

CLARK COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

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

Recommendation:

Approve and authorize the Chair to sign an amendment to the Self-Funded Group Medical and Dental Benefits Preferred Provider Organization (PPO) 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 PPO 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)

FISCAL IMPACT:

Fund #:	6520.000	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 PPO 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 PPO plan for the upcoming Plan Year, effective January 1, 2026:

Medical Benefits

1. In-Network Per Plan Participant deductible increased to \$500
2. In-Network Per Family deductible increased to \$1,000
3. Calendar Year Medical Out of Pocket Maximum Per Plan Participant increased to \$4,000
4. Calendar Year Medical Out of Pocket Maximum Per Family increased to \$8,000

Cleared for Agenda

08/19/2025

File ID#

25-2785

5. Primary Office Visits –
 - In-Network copay increased from \$20 to \$25
6. In-Network Emergency Room – Copay increased to \$350
7. Per AB169 Legislation - Speech Therapy's quantity limits of 30 visits deleted.
8. Per AB169 Legislation - Stuttering removed as an exclusion.

Prescription Drug Benefits

30 Day Supply

1. Tier 1 Copayment increased to \$12
2. Tier 2 Copayment increased to 20% co-insurance or \$40 min/\$80 max
3. Tier 3 Copayment increased to 30% co-insurance or \$80 min/\$160 max
4. (New Benefit) Specialty Preferred – 20% co-insurance or \$150 max
5. (New Benefit) Specialty Non-Preferred – 30% co-insurance or \$350 max

90 Day Supply

6. Tier 1 Copayment increased to \$24
7. Tier 2 Copayment increased to 20% co-insurance or \$80 min/\$160 max
8. Tier 3 Copayment increased to 30% co-insurance or \$160 min/\$320 max
9. Added (New Benefit) Specialty Preferred – 20% co-insurance or \$300 max
9. Added (New Benefit) Specialty Non-Preferred – 30% co-insurance or \$700 max

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