

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

621



FROM: Human Resources Department


SUBMITTAL DATE:
March 17, 2005

SUBJECT: Medical And Hospital Subscriber Agreement with Mt. San Jacinto Winter Park Authority, dba Palm Springs Aerial Tramway.

RECOMMENDED MOTION: 1) Approve the attached Agreement for Mount San Jacinto Winter Park Authority, dba Palm Springs Aerial Tramway, from March 1, 2005 to December 31, 2005; 2) Authorize the Chairperson to sign four (4) copies of the attached Agreement and; 3) Retain one (1) copy of the signed Agreement and return three (3) copies to Human Resources for distribution.

BACKGROUND: In 1999, the Board of Supervisors established the County's self-funded Exclusive Provider Option (EPO) health plan, Exclusive Care, to provide a value health plan option to the employees of Riverside County and their families. In November 2002, the County received an interpretive opinion letter from the Department of Managed Health Care stating that Exclusive Care was exempt from licensure and could be expanded to provide services or reimbursement to employees and retirees of any city, district, public authority, or council of government that participates in the plan. At its meeting on July 1, 2003, the Board of Supervisors ratified a Letter of Agreement with the Palm Springs Aerial Tramway to provide the Tramway's employees with Exclusive Care Medical Coverage effective May 1, 2003. This Agreement replaces the original Letter of Agreement as amended and provides for health care coverage under a benefits plan similar to that offered to County employees and their dependents.

Departmental Concurrence


 Ronald W. Komers
 Asst. County Executive Officer/Human Resources Dir.

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	N/A
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	no
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2004-05

SOURCE OF FUNDS: N/A	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:
APPROVE

County Executive Office Signature



- Dept't Recomm.: Policy
- Per Exec. Ofc.: Policy
- Consent
- Consent

Prev. Agn. Ref.: | **District:** | **Agenda Number:**

**ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD**

3.25