----------	---------------	--

9.	Type of Insurance	LTC03I Individual Long Term Care
-----------	--------------------------	----------------------------------

10.	Product Coding Matrix Filing Code	LTC03L001 Qualified
------------	--	---------------------

11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____
------------	----------------------------	---

12.	Filing Submission Date	12/29/2017	
13.	Filing Fee (If required)	Amount \$0 Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Date _____ Check Number _____
14.	Date of Domiciliary Approval	N/A	
15.	Filing Description:	<p>Individual Policy Form Series: GR-N160, GR-N165 Rider Form Series: 206A, 230D & 230E</p> <p>Dear Commissioner:</p> <p>We are filing revised premium rates for your consideration and approval on the above captioned policy forms and riders currently on file with your department. The revised rates are 35% higher for all policies with policy forms listed above.</p> <p>All of these policy forms are guaranteed renewable long term care policy forms which are no longer being sold. These policy forms were generally sold from 1992 through 2003.</p> <p>The projected lifetime loss ratios for these forms are in excess of original expectations, resulting in the requested rate increase. The attached Actuarial Memorandum contains justification for the rate increase as well as the revised premium rates. There were two rate increases of 35% in May 2006 and November 2008 on these policy forms in your state, including those policies without an inflation benefit, a third increase of 15% only on those policies with an inflation benefit and a fourth increase of 14% in June 2012 only on those policies with an inflation benefit.</p> <p>Upon state insurance department approval, we will implement this increase to policies on their next billing date following a 45 day policyholder notification period at which time we will provide them with options to downgrade coverage, (if available), in order to help mitigate the impact of the rate increase as well as a toll free customer service number.</p> <p>We respectfully request your approval of this filing. Please feel free to contact us via SERFF, phone (312) 396-6051, fax (312)396-5906, or e-mail s.zehnder@banklife.com.</p>	

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Pennsylvania</u>.</p>	
Print Name	<u>Sanja Zehnder</u> Title <u>Managing Actuary</u>
Signature	<u></u> Date: <u>12/29/2017</u>

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
02			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	
03			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
05			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	
06			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
08			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	
09			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)		35%		
Overall percentage rate impact for this filing		35%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	PA Memo – N160.doc Actuarial Memorandum		<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request + ___ - ___ % <input type="checkbox"/> Other	
02	GR-N160_N165_PA Rates	GR-N160, GR-N165	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +35% - ___ % <input type="checkbox"/> Other	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___ % - ___ % <input type="checkbox"/> Other	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___ % - ___ % <input type="checkbox"/> Other	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___ % - ___ % <input type="checkbox"/> Other	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___ % - ___ % <input type="checkbox"/> Other	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___ % - ___ % <input type="checkbox"/> Other	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___ % - ___ % <input type="checkbox"/> Other	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___ % - ___ % <input type="checkbox"/> Other	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___ % - ___ % <input type="checkbox"/> Other	

LH RFA-1

Bankers Life and Casualty Company

Rate Increase Memorandum Individual Long Term Care

I. Purpose of Filing

To request a 35% premium rate increase due to significantly higher than anticipated future and lifetime loss ratios. The rate increase applies to the base policy forms and all riders listed in Table 1. We are requesting a rate increase that will bring our inforce premium rates in your state up to the level that has been requested in the past and that has been implemented in most states nationwide. We have requested three 35% rate increases on these forms nationwide, and an additional 35% on inflation only policies. Ultimately, there were two rate increases of 35% in May 2006 and November 2008 on these policy forms in your state, including those policies without an inflation benefit, a third increase of 15% only on those policies with an inflation benefit and a fourth increase of 14% in June 2012 only on those policies with an inflation benefit in the state of Pennsylvania. This new filing would bring the rates in your state closer to the prevailing level nationwide. We are filing for this remainder of the increase in all states nationwide where the full requested amount has not yet been implemented.

II. Scope of Filing

This filing applies to inforce policies issued in your state. These policy forms are no longer being marketed. **Table 1** includes the issue years for these policy forms as well as the number of policyholders and average monthly premium inforce as of 9/30/16 in your state and nationwide.

III. General Description

- A. Policy Type - **Table 1** includes a description of each Policy Form and Rider.
- B. Renewability – All Policy Forms and Riders are Guaranteed Renewable.
- C. Proposed Effective Date – Upon state insurance department approval, we will implement this increase to policies on their next billing date following a 45 day policyholder notification period.

IV. Rate Justification Standard - Minimum Loss Ratios

Exhibit 1 contains Pennsylvania only and nationwide experience projections by policy form or form grouping and illustrates that the anticipated lifetime loss ratio with and without the requested rate increase exceeds the minimum loss ratio of 60%. The lifetime loss ratio based on claims incurred through 9/30/16 and paid through 12/31/2016 is calculated as the sum of accumulated past and discounted future claims divided by the sum of accumulated past and discounted future earned premium where accumulation and discounting occur at 4.5%. A summary of the anticipated lifetime loss ratios with and without the requested rate increase are shown by policy form or form grouping below. Nationwide earned premiums are restated to be at your state specific rate levels.

*Summary of Anticipated Lifetime Loss Ratios
Pennsylvania Only By Policy Form/Form Grouping
All Policies*

Policy Form Series	Anticipated Lifetime Loss Ratio w/o Rate Increase (@4.5%)	Anticipated Lifetime Loss Ratio w/ Rate Increase (@4.5%)
GR-N160/GR-N165	62.9%	61.2%

*Summary of Anticipated Lifetime Loss Ratios
Nationwide By Policy Form/Form Grouping
All Policies*

Policy Form Series	Anticipated Lifetime Loss Ratio w/o Rate Increase (@4.5%)	Anticipated Lifetime Loss Ratio w/ Rate Increase (@4.5%)
GR-N160/GR-N165	88.5%	85.3%

Furthermore, the requested rate increase complies with the current NAIC Model where the present value of past and future projected incurred claims (both without active life reserves) is not less than 58% of the present value of past and future projected earned premiums at the original level plus 85% of the present value of the future projected premiums provided from the requested rate increase.

V. Reason for Rate Increase

A rate increase is necessary at this time due to significantly higher than anticipated future and lifetime loss ratios. The higher than anticipated loss ratios are primarily driven by higher than expected claim costs, resulting in inadequate premium rates over the lifetime of the policy forms. Premiums for our currently sold policy forms already reflect updated claim cost assumptions based on emerging experience in their pricing.

VI. Actuarial Assumptions

- A. Interest - A 4.5% annual rate of interest has been assumed for accumulating historical experience and for discounting projected future experience to the present.
- B. Mortality Rates - 90% of 1994 GAM (sex-distinct) table with selection factors
- C. Lapse Rates - In addition to deaths, an ultimate annual voluntary lapse rate of 1.00% and 1.25% for males and females respectively applies to comprehensive policies, and 2.00% and 2.25% for males and females respectively applies to facility-only policies.
- D. Expected Claim Costs – Expected claim costs used in the projection of future experience were developed in a comprehensive 2015 actual-to-expected study performed on actual past experience to date on the affected policy forms and other similar inforce long-term care policies. A complete set of revised base claim cost tables varying by policy type, attained age, benefit multiplier, inflation protection benefit, and gender were built, and adjustment factors that reflect actual

emerging experience on each policy form group generation were applied to the respective form groupings.

E. Rate Increase History – There were two rate increases of 35% in May 2006 and November 2008 on these policy forms in your state, including those policies without an inflation benefit, a third increase of 15% only on those policies with an inflation benefit and a fourth increase of 14% in June 2012 only on those policies with an inflation benefit.

F. Effective Date Assumption – For the projections, the rate increase is assumed to be 50% effective in 2018 and 100% effective thereafter.

VII. Premium Rates

Premium rates are unisex, level and payable for life. The premiums vary by issue age, elimination period, benefit period, initial daily maximum amounts and inflation protection option. Rate Sheets for each policy form and available riders are attached.

VIII. Claim Liability and Reserves

For reported claims, seriatim tabular reserves are calculated based on continuance tables used in pricing. The reserves are adjusted for open claims with no recent payment activity and for closed claims which may be reopened later.

For unreported claims, an IBNR reserve is calculated as the product of estimated number of IBNR cases from lag study times an average claim size based on reported cases by benefit type and incurred quarter.

The experience projections in Exhibit I contain our expected claim liability as of the valuation date. The following table provides some examples of how our claim reserves have verified out over time. We are using a discount factor of 4.5%. The relatively flat loss ratio indicates that the established reserves are closely matched to the future claim payouts.

Nationwide Experience Discounted @ 4.5%

Claims Incurred through 2003

<u>Paid Thru</u>	<u>Earned Premium</u>	<u>Paid Claims</u>	<u>Claim Reserves</u>	<u>IBNR</u>	Total <u>Inc Claims</u>	Loss <u>Ratio</u>
12/31/2003	3,089,693,365	814,060,085	248,617,074	86,441,124	1,149,118,283	37.2%
12/31/2004	3,089,693,365	941,596,551	195,661,963	5,287,974	1,142,546,488	37.0%
12/31/2005	3,089,693,365	1,022,773,280	110,501,872	105,747	1,133,380,899	36.7%
12/31/2006	3,089,693,365	1,066,788,510	63,813,513	2,036,196	1,132,638,218	36.7%
12/31/2007	3,089,693,365	1,090,419,856	40,681,698	2,846,176	1,133,947,730	36.7%
12/31/2008	3,089,693,365	1,102,964,521	26,829,611	3,759,973	1,133,554,106	36.7%
12/31/2009	3,089,693,365	1,109,809,171	19,109,005	5,076,114	1,133,994,290	36.7%
12/31/2010	3,089,693,365	1,113,943,390	16,463,040	3,739,840	1,134,146,270	36.7%

Nationwide Experience
Discounted @ 4.5%

Claims Incurred through 2006

<u>Paid Thru</u>	<u>Earned Premium</u>	<u>Paid Claims</u>	<u>Claim Reserves</u>	<u>IBNR</u>	<u>Total Inc Claims</u>	<u>Loss Ratio</u>
12/31/2006	4,388,252,372	1,332,890,065	360,338,277	177,266,925	1,870,495,267	42.6%
12/31/2007	4,388,252,372	1,526,646,740	293,150,198	35,231,304	1,855,028,241	42.3%
12/31/2008	4,388,252,372	1,650,936,103	167,325,048	28,511,197	1,846,772,348	42.1%
12/31/2009	4,388,252,372	1,720,938,185	101,707,191	21,079,055	1,843,724,431	42.0%
12/31/2010	4,388,252,372	1,756,770,301	71,900,244	10,895,353	1,839,565,898	41.9%

Nationwide Experience
Discounted @ 4.5%

Claims Incurred through 2008

<u>Paid Thru</u>	<u>Earned Premium</u>	<u>Paid Claims</u>	<u>Claim Reserves</u>	<u>IBNR</u>	<u>Total Inc Claims</u>	<u>Loss Ratio</u>
12/31/2008	5,345,583,784	1,800,699,975	445,263,061	271,380,839	2,517,343,875	47.1%
12/31/2009	5,345,583,784	2,034,742,399	349,393,299	107,608,546	2,491,744,244	46.6%
12/31/2010	5,345,583,784	2,179,898,606	222,862,031	65,411,220	2,468,171,857	46.2%

IX. Actuarial Certification

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws and regulations of the state in which it is filed, and that it complies with Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans." I further certify that the anticipated loss ratio submitted herein is expected to develop over the period for which the rates are computed to provide coverage, and that the benefits are reasonable in relation to the premiums charged.



Sanja Zehnder, FSA, MAAA
Managing Actuary

Table I

Base Policy Forms

Policy Form Series	Policy Type	Dates of Issue	Rate Increase Request	Number of Policies Inforce		Average Monthly Premium			
						Nationwide		Pennsylvania	
				Nationwide	Pennsylvania	Before Increase	After Increase	Before Increase	After Increase
GR-N160	Facility Care	1997-1999	35.0%	2,352	105	196	264	138	186
GR-N165	Long Term Care			12,109	412	241	325	210	284

Rider Forms Also Affected When Attached to Any of the Above Policy Forms⁽³⁾

Rider Form Series:

- 187R - Return of Premium Nonforfeiture Riders
- 206A - Shortened Benefit Period Nonforfeiture Rider
- 223G - Shared Maximum Benefit Rider
- 226A - Survivor Maximum Benefit Increase Rider
- 226G - Paid-Up Survivorship Benefit Rider

- ⁽¹⁾ Issue Date ranges are based on nationwide availability and may vary slightly from state to state.
- ⁽²⁾ Inforce Counts and Average Monthly Premium are as of 9/30/16. Policy count is a member count since we allow two members to a policy in spousal cases. Average Monthly Premium includes Riders. Some Forms are not available in certain states.
- ⁽³⁾ Riders are based on nationwide availability. Some Riders are not available in certain states.



December 28, 2017

Sanja Zehnder, FSA, MAAA
Product & Risk Management Dept

VIA SERFF

Jessica Altman
Acting Commissioner
Commonwealth of Pennsylvania
Bureau of Rates & Policies
1311 Strawberry Square
Room 1787-41921
Harrisburg, PA 17120

NAIC: 233-61263
FEIN: 36-0770740

Attention: Commissioner

RE: Bankers Life & Casualty Company - Long Term Care Insurance

Individual Policy Form Series: GR-N160, GR-N165
Rider Form Series: 206A, 230D & 230E

Dear Commissioner:

We are filing revised premium rates for your consideration and approval on the above captioned policy forms and riders currently on file with your department. The revised rates are 35% higher for all policies with policy forms listed above.

All of these policy forms are guaranteed renewable long term care policy forms which are no longer being sold. These policy forms were generally sold from 1992 through 2003.

The projected lifetime loss ratios for these forms are in excess of original expectations, resulting in the requested rate increase. The attached Actuarial Memorandum contains justification for the rate increase as well as the revised premium rates. There were two rate increases of 35% in May 2006 and November 2008 on these policy forms in your state, including those policies without an inflation benefit, a third increase of 15% only on those policies with an inflation benefit and a fourth increase of 14% in June 2012 only on those policies with an inflation benefit.

Upon state insurance department approval, we will implement this increase to policies on their next billing date following a 45 day policyholder notification period at which time we will provide them with options to downgrade coverage, (if available), in order to help mitigate the impact of the rate increase as well as a toll free customer service number.

We respectfully request your approval of this filing. Please feel free to contact us via SERFF, phone (312) 396-6051, fax (312)396-5906, or e-mail s.zehnder@banklife.com.

Sincerely,

Sanja Zehnder, FSA, MAAA
Managing Actuary
Enclosures

Cumulative Rate Increase History
Bankers Life & Casualty Company - Legacy Block
Inforce Premium as of 09/30/2016 based on original rate levels

State	Inforce Premium at Original Rate Level		Cumulative Past Approved Increases		Approval* Dates of Past Increase Requests								Current Request		
	Non-Inflation	Inflation	Non-Inflation	Inflation	1	2	3	4	5	6	7	8	Filed	Approved*	Approved **%
AK	-	-	82.3%	146.0%	Not Req'd										
AL	599,108	244,687	146.0%	232.2%	10/26/05	9/5/08	6/21/11	5/27/16							
AR	1,052,946	275,464	143.1%	191.6%	1/11/06	11/26/08	4/29/10	11/30/11	7/14/15				11/1/17	11/21/17	3%
AZ	2,297,651	1,230,108	79.8%	120.7%	1/18/05	8/30/07	10/1/09	8/24/10	8/25/11						
CA	6,593,403	23,804,388	43.7%	31.1%	6/1/06	6/12/07	11/30/09								
CO	918,904	1,019,856	82.3%	146.0%	2/7/06	12/19/08	4/13/12								
CT	4,020,962	14,532,448	15.0%	15.0%	10/6/15								5/25/17	11/17/17	35%
DE	244,473	290,012	109.6%	166.0%	2/14/06	3/19/07	10/16/09	1/10/11	2/15/12	5/14/13	10/26/15		5/30/17		
DC	247,906	64,315	10.0%	10.0%	9/8/15								12/26/17		
FL	45,230,854	33,535,426	19.1%	19.6%	6/6/06										
GA	1,810,745	1,000,929	100.5%	118.9%	2/2/06	2/12/07	2/25/09	2/25/10	1/6/11	5/25/12	7/15/14	7/30/15	5/25/17	8/21/17	12%
HI	-	-	0.0%	0.0%											
IA	7,041,368	5,415,401	117.3%	193.4%	1/5/06	2/13/09	10/13/10	11/8/11	12/26/12	7/13/15			2/13/17	3/30/17	15%
ID	1,584,641	1,224,807	80.1%	103.3%	2/8/06	4/14/09	7/7/11						10/31/17		
IL	3,138,047	1,528,241	146.0%	231.7%	10/25/05	8/21/08	3/29/11	9/8/16							
IN	1,922,548	4,594,782	82.3%	99.0%	1/26/06	12/16/08	8/6/12								
KS	3,170,999	5,183,205	122.5%	153.1%	1/6/06	4/24/07	7/28/09	8/25/10	9/28/11	10/12/12	3/3/16				
KY	1,662,403	346,133	146.0%	192.3%	2/27/06	8/21/09	3/14/11	6/27/12	10/12/16						
LA	1,938,496	210,945	109.6%	182.9%	12/15/05	10/31/08	12/21/10	7/17/15					5/25/17	9/7/17	17%
MA	4,214,545	3,760,204	62.0%	62.0%	3/15/06	1/20/17									
MD	950,983	396,890	109.6%	166.0%	2/23/06	2/9/07	11/12/08	2/8/10	2/27/12	2/22/13	1/8/16		12/26/17		
ME	2,036,371	2,851,146	56.8%	59.5%	3/8/06	12/9/08									
MI	1,324,230	1,478,107	146.0%	232.2%	11/10/05	9/16/08	10/26/10	5/27/15							
MN	3,645,152	5,664,863	82.3%	82.3%	1/26/06	2/11/09							12/26/17		
MO	3,812,413	2,114,530	146.0%	239.7%	3/7/06	10/30/08	6/27/12	5/20/15							
MS	1,814,261	514,045	127.8%	207.4%	10/28/05	11/25/08	8/30/11	11/9/12	10/28/15				5/25/17		
MT	971,583	541,758	82.3%	146.0%	2/1/06	10/31/08	3/21/11						12/1/17		
NC	6,771,641	4,040,207	78.2%	139.9%	12/14/05	10/31/08	7/27/10	11/9/11					11/27/17		
ND	610,203	25,740	109.5%	171.0%	12/1/05	1/26/07	12/18/08	4/9/10	10/19/11	2/15/13	7/16/15		6/5/17		
NE	1,864,567	749,430	146.0%	232.2%	1/3/06	10/14/08	11/16/10	7/6/15							
NH	1,247,467	1,837,598	82.3%	146.0%	11/20/08	2/2/10	8/1/12								
NJ	3,419,477	3,159,990	9.7%	9.9%	6/29/06										
NM	426,497	296,250	109.6%	109.6%	12/9/05	5/27/09	7/10/13	9/15/15					11/2/17		
NV	349,906	380,565	48.3%	48.6%	11/29/06	9/4/15									
NY	-	-	0.0%	0.0%											
OH	3,122,017	1,042,447	108.2%	181.1%	11/8/05	10/31/08	5/23/11	4/21/16					11/1/17		
OK	1,362,903	1,666,558	92.4%	92.4%	11/28/05	12/1/09	10/13/11	1/27/16					11/1/17		
OR	2,005,170	1,834,261	142.5%	234.5%	2/10/06	11/19/08	8/18/11	12/4/15							
PA	5,425,047	1,664,089	76.4%	123.4%	3/14/06	11/3/08	1/27/11	6/27/12							
RI	99,582	126,476	82.3%	82.3%	4/3/06	9/26/08									
SC	1,664,581	1,389,144	123.6%	201.8%	12/29/05	1/15/09	5/13/11	9/25/15					4/25/17	8/30/17	10%
SD	359,272	133,465	146.0%	232.2%	11/4/05	10/6/08	10/4/11	8/27/15							
TN	3,036,954	668,783	146.0%	232.1%	12/12/05	7/23/09	4/8/11	8/20/12	11/16/15						
TX	6,503,149	3,094,089	146.0%	214.7%	1/19/06	12/9/08	1/21/11	8/10/12	7/9/15						
UT	339,358	487,447	142.2%	144.1%	1/11/06	10/23/09	11/4/15						10/31/17		
VA	3,082,350	2,574,939	82.3%	82.3%	12/21/05	6/24/09									
VT	1,095,118	1,862,199	17.5%	17.5%	5/8/06								12/1/17		
WA	1,900,675	2,770,319	146.0%	232.2%	1/24/06	4/23/07	12/24/08	1/29/10	12/15/10	7/10/15					
WI	3,808,602	5,189,339	78.6%	80.0%	3/23/06	9/21/10	7/23/14								
WV	876,028	189,486	146.0%	232.2%	12/12/05	11/21/08	12/10/10	2/1/12	11/30/15						
WY	142,790	163,629	146.0%	232.2%	10/28/05	8/11/08	10/29/10	5/26/15							

* Note: not all states require formal rate filing or approval. Approved percentage indicates amount approved for states that formally approve rates OR the rate increase that the Company has implemented for those states that do not require approval.