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Board Cover Memorandum

To Board of Education

From Kyla Johnson-Trammell, Superintendent
Lisa Grant-Dawson, Chief Business Officer
Rebecca Littlejohn, Risk Management Officer
Joshua R. Daniels, General Counsel

Meeting Date June 22, 2022

Subject Blanket Accident Insurance for Students – Premium for 2022-2023 – Risk Management

Ask of the Board Authorize Risk Management to support funding of Basic Student Accident Insurance

Background Myers-Stevens & Toohy & Company Inc. has arranged Basic Student Accident Insurance coverage (underwritten by SCS Insurance Company) at a cost of \$75,846.87.

This provides coverage to the students for all injuries that occur during school hours and days when the schools regular classes are in session, including one hour before and one hour immediately after regular classes, while continuously on the school premises; while participating in or attending school-sponsored and directly supervised school activities including interscholastic athletic activities; while traveling directly (without interruption) to or from residence and school for regular attendance or from school to off campus site to participate in school sponsored and directly supervised school activities (provided the travel is arranged by the District) and/or traveling in school vehicles at any time. Additionally, there have been two plan enhancements effective this year. First, coverage will be extended to children/youth who are not enrolled students at OUSD if injured while participating in OUSD sanctioned "student shadowing" activities to help parents consider enrollment in an OUSD school at a later date. Second, coverage will be extended to OUSD students who are injured while participating in school sponsored and organized Community Service activities required as credit towards graduation, even if the students are not being directly supervised at the time of injury.

The benefit maximum per student per accident is \$25,000 with a \$0 deductible. This program would act as an excess or secondary insurance for students who are already covered under another valid and collectible insurance or health agreement. For students not covered under a valid or collectible insurance program or health agreement, this would act as a primary coverage. Examples of coverage include but are not limited to: hospital/facility services (inpatient and outpatient),

physician services (surgical, assistant surgeon, anesthesiologist, etc), other services (prescriptions, lab tests, x-ray, air and ground ambulance, dental, durable medical, etc).

Discussion

State Law (EC 35330) and District policy (AR 6153) require that school districts conducting field trips or excursions provide or make available medical and/or hospital services for students injured while participating in field trips or excursions. Both state law (EC 32221 and District policy (AR 6153) also require that students participating in certain high risk activities, including but not limited to interscholastic athletic activities have insurance coverage. Further, both law and District policy provide that students may not legally be excluded from activities due to an inability to pay.

Coverage for Student Accident Insurance began in fiscal year 2016-17 and continues to be a success. The coverage offered by Myers-Stevens & Toohey & Company is a low per pupil cost and is more comprehensive, providing coverage to students for injuries that occur during school hours and days when school is in session and while attending or participating in school sponsored and supervised activities on or off school premises. In addition, the coverage includes all school sponsored interscholastic sports (such as tackle football).

The District continues to expand opportunities for students to participate in work based learning off site as well as inception of the Middle School Sports League, which allows middle school students to participate in interscholastic athletic activities. These are exciting opportunities for students, however they carry increased risk of injuries to students, some of which could result in significant costs for medical treatment.

There is also a growing concern related to certain playground and sports injuries such as head injuries and concussions and this coverage would provide a significant benefit to students suffering those injuries and could decrease government code claims filed by families who cannot afford medical expenses.

Both the District and our families are better served by the assurance of some accident insurance to cover all students. Requiring families who do not have medical insurance to pay for accident insurance can pose a significant financial hardship for many of our families. This is also out of step with changes in the law generally prohibiting pupil fees in public schools and with our mission to serve the whole child, including facilitating access to healthcare and eliminating inequity. This coverage would significantly benefit our students while enabling the District to comply with its legal and policy requirements at a low per pupil cost.

Fiscal Impact

\$75,846.87 (\$0 Deductible with 100% Usual and Customary charges)

Attachment(s)

Blanket Student Accident Insurance 2022-2023 School Year Coverage Request Form



MYERS-STEVENSON & TOOHEY CO., INC.
26101 Marguerite Parkway, Mission Viejo, CA 92692-3203
(800) 827-4695 Fax (949) 348-2630
CA License# 0425842

Student Accident and Sickness Insurance 2022/2023 School Year

APPLICATION TO ACE AMERICAN and PARTICIPATION AGREEMENT

Application for participation is hereby made by the undersigned Policyholder for insurance under Policy Number SDA N104206563 issued to ACE American Insurance Company on behalf of the Policyholder.

1. Name of Policyholder: Oakland Unified School District

Address 1000 Broadway, Suite 680, Oakland, CA 94607

Coverage Term – 12:01 a.m. July 1, 2022 through 11:59 p.m. June 30, 2023

2. The Policyholder elects to participate in the Trust identified above.

The Policyholder has signed this Application on 6/22/2022 (date)

President, Board of Education / Secretary, Board of Education

Name/Title of Official - please print _____ Email _____

[Signature] [Signature]

Signature _____ Phone _____

SCOPE OF COVERAGE:

School-Time Coverage - Covers all enrolled students for Injuries sustained while on campus during the hours and on the days school is in session; for up to 1 hour before school starts and 1 hour after school ends while on campus; while participating in school sponsored and supervised activities, including all interscholastic sports and summer activities; and traveling directly to and from: home and school to attend regularly scheduled classes; traveling to and from school and off campus locations to participate in school sponsored and supervised activities, provided such travel is arranged by and is under the direction of the School, or in School Vehicles, anytime. Also covers non-students for injury sustained while engaged in "student shadowing" for the purpose of evaluating possible enrollment. Covers students participating in school sponsored and approved Work Study programs and Community Service activities.

BENEFITS:

Accident Medical Expense Benefits – Paid at either 80% of Usual, Customary and Reasonable (UCR) charges to \$25,000 maximum per injury with \$100 deductible, or 100% of UCR charges to \$25,000 maximum per injury with \$0 deductible (as elected); payable on an excess basis.

Ambulance, Emergency Room (room and supplies) and Emergency Room Physician charges - Paid at 100% of UCR.

Emergency Sickness Benefit – While on school premises, while participating in a covered activity to \$3,000 maximum.

Qualified sports-related concussion care - Paid at 100% of UCR subject to policy terms and conditions.

Felonious Assault Counseling Benefit - Up to \$5,000 as specified in the policy.

Accidental Death and Dismemberment Benefits - Loss of Life - \$10,000 (includes Heart, Circulatory or Pulmonary Malfunction) Single Dismemberment or Loss of Sight One Eye - \$25,000; Double Dismemberment; Loss of Sight Both Eyes; or paraplegia, hemiplegia, quadriplegia - \$50,000; Psychological Counseling (Post Dismemberment) - \$5,000.

PPO Networks: Directed network – *First Health*

Wrap network: *TRPN*

ADDITIONAL BLANKET COVERAGES AVAILABLE AS NEEDED

- Short-Term 24 Hour – used for off-site excursions where constant and direct supervision may not be possible.
- Commercial Camps & Clinics – used to cover students while participating in sports, camps and clinics run by entities other than the School.
- Worldwide Short-Term Travel – used for school-sponsored trips abroad.

VOLUNTARY COVERAGES

Parents wishing to extend insurance coverage for their children beyond the school day will be provided access to the following 24/7 insurance plans:

- Full-Time 24/7 Accident Only plan – Covers Injuries 24/7 at 100% of UCR to \$100,000/Injury. \$0 deductible. (Staff are also eligible.); \$135 Annual Rate
- Student Accident & Sickness plan – Covers Injuries 24/7 at 80% of UCR up to \$200,000/Injury and Sickness up to \$50,000. \$153 Monthly Rate
- Dental Accident Only plan – Covers Injuries to the teeth 24/7 at 100% of UCR up to \$75,000/Injury. \$12 Annual Rate
- Worldwide Exchange plan – Available to in-bound/out-bound international students. Covers Injuries and Sickness at 100% of UCR up to \$500,000/Injury. Includes Travel Assistance benefits. \$101 Monthly Rate

The Company will provide digital descriptive brochures/enrollment forms prior to the beginning of each school year.

PREMIUM SCHEDULE

School-Time Annual Aggregate Premium:

\$75,846.87

The Policy has complete details of the provisions, limitations and exclusions.

REQUIREMENTS AND LIMITATIONS

Aggravations of Injuries which did not occur while insured under this plan are paid up to \$500 maximum benefit per policy term. School related Injuries must be reported to the School within 60 days or the date of Injury. The first Physician's visit must be within 120 days after the Accident occurs. This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit us from providing insurance, including but not limited to the payment of claims. A claim form must be filed with Myers-Stevens & Toohey Co., Inc. within 90 days after the date of loss. The plan pays for covered expenses incurred within up to 2 years from the date of Injury.

EXCLUSIONS

1. Dental care or Treatment. This exclusion does not apply to care of sound, natural teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under the Policy.
2. War or any act of war, declared or undeclared.
3. Participation in a riot or civil disorder; fighting or brawling, except in self-defense, commission of or attempt to commit a felony or violating or attempting to violate any duly enacted law.
4. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
5. Injury or Sickness contributed to by the use of alcohol or drugs unless taken in the dosage and for the purpose prescribed by the Covered Person's Physician.
6. Injury or Sickness covered by Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law including, but not limited to group, group type, and individual automobile "No Fault" coverage (excluding School Vehicle coverage).
7. Treatment, services or supplies provided by the School's Infirmary or its employees, or Physicians who work for the School, or by any member of the Covered Person's immediate family or for which no charge is normally made.
8. Mental or nervous disorders (except as specifically provided by the Policy).
9. Treatment of Sickness, ailment, or infections except pyogenic infections or bacterial infections which result from the accidental ingestion of contaminated substances or emergency Sickness as defined within the Policy.
10. The diagnosis and Treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.
11. Injury sustained as a result of riding in or on, entering or alighting from, a two or three-wheeled motor vehicle.
12. Treatment of osteomyelitis, pathological fractures and hernia.
13. Detached retina (unless directly caused by an Injury).
14. Any expenses related to the Treatment of tonsils, adenoids, epilepsy, seizure disorder or congenital weakness; or expenses for Treatment of congenital anomalies and conditions arising or resulting directly there from.
15. Supplies except as otherwise provided in the Policy.

FRAUD WARNING – For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.