

# CLARK COUNTY BOARD OF COMMISSIONERS

## AGENDA ITEM

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**Petitioner:** Les Lee Shell, Deputy County Manager  
Jessica L. Colvin, Chief Financial Officer

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**Recommendation:**

**Approve and authorize the Chair to sign an amendment to the Self-Funded Group Medical and Dental Benefits Exclusive Provider Organization (EPO) Plan among Clark County, Clark County Water Reclamation District, University Medical Center of Southern Nevada, Las Vegas Convention and Visitors Authority, Las Vegas Valley Water District, Clark County Regional Flood Control District, Regional Transportation Commission of Southern Nevada, Southern Nevada Health District, Henderson District Public Libraries, Mount Charleston Fire Protection District, Las Vegas Metropolitan Police Department, Moapa Valley Fire Protection District and Eighth Judicial District Court adopting an amended Self-Funded Group Medical and Dental Benefits EPO Plan, effective January 1, 2026. (Also sitting as Clark County Water Reclamation District Board of Trustees, University Medical Center of Southern Nevada Board of Hospital Trustees, Mount Charleston Fire Protection District Board of Fire Commissioners and Moapa Valley Fire Protection District Board of Fire Commissioners) (For possible action)**

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**FISCAL IMPACT:**

Fund #:	6520.500	Fund Name:	Self-Funded Group Insurance
Fund Center:	1020520000	Funded PGM/Grant:	N/A
Amount:	No Fiscal Impact		
Description:	Self-Funded Group Medical and Dental Benefits EPO Plan Changes		
Additional Comments:	N/A		

**BACKGROUND:**

Clark County established a self-funded group medical and dental benefits program in 1984 to provide group medical and dental benefits to the employees of Clark County and affiliated entities. The program consists of a preferred provider organization (PPO) plan and an exclusive provider organization (EPO) plan. Annually, the Plan is put before the Board of County Commissioners for approval.

Following are the proposed modifications for the EPO plan for the upcoming Plan Year, effective January 1, 2026:

**Medical Benefits:**

1. Increased Annual Total Out-Of-Pocket Per Person Maximum to \$4,000
2. Increased Annual Total Out-Of-Pocket Per Family Maximum to \$8,000
3. Increased Inpatient Hospital Copay Per Person/Day to \$500 (max 5 days or \$2,500)
4. Increased Primary Care Physician Copay to \$30

Cleared for Agenda

**08/19/2025**

File ID#

**25-2783**

5. Increased Specialist Copay to \$60
6. Legislative (AB169) mandate Eff 7.1.2025 – Deleted "30 Visits" and "Maximum Visits Per Calendar Year" language for Speech Therapy

Prescription Drug Benefits:

30-Day Supply

1. Tier 2 Copayment increased to \$75
2. Tier 3 Copayment increased to \$150
3. Added (New Benefit) Specialty Preferred 20% co-insurance or \$150 Max
4. Added (New Benefit) Specialty Non – Preferred 30% co-insurance or \$350 Max

90 Day Supply

5. Tier 2 Copayment increased to \$187.50
6. Tier 3 Copayment increased to \$375
7. Added (New Benefit) Specialty Preferred – 20% co-insurance or \$375 Max
8. Added (New Benefit) Specialty Non - Preferred – 30% co-insurance or \$875 Max

The amended Plan has been discussed with represented members, as required by governing bargaining agreements.