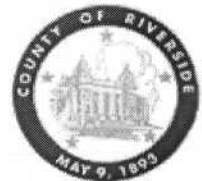


**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

503



**FROM:** Human Resources Department

**SUBMITTAL DATE:**  
November 3, 2005

**SUBJECT:** Medical Contractor Agreement with Apple Medical Center and Urgent Care, Inc.

**RECOMMENDED MOTION:** 1) Approve the new contract for Apple Medical Center and Urgent Care, Inc. located in Hemet, from December 1, 2005 through November 30, 2008; 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. To provide services to its enrolled members, Exclusive Care has contracted with a variety of healthcare providers. This Agreement adds Apple Medical Center and Urgent Care, Inc. to our network under terms similar to other contracted providers.

Departmental Concurrence

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

|                           |                               |                               |                         |         |
|---------------------------|-------------------------------|-------------------------------|-------------------------|---------|
| <b>FINANCIAL<br/>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:       | To be determined<br>by claims | For Fiscal Year:        | 2005-06 |

|                                   |                                  |                          |
|-----------------------------------|----------------------------------|--------------------------|
| SOURCE OF FUNDS: Medical Premiums | 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

- Policy
- Policy
- Consent
- Consent

Dep't Recomm.:  
Per Exec. Ofc.:

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

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

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