

**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 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, 2024. (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 #:	6520.500	Fund Name:	Self-Funded Group Insurance
Fund Center:	1020520000	Funded PGM/Grant:	N/A
Amount:	No Estimated Cost		
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. Historically, the program has consisted of a preferred provider organization (PPO) plan. On August 17, 2021, the Board approved an amendment to the Interlocal Agreement implementing the Self-Funded Group Medical and Dental Benefits EPO Plan (the Plan), effective January 1, 2022. Annually, the Plan is put before the Board of County Commissioners for approval.

Following are the proposed modifications for the upcoming Plan Year, effective January 1, 2024:

- The addition of children under legal guardianship
- The removal of spousal enrollment in other group insurance
- The removal 72K benefit limitation, 1,500 maximum hours and age mandate from Autism benefits
- The addition of a 3rd tier pharmacy benefit for GLP-1-FSA approved weight loss medication(s)

Cleared for Agenda

09/05/2023

File ID#

23-1200

- The addition of Gene/Cell Therapy coverage
- The addition of SB 163 Legislative mandates
- The removal of 60 days coverage maximum from Inpatient Medical Rehabilitation
- The removal of limitations from Partial Hospitalization coverage
- The addition of Residential Treatment Center as a covered benefit

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