

Bankers Life and Casualty Company

Standardized Medicare Supplement Policy Form Series GR-A06

Annual Premium Rates* Male or Female

<u>Attained Age</u>	<u>Plan FH</u>
65	\$431.01
66	446.51
67	462.65
68	479.23
69	496.47
70	514.36
71	532.90
72	552.10
73	572.61
74	593.67
75	615.59
76	638.29
77	662.07
78	686.61
79	712.03
80+	738.32

*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