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



**FROM:** Human Resources Department

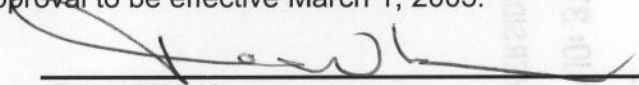
**SUBMITTAL DATE:**  
March 23, 2005

**SUBJECT:** Letter of Agreement with Mount San Jacinto Winter Park Authority, dba Palm Springs Aerial Tramway.

**RECOMMENDED MOTION:** 1) Approve and ratify the renewal amendment for Mount San Jacinto Winter Park Authority, dba Palm Springs Aerial Tramway, from August 1, 2003 to February 28, 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 Amendment extends that original Letter of Agreement through February 28, 2005. Exclusive Care coverage for the Tramway's employees will be continued through a new Agreement submitted separately for Board approval to be effective March 1, 2005.

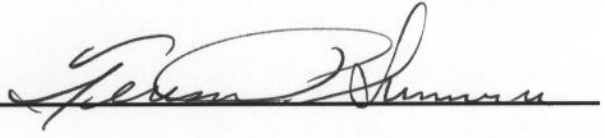
Departmental Concurrence

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

<b>FINANCIAL DATA</b>	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

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

**C.E.O. RECOMMENDATION:**  
**APPROVE**

**County Executive Office Signature**  


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

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

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

**3.26**