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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** Basic Accident Insurance for Students - Premium Payment for 2025-2026 Fiscal Year

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

**Background** Myers-Stevens & Toohey & Company Inc. has arranged Basic Student Accident Insurance coverage (underwritten by SCS Insurance Company) at a cost of \$72,813.00.

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**

Fund 67 for \$72,813.00 (\$0 Deductible with 100% Usual and Customary charges)

**Attachment(s)**

- Blanket Student Accident Insurance 2025-2026 School Year Coverage Request Form

## Student Accident and Sickness Insurance 2025/2026 School Year

### PARTICIPATING ORGANIZATION APPLICATION

Application for participation is hereby made by the undersigned Participating Organization for insurance under Policy Number SDA N04206563 issued to Trustee of ACE American Insurance Company on behalf of the Participating Organization.

1. Name of Participating Organization: Oakland Unified School District

Address 1011 Union Street Suit 987, Oakland, CA 94607

Coverage Term – 12:01 a.m. July 1, 2025 through 11:59 p.m. June 30, 2026

2. The Participating Organization elects to participate in the Trust identified above.

The Participating Organization has signed this Application on \_\_\_\_\_ (date)

Rebecca Littlejohn  
Name/Title of Official - please print

rebecca.littlejohn@ousd.org  
Email

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

### **SCOPE OF COVERAGE**

**School-Time Coverage** - Covers all enrolled students for Injuries sustained while:

- On School premises during the hours and on days when the School's regular classes are in session, including one hour immediately before and one hour immediately after regular classes, while continuously on the School premises;
- While participating in or attending School-sponsored and supervised School Activities including interscholastic athletic activities;
- While traveling without interruption to or from home and School for regular attendance; or School and off campus site to participate in School-sponsored and supervised School Activities, provided such travel is arranged by the School; and while traveling in School Vehicles at any time.

### **BENEFITS:**

**Accident Medical Expense Benefits** – Paid at 100% of UCR charges to \$25,000 maximum per injury with \$0 deductible; payable on an excess basis.

**Benefit Period** – 2 years from the date of Injury

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

**Emergency Sickness Benefit** – 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.

**Expanded Medical Benefits** – Expanded medical benefit for sports conditions for Treatment of bursitis; sprains; hernia; strains; muscle tears; tendonitis; and repetitive motion injuries if these conditions are aggravated by participation in a Covered Activity.

**PPO Networks:** Directed network – *First Health*

**Wrap network:** *TRPN*

### **ADDITIONAL BLANKET COVERAGES AVAILABLE AS NEEDED**

- Short-Term 24 Hour – Used to cover participants (students, volunteers, staff or guests) in school-sponsored and supervised field trips/excursions within the U.S. when blanket Base and Catastrophic insurance is not otherwise provided.
- 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. \$161 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:**

**\$72,813.00**

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 of the date of Injury. The first Physician's visit must be within 120 days after the Accident occurs. The 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. Routine physical examinations and routine testing; preventive testing or treatment; screening examinations or testing in the absence of Injury.
2. Dental care or treatment including damage to or loss of dentures or bridges or damage to existing orthodontic equipment. 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.
3. War or any act of war, declared or undeclared.
4. Participation in a Riot; 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. "Riot" means a public disturbance involving an assemblage of five (5) or more persons which by tumultuous and violent conduct or the threat thereof creates grave danger of damage or Injury to property or persons. An exclusion for Riot shall apply only when a person willfully engages in a Riot or willfully incites or urges other persons to engage in a Riot.
5. Intentionally self-inflicted Injury, suicide or attempted suicide.
6. 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 Doctor.
7. Participation in or practice for interscholastic tackle football; intercollegiate sports; semi-professional sports; professional sports (except as specified in the Coverage Descriptions). (Does not apply to the Dental Accident Plan.)
8. Any Injury that is caused by: Flight in, boarding or alighting from an Aircraft, except as a fare-paying passenger or School chartered aircraft, Military Airlift Command or JROTC Program.
9. Any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
10. Treatment, care or services rendered for an Injury covered by Workers' Compensation Employers' Liability or similar occupational laws. Expenses payable by any automobile insurance policy without regard to fault.
11. Covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
12. Treatment, services or supplies provided by the School's infirmary or its employees, or by medical providers Doctors, or Other Medical Care Providers who work for the School or are contracted or retained by the School. Treatment by persons employed or retained by the Policyholder, or by any immediate Family or member of the Covered Person's household.
13. Treatment, services or supplies provided or paid for by any governmental program or law, except Medicaid, Medicare or Tricare.
14. Mental or Nervous Disorders.
15. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food, except as provided by the Policy.
16. Supplies, except as otherwise provided in the Policy.

17. Treatment of osteomyelitis.
18. Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, hernia, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment (except as 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.**

**Plans Arranged and Administered by:**



myers | stevens | toohey

**Myers-Stevens & Toohey Co. Inc.** est.1970

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