

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

157



FROM: Human Resources Department

SUBMITTAL DATE:  
January 8, 2007

SUBJECT: Exclusive Care - EPO Medical Contractor Agreement with Aragon Medical Center

**RECOMMENDED MOTION:** 1) Ratify and Approve the attached Medical Contractor Agreement from November 1, 2006 until October 31, 2009 with Aragon Medical Center, an urgent care office located in Temecula; 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 extends this provider's participation in the Exclusive Care Provider Network under terms similar to other comparable providers under contract.

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

**FINANCIAL  
DATA**

|                               |                 |                         |           |
|-------------------------------|-----------------|-------------------------|-----------|
| Current F.Y. Total Cost:      | \$ 0            | In Current Year Budget: | N/A       |
| Current F.Y. Net County Cost: | \$ 0            | Budget Adjustment:      | none      |
| Annual Net County Cost:       | \$TBD by Claims | For Fiscal Year:        | 2006-2007 |

**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

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

|                                  |                                            |
|----------------------------------|--------------------------------------------|
| <input type="checkbox"/> Consent | <input checked="" type="checkbox"/> Policy |
| <input type="checkbox"/> Consent | <input checked="" type="checkbox"/> Policy |

3001 JAN 11 AM 10:11

RECEIVED RIVERSIDE COUNTY

Prev. Agn. Ref.:

District:

Agenda Number:

3.30