



HCC Life Insurance Company operating as Tokio Marine HCC – A&H Group

HCC Life Insurance Company: Taft-Hartley

Medical Stop Loss Insurance to Protect Self-Funded Union Plans

HCC Life is dedicated to Taft-Hartley Union clients. We recognize that this business is notably different from corporate accounts with its collective bargaining, unique eligibility and actively-at-work provisions.

We specialize in underwriting creativity and claims paying excellence. Consider the following when selecting a company to provide medical stop loss for your Taft-Hartley clients.

- Flexible Stop Loss Contract Options
 - 12/12, 15/12, 24/12, 12/15, and more
 - Paid Contracts
- Superior Financial Strength
 - A+ (Strong) Standard & Poor's
 - AA- (Very Strong) Fitch
 - A++ (Superior) A.M. Best
- Organ Transplant Solutions
- Best Practice in Cell & Gene Therapies
- Dedicated Registered Nurses
- Preliminary Claim Unit (PCU)
- Specialty Claims Unit (SCU)
- Direct Contact with Key Personnel

Please reach out to your regional sales representative for more information.



HCC Life Insurance Company operating as Tokio Marine HCC – A&H Group

HCC Life Insurance Company: Taft-Hartley Division

HCC life is a direct writer of medical stop loss, allowing greater flexibility with our contracts, underwriting and claims procedures. HCC Life's medical stop loss contract is built to reinsure a group's plan document as closely as possible with very few exclusions.

To submit a request for proposal, simply provide the following information to rpf_tafthartley@hcclife.com

1. Official name of the fund
2. Desired effective date of coverage
3. Quote due date (date due to you)
4. Current eligible census which includes year of birth or age, sex, and type of coverage. If COBRA or retiree, please mark accordingly. Electronic submission (Microsoft Excel format) is preferred. If the Fund has multiple locations, HCC Life requires the number or members at each location with corresponding zip code.
5. Type of industry (for SIC purposes)
6. Schedule of the current benefits and requested benefits, if different. Note what coverage is to be included under the specific and/or aggregate.
7. Monthly claims (month-to-month) aggregate report, including number of members by month for the most recent 24-month period (minimum).
8. Shock claims in excess of 50% of the current deductible or any serious ongoing condition by diagnosis and prognosis.
9. If a PPO Network is being used, what network? If multiple networks, please indicate by location.
10. What UR vendor will be used?
11. Is the group self-funded?
12. Current and/or renewal rates