

SERFF Tracking Number: HCCH-126524697 State: Arkansas
Filing Company: HCC Life Insurance Company State Tracking Number: 45070
Company Tracking Number: HCCL MSL-2010 OTT
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Organ & Tissue Transplant Coverage Endorsement
Project Name/Number: /

Filing at a Glance

Company: HCC Life Insurance Company
Product Name: Organ & Tissue Transplant
Coverage Endorsement
TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other
Filing Type: Form

SERFF Tr Num: HCCH-126524697 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 45070
Closed

Co Tr Num: HCCL MSL-2010 OTT State Status: Approved-Closed
Reviewer(s): Rosalind Minor

Authors: Brad Long, Misty Pagelsen Disposition Date: 03/08/2010
Date Submitted: 03/02/2010 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: This filing was
submitted to HCC Life's State of Domicile on
March 1, 2010 and is pending approval.

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 03/08/2010

Market Type: Group
Group Market Size: Large
Group Market Type: Employer
Explanation for Other Group Market Type:
State Status Changed: 03/08/2010
Created By: Misty Pagelsen
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Misty Pagelsen
Filing Description:

This endorsement forms is being submitted to enhance HCC Life's previously approved stop loss forms (HCCL MSL-2007, et al), which was approved by the Department on 12/29/2006 (see filing number FRCS-125064018).

Submitted Forms:
Organ & Tissue Transplant Coverage endorsement: HCCL MSL-2010 OTT

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This endorsement is designed for a stop loss policyholder that also purchases a fully insured Organ & Tissue Transplant (or similarly titled) policy from another carrier (HCC Life does not currently offer an Organ & Tissue Transplant policy). An Organ & Tissue Transplant policy purchased by an employer group that self-funds its health plan essentially carves out all expenses related to the transplant from the self-funded plan. As a result, HCC Life is able to adjust its stop loss underwriting accordingly.

This endorsement allows for the coordination of the Organ & Tissue Transplant and the stop loss policy and insures that our underwriting assumptions made by the client's purchase of the Organ and Tissue Transplant policy are protected.

Company and Contact

Filing Contact Information

Misty Pagelsen, mpagelsen@hcclife.com
 225 TownPark Drive 770-693-6455 [Phone]
 Suite 145
 Kennesaw, GA 30144

Filing Company Information

HCC Life Insurance Company CoCode: 92711 State of Domicile: Indiana
 225 TownPark Dr., NW Group Code: Company Type:
 Suite 145 Group Name: State ID Number:
 Kennesaw , GA 30144-5885 FEIN Number: 35-1817054
 (770) 693-6441 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Policy, contract or annuity forms: filing and review of each life and/or accident and health certificate rider, application, or endorsement, if filed separately from basic form, per insurer, per form...\$50.00.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
HCC Life Insurance Company	\$50.00	03/02/2010	34543886

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/08/2010	03/08/2010

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Disposition

Disposition Date: 03/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	AR Filing Cover Letter	Approved-Closed	Yes
Form	Organ & Tissue Transplant Coverage Endorsement	Approved-Closed	Yes

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Form Schedule

Lead Form Number: HCCL MSL-2007

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/08/2010	HCCL MSL-2010 OTT	Policy/Cont ract/Fratern al	Organ & Tissue Transplant Coverage Endorsement	Initial		57.100	HCCL MSL- 2010 OTT - final.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					

HCC LIFE INSURANCE COMPANY
STOP LOSS POLICY
Endorsement for policyholder purchasing separate
Organ & Tissue Transplant coverage

Policy Number:

Endorsement Number:

Policyholder:

Effective Date of Endorsement:

This Stop Loss Policy has been underwritten, priced and issued based upon the Your purchase, or Your intent to purchase, an Organ & Tissue Transplant Policy issued by [Transplant Policy Carrier] or other insurance company.

Therefore, in consideration of the Organ & Tissue Transplant Policy, You and We agree that the Stop Loss Policy is amended as follows:

Article I. DEFINITIONS is hereby amended by the addition of the following:

ORGAN & TISSUE TRANSPLANT POLICY. Any insurance policy issued by any insurance carrier purchased by You that insures Your Employee Benefit Plan participants on a fully insured basis for organ and / or tissue transplants or organ and / or tissue replacement.

Organ & Tissue Transplant Endorsement provisions:

You will provide to us, as soon as reasonably possible, a copy of Your Organ & Tissue Transplant Policy. You understand that the Organ & Tissue Transplant Policy was taken into consideration during the underwriting of this Policy, therefore a delay in providing Us with a copy of Your Organ & Tissue Transplant Policy may result in a delay in processing Your stop loss claims. Further, You understand that Your failure to provide Us with a copy of Your Organ & Tissue Transplant Policy may result in Our denial of transplant-related stop loss claims while this Policy is in force.

All transplant related expenses paid by You shall not be considered Covered Expenses under this Policy when such expenses are covered by the Organ & Tissue Transplant Policy.

Is it also understood and mutually agreed that for all transplants and transplants related expenses, the Organ & Tissue Transplant Policy shall be primary to the Employee Benefit Plan. We will only consider for reimbursement under this Policy transplant related expenses that are not covered by the Organ & Tissue Transplant Policy, that are paid by You under Your Employee Benefit Plan and are otherwise reimbursable per the terms and conditions of this Policy. Should a non-network transplant facility be utilized, We will not reimburse You for Plan Benefits You pay for expenses not covered by the Organ & Tissue Transplant Policy or for Plan Benefits You pay in excess of the maximum benefit outlined in the Organ & Tissue Transplant Policy.

Under no circumstances will premiums or fees paid by You for the purchase of the Organ & Tissue Transplant Policy, or any expenses, claims or reimbursements paid by the Organ & Tissue Transplant Policy be considered Covered Expenses under the Stop Loss Policy.

Should the Organ & Tissue Transplant Policy be cancelled, terminated, or otherwise expire during the Contract Period of this Policy, we reserve the right to change any Specific or Aggregate Premium Rates, Monthly Aggregate Factors, other terms and conditions of this Policy, or to cancel this Policy retroactive to the date of cancellation or termination of the Organ & Tissue Transplant Policy with written notice to You. You are required to notify Us of such cancellation, termination of other form of expiration within 10 working days of such action upon which this Policy shall exclude all transplant related expenses until Our notification has been provided and you have accepted our required modifications to the rates, premium, factors or terms of coverage.

HCC LIFE INSURANCE COMPANY
STOP LOSS POLICY
Endorsement for policyholder purchasing separate
Organ & Tissue Transplant coverage

THERE ARE NO POLICY CHANGES UNDER THIS ENDORSEMENT OTHER THAN STATED ABOVE.

Full Legal Name of Applicant / Policyholder

Signed At / Date Signed

Officer / Partner Signature (print name)

Licensed Agent Signature

FOR HCC LIFE INSURANCE COMPANY USE ONLY:

ACCEPTANCE

Accepted on behalf of the Company, this _____ day of _____,

By _____

Title: _____

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	03/08/2010
Comments:		
Attachment: Readability Certification - HCCL MSL-2010 OTT.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	03/08/2010
Comments: This is an endorsement to HCC Life's previously approved Medical Stop Loss forms. Attached is the previously approved application.		
Attachment: AR - HCCL Application - final _disclaimer added per bulletin 6-2008_.pdf		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	03/08/2010
Bypass Reason: This filing is for an endorsement to HCC Life's previously approved Medical Stop Loss forms. This filing will have no rate impacts.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	03/08/2010
Bypass Reason: This filing is for a group product and is only an endorsement to HCC Life's previously approved Medical Stop Loss Policy HCCL MSL - 2007.		
Comments:		

	Item Status:	Status Date:

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Project Name/Number: /
Satisfied - Item: AR Filing Cover Letter Approved-Closed 03/08/2010
Comments:
Attachment:
AR OTT Filing Letter.pdf

HCC LIFE INSURANCE COMPANY



225 TownPark Drive, Suite 145, Kennesaw, Georgia 30144 Telephone: (770) 973-9851 Facsimile: (770) 973-9854

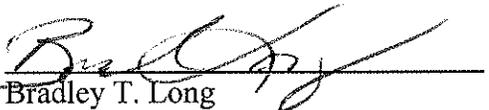
March 2, 2010

Certificate of Readability

I, Bradley T. Long, hereby certify that the forms listed below have the following readability scores as calculated by the Flesch Reading Ease Test.

<u>Form Number</u>	<u>Form Name</u>	<u>Score</u>
HCCL MSL-2010 OTT	Organ & Tissue Transplant Coverage endorsement	57.1

Respectfully,


Bradley T. Long
Assistant Vice President, Compliance
800/447-0460
blong@hcclife.com

15. AGGREGATE STOP LOSS INSURANCE:

Yes No

A. Covered Expenses Paid under the Employee Benefit Plan for the following Plan Benefits are covered for Aggregate Stop Loss Insurance (not included unless checked):

- Medical Dental Weekly Income Vision Prescription Drug Card
- Prescription Drugs Under Medical Other:

B. Minimum Annual Aggregate Deductible: \$
(Subject to the Definition of Minimum Annual Aggregate Deductible in the Policy)

C. Contract Basis:
Covered Expenses **Incurred** from [Date] through [Date], and **Paid** from [Date] through [Date].
Run-In claims limited to: \$

D. Aggregate Reimbursement Maximum: \$

E. Monthly Aggregate Factors:

Monthly Factors	Combined	Medical	Dental	Weekly Income	Vision	Prescription Drugs
Composite						
Single						
Family						

F. Aggregate Percentage Reimbursable _____%

G. Loss Limit: \$
For the purposes of Aggregate Stop Loss Insurance, the Loss Limit is the maximum amount of Covered Expenses Incurred by each Covered Person (or Covered Family), which can be used to satisfy the Annual Aggregate Deductible.

H. Monthly Deductible Advance Reimbursement Option: Yes No

I. Aggregate Terminal Liability Option: Yes No

J. Aggregate Premium:

1. Annual Premium payable in advance for Contract Period: \$
2. Monthly Premium rate per Covered Unit: \$
3. Monthly Deductible Advance Reimbursement premium per Covered Unit per month: \$
4. Aggregate Terminal Liability Option premium per Covered Unit per month: \$

SPECIAL LIMITATIONS:

Specific:

Aggregate:

It is understood and agreed by the Applicant that:

1. The Applicant is financially sound, with sufficient capital and cash flow to accept the risks inherent in a "self-funded" health care plan, and
2. The Plan Supervisor retained by the Applicant will be considered the Applicant's Agent, and not the Company's Agent, and
3. All documentation requested by the Company must be received within 90 days of the Policy effective date, and is subject to approval by the Company and may require adjustment of rates, factors, and / or Special Limitations to accommodate for abnormal risks, and
4. The Stop Loss Insurance applied for herein will not become effective until accepted by the Company, and
5. Premiums are not considered paid until the premium check is received by the Company, is paid according to the rates set forth in the Application, and all items required to issue the Policy have been returned to the Company. Premiums are subject to refund should any outstanding policy requirement not be met within 90 days of the Policy's effective date, and
6. This Application will be attached to and made a part of the Policy issued by the Company, and
7. The Employee Benefit Plan(s) attached shall be the basis of any Stop Loss Insurance provided by the Company and such Employee Benefit Plan(s) conforms with all applicable State and Federal statutes, and
8. Any reimbursement under the Stop Loss Insurance provided by the Company shall be based on Covered Expenses Paid by the Applicant in accordance with the Employee Benefit Plan(s) attached hereto, and
9. After diligent and complete review, the representations made in this Application, the disclosures made, and all of the information provided for underwriters to evaluate the risk, are true and complete.

NOTICE: Employers/Plan Sponsors of self-funded health plans should not consider the purchase of stop loss coverage and/or excess loss coverage as complete protection from all liability create by the self-funded health plan. Employers/Plan Sponsors should be aware that the failure to comply with the terms of the stop loss policy and/or the provisions in the self-funded health plan may cause the employer/Plan Sponsor to incur liabilities under the health plan. For instance, if medical claims are paid on an ineligible individual, the stop loss carrier may deny the reimbursement under the stop loss policy. In addition, the Arkansas Life and Health Insurance Guaranty Association does not cover claims reimbursable under a stop loss policy.

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Full Legal Name of Applicant:

Applicant's Federal Tax I.D. Number:

Dated at _____ this _____ day of _____, 20_____.

Officer / Partner Signature (print name)

Licensed Agent Signature (print name)

For HCC Life Insurance Company Use Only: ACCEPTANCE

Accepted on behalf of the Company, this _____ day of _____, 20_____.

By: _____

Title: _____

Policy No.: _____

HCC LIFE INSURANCE COMPANY



225 TownPark Drive, Suite 145, Kennesaw, Georgia 30144 Telephone: (770) 973-9851 Facsimile: (770) 973-9854

March 2, 2010

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

RE: HCC Life Insurance Company
NAIC #: 92711 – FEIN #: 35-1817054
Stop Loss Endorsement Filing
Organ & Tissue Transplant coverage (new)

This endorsement forms is being submitted to enhance HCC Life's previously approved stop loss forms (HCCL MSL-2007, et al), which was approved by the Department on 12/29/2006 (see filing number FRCS-125064018).

Submitted Forms:

Organ & Tissue Transplant Coverage endorsement: HCCL MSL-2010 OTT

This endorsement is designed for a stop loss policyholder that also purchases a fully insured Organ & Tissue Transplant (or similarly titled) policy from another carrier (HCC Life does not currently offer an Organ & Tissue Transplant policy). An Organ & Tissue Transplant policy purchased by an employer group that self-funds its health plan essentially carves out all expenses related to the transplant from the self-funded plan. As a result, HCC Life is able to adjust its stop loss underwriting accordingly.

This endorsement allows for the coordination of the Organ & Tissue Transplant and the stop loss policy and insures that our underwriting assumptions made by the client's purchase of the Organ and Tissue Transplant policy are protected.

Type of Submission: This filing is for one endorsement to our previously approved stop loss form filing. HCC Life's stop loss forms provide excess risk coverage to employers with self-funded health plans which are usually subject to Employee Retirement Income Security Act of 1974 (ERISA).

State Stop Loss Restrictions: HCC Life certifies that its stop loss policies are compliant with all applicable state minimum specific deductible, minimum aggregate corridor and small group restrictions (if any). In states where limitations exist, edits are built into our underwriting system to prevent us from quoting or issuing a stop loss policy that is out of compliance with applicable state laws and regulations.

Domiciliary State: HCC Life's state of domicile is Indiana. This endorsement is being filed concurrent with this filing.

Variable Material: The only variable in the Organ & Tissue Transplant Endorsement is the name of the fully insured carrier that has issued the Organ & Tissue Transplant policy. If the identity of the carrier is not known at the time that the endorsement is issued, this field will be populated with "To be determined."

HCC Life Insurance Company
Arkansas Insurance Department
March 2, 2010
Page 2



Thank you in advance for reviewing this new endorsement. If you have any questions or comments regarding this submission, please feel free to contact me.

Respectfully,

A handwritten signature in blue ink that reads "Misty Pagelsen". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Misty Pagelsen
Compliance Assistant
800/447-0460 Ext. 455
770/693-6455 - direct
770/973-9854 – fax
mpagelsen@hcclife.com