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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

Meeting Date Jun 25, 2025

Subject Catastrophic Accident Insurance for Students - Premium Payment for 2025-2026 Fiscal Year

Ask of the Board Authorization to support funding of Catastrophic Accident Insurance for Students

Background Myers-Stevens & Toohey & Company Inc. has arranged Catastrophic Student Accident Insurance coverage (underwritten by ACE American Insurance Company – a CHUBB company) at a cost of \$11,836.76 (for Class I) and \$40,103.28 (for Class II).

Unfortunately there are inherent risks of serious or even fatal injuries to students while participating in school sponsored activities, including playing sports, participating in field trips, or even simply being on campus during a act of violence. Providing Catastrophic Accident coverage can help seriously injured students and families ease their financial concerns and provide access to the care they need while promoting healing of the community as a whole. For the District, providing this type of coverage can help reduce any potential liability cost.

Catastrophic Accident Insurance provides a \$1,000,000 Accident Medical Maximum with a 10 year benefit period from the time of the accident. In addition, there is up to \$500,000 in additional monies for assistance (depending on the severity of the injury). The plan also includes \$50,000 for Crisis Management for students and staff

Class I and Class II options would provide coverage for families where their student’s injuries exhaust the limits of coverage available under Basic Student Accident Insurance.

Class I covers all students athletes, student managers, student trainers, student coaches, cheerleaders, majorettes and band members who participate in school sponsored and supervised interscholastic athletic activities.

Class II covers all students from pre-kindergarten through the twelfth (12th) grade while they are attending regular schedule classes and taking part in all school sponsored and directly supervised activities, including official school to work activities, ROTC programs and off-season athletic training and conditioning (except for interscholastic athletics).

Providing this type of catastrophic accident insurance aligns with the OUSD mission of a Full Service Community District.

Discussion

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

Fund 67 - \$51,940.04 (\$0 Deductible with 100% Usual and Customary charges)

Attachment(s)

- 2025-2026 School Year Coverage Request Form

Name of School/District _____ Address _____
 City _____ St _____ Zip _____ Phone _____ Email _____

Summary: The program consists of the following benefits:	OPTION I	OPTION II	OPTION III
Excess Accident Medical Expense (100% of U&C) with 10 year benefit paid up to	\$1,000,000	\$5,000,000	\$7,000,000
Accident Medical Expense Deductible (waived for Presumptive Disability - see brochure)	\$25,000	\$25,000	\$25,000
Accidental Death and Dismemberment - principal sum	\$25,000	\$50,000	\$50,000
Double Dismemberment	\$50,000	\$100,000	\$100,000
Catastrophic Losses payable in addition to accident medical benefits up to	\$500,000	\$1,000,000	\$1,500,000
Seatbelt and Airbag	\$5,000	\$5,000	\$5,000
Crisis Management Benefit- lump sum payable to the Policyholder	\$25,000	\$25,000	\$25,000
Crisis Management Benefit- payable to the Covered Person	\$100 per session up to 10 sessions		

Coverages Available:

Class I - Interscholastic Athletics

Covers students while participating in school sponsored and directly supervised games and official practice sessions of interscholastic sports and supporting activities (band, cheerleaders, majorettes, student coaches, student trainers, and student managers) and while traveling directly and without interruption between school and the site of such activities

Class II - Student Activities

Covers students while on premises when school is in session and while participating in school sponsored and directly supervised activities (except interscholastic athletics), and while traveling directly and without interruption between school and the site of such activities, and while traveling directly and without interruption between home and school to attend regularly scheduled classes (includes one hour immediately before and after regularly scheduled classes).

Class III - Religious Education Activities

Covers registered participants in church/school sponsored and directly supervised Elementary Level Religious Education and Confirmation activities and while traveling directly without interruption between the school/church and the site of such activities.

Class IV – Youth Ministry Activities

Covers registered participants in church/school sponsored and directly supervised Youth Ministry activities and while traveling directly without interruption between the school/church and the site of such activities.

Class V - Adult/Parent Volunteers

Covers registered adult/parent volunteers while participating as a school volunteer in any school sponsored activity, and while traveling, as a volunteer, directly and without interruption between school and the site of such activities.

Class VI - Summer Sports and Conditioning

Covers students while participating in school sponsored and directly supervised sports and conditioning activities conducted during the summer, and while traveling directly and without interruption between school and the site of such activities.

Class VII - School Staff

Covers school staff while participating in any school sponsored activity, and while traveling, as staff, directly and without interruption between school and the site of such activities.

The program also consists of the following benefits:

Cosmetic Disfigurement from Burns Benefit

If, as a result of a Covered Injury, an Insured suffers third or fourth degree burns in one or more areas of the body, benefits will be paid as determined by the formula specified in the policy, up to a maximum benefit of \$150,000.

Special Adaptation Expense Benefit

If an Insured suffers a "presumptive disability" from a covered Accident and requires a special housing adaptation or a special vehicle to accommodate the disability, benefits will be paid up to \$75,000 for the housing adaptation and/or up to \$75,000 for the special vehicle.

Benefits are not payable unless the Insured's physician certifies them as necessary.

"Presumptive Disability" means the complete and irrecoverable loss of sight of both eyes, speech, hearing in both ears, or of any two limbs, hands or feet, provided the loss occurs within one year of the Covered Accident.

"Vehicle" means a private passenger land motor vehicle. It includes automobiles, vans, and four wheel drive vehicles. It does not include a vehicle used for farming, commercial business, racing or any type of competitive speed event.

Traumatic Brain Deficit Benefit

If an Insured suffers an injury to the brain which 1) occurs, and is diagnosed by a Doctor; 2) results in measurable, neurological deficit persisting for the lesser of at least 12 consecutive months or the time at which maximum recovery has been reached; 3) requires permanent daily personal supervision; and 4) results in the inability of the Insured to perform independently three or more of the following activities of daily living: a) transferring (moving in or out of a bed or chair); b) dressing; c) bathing; d) feeding; e) toileting; or f) continence, benefits will be paid up to a maximum \$250,000.

Premium Computation:

CHOOSE: Class(es) and Option(s):	OPTION I \$1,000,000 MAX	OPTION II \$5,000,000 MAX	OPTION III \$7,000,000 MAX
Class I - Interscholastic Athletics (All interscholastic athletes and non-competing participants)	# Participants x \$4.12 = _____	# Participants x \$6.26 = _____	# Participants x \$7.51 = _____
Class II - Student Activities (All students enrolled in school/district)	# Total Enrollment x \$1.26 = _____	# Total Enrollment x \$2.14 = _____	# Total Enrollment x \$2.57 = _____
Class III - Religious Education Activities (All registered participants in Religious Education Program)	# Participants x \$0.68 = _____	# Participants x \$1.03 = _____	# Participants x \$1.24 = _____
Class IV - Youth Ministry Activities (All registered participants in Youth Ministry Program)	# Participants x \$1.29 = _____	# Participants x \$1.97 = _____	# Participants x \$2.36 = _____
Class V - Adult/Parent Volunteers (All registered adult/parent volunteers)	# Volunteers x \$0.45 = _____	# Volunteers x \$0.55 = _____	# Volunteers x \$0.70 = _____
Class VI - Summer Sports and Conditioning (All participants)	# Participants x \$1.25 = _____	N/A	N/A
Class VII - School Staff (All participants)	# Participants x \$0.65 = _____	# Participants x \$0.80 = _____	# Participants x \$0.95 = _____
MINIMUM PREMIUM ALLOWED: \$350		Total Premium Due =	

Requested Coverage Effective Date: _____ through _____

We hereby request a Catastrophic Accident Insurance Policy. We understand that Insurance will be in force if this Coverage Request Form is accepted by the Company and the required premium is received by the Company when due.

Name of person authorized to contract for the School/District

Title

Signature

Date

Coverage Request Form must be completed in its entirety and received by MYERS-STEVENSON & TOOHEY CO., INC., prior to the effective date required.

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.

Plans Arranged and Administered by:



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