



Palatine **LIBRARY** District

Bid Tabulation Form

Project: *Parking Garage Concrete Repairs*

Date: *3/1/2021* *10:03am*

<u>NAME</u>	<u>BID</u>
<i>Cruz Brothers *</i>	<i>\$506,180⁰⁰</i>
<i>Path Construction</i>	<i>\$942,650⁰⁰</i>
<i>Western Specialty *</i>	<i>\$559,315⁰⁰</i>
<i>JLJ Contracting</i>	<i>\$688,375⁰⁰</i>
<i>Continental</i>	<i>\$366,300⁰⁰</i>
<i>NRS</i>	<i>\$698,100⁰⁰</i>

* in attendance

One pkg rec'd. after 10:00AM. Not opened.



April 6, 2021

Ms. Jeannie Dilger
Palatine Library District
700 N. North Court
Palatine, Illinois 60067

RE: Garage Repair Bid Recommendations
Palatine Library Parking Garage Repair
Palatine, Illinois
IMEG #20004468.00

Dear Jeannie:

As requested, IMEG has performed scope review meetings with Cruz Brothers and Western Specialty, who are the two lowest bidders excluding Continental Construction. We have excluded Continental Construction because they did not attend the mandatory pre-bid meeting and because their bid bond is less than the required amount indicated on bid documents. Continental Construction's bid also does not incorporate updated bid forms or our responses to bid questions since they were not part of the email list consisting of pre-bid meeting attendees.

Based on these meetings, IMEG recommends awarding the garage repair work to Western Specialty. Western Specialty's bid is approximately 10% higher than Cruz Brothers', but we believe Western Specialty is better qualified for the garage repair work. On top of being a national firm that specializes specifically in concrete and masonry restorations, Western Specialty also has a proven track record with the Palatine Library having previously performed other concrete repair work at the library.

Scope review meetings were performed with Cruz Brothers and Western Specialty independently. During each meeting, we reviewed contractor's bids by line item and verified work being subcontracted. Western Specialty was able to provide a subcontractor listing, whereas Cruz Brothers does not know at this time what work they will be subcontracting out.

Cruz Brothers acknowledged that their \$7/ft and \$8/ft unit prices for overhead crack repair and vertical crack repair were mistakes on their bid, they had originally intended for these to be \$70/ft and \$80/ft respectively. Cruz Brothers also acknowledged that they did not contact the Village of Palatine to confirm their \$1,500 permit line item, whereas Western Specialty said they called the Village and received a range for their \$13,540 value. Cruz Brothers indicated they aggressively bid General Conditions/PM and

Jeannie Dilger
April 6, 2021

IMEG #20004468.00
Page 2 of 2

slab shoring allowance low in an attempt to win the job (\$8,500 and \$0 respectively). We are concerned that these mistakes on their bid alongside an aggressively low bid can result in a scenario where Cruz Brothers needs to cut corners to profit on the scope of work. This may result in a lower quality repair on this project, or even result in higher costs than anticipated for the Library.

Please feel free to reach out if you have additional questions on the matter or if you would like to further discuss.

Sincerely,

Michael J. Kuo, SE
Structural Project Engineer
Michael.J.Kuo@imegcorp.com

MJK/men

C:\Users\Mary.E.Nelson\AppData\Local\Microsoft\Windows\NetCache\Content.Outlook\BLAWV2KX\20210406 Ltr Garage Repair Bid Recommendations.docx



Jeannie Dilger

From: Dennis G. Walsh <DGWalsh@KTJLAW.com>
Sent: Monday, April 12, 2021 1:48 PM
To: Jeannie Dilger
Cc: Dan Eallonardo (dan.eallonardo@icsillinois.com)
Subject: RE: Palatine Public Library Garage Repair Bid Recommendation

Hi Jeannie, Sorry in the delay getting back to you on this. I was out of the office for a large part of last week. I have reviewed the letter from IMEG and understand the valid concerns that they have with Cruz Brothers. Based on that investigation and recommendation, I think that the Library District can go ahead and determine that Western Specialty is the lowest responsible bidder for the garage concrete repair project. I think the motion goes something like this:

"I move that the Board of Trustees find that Western Specialty is the lowest responsible bidder for the garage concrete repair project and I move to accept its bid in the amount of \$.00 and to authorize the Library Director to execute a contract with Western Specialty, subject to attorney review."

Please let me know if you need anything else. Dennis



DENNIS G. WALSH
Partner

dgwalsh@ktjlaw.com
o: 708.349.3888 | c: 708.476.9488

20 N. Wacker Dr., Ste. 1660
Chicago, IL 60606 | p: 312.984.6400

15010 S. Ravinia Avenue, Ste 10
Orland Park, IL 60462 | p: 708.349.3888

ktjlaw.com

From: Jeannie Dilger [mailto:JDilger@palatinelibrary.org]
Sent: Tuesday, April 6, 2021 5:51 PM
To: Dennis G. Walsh
Cc: Dan Eallonardo (dan.eallonardo@icsillinois.com)
Subject: FW: Palatine Public Library Garage Repair Bid Recommendation

Dennis,

Can you please review the attached recommendation from IMEG on our garage concrete repair project? Some background:

- Cruz Brothers bid roughly \$503k, and Western Specialty bid roughly \$559k. (Don't have the exact numbers in front of me, but let me know if you need them.)

- While Cruz Brothers did acknowledge some errors in their bid (as noted in the attached recommendation), they agreed during scope review to the numbers they bid.

I'd like your opinion on whether the Library can accept the Western Specialty bid, passing over Cruz Brothers. Our owner's rep, Dan Eallonardo, participated in the scope reviews and is available if you have questions. You should have the original bid specs that you reviewed, but let me know if you need them or anything else from me. It's our intention to put a recommendation in the board packet that goes out Tuesday, April 13.

Thanks,
Jeannie

Jeannie Dilger, Executive Director (she/her)

Palatine Library District

700 N. North Ct. • Palatine, IL 60067 • 847.907.3600 x209

[Facebook](#) • [Twitter](#) • [Instagram](#) • [Flickr](#) • [YouTube](#)

From: Michael J. Kuo <Michael.J.Kuo@imegcorp.com>

Sent: Tuesday, April 6, 2021 5:34 PM

To: Jeannie Dilger <JDilger@palatinelibrary.org>; Gregg Szczesny <GSzczesny@palatinelibrary.org>

Cc: Karl R. Pennings <Karl.R.Pennings@imegcorp.com>; Dan Eallonardo (dan.eallonardo@icsillinois.com) <dan.eallonardo@icsillinois.com>

Subject: Palatine Public Library Garage Repair Bid Recommendation

Jeannie,

Please see attached for a IMEG's recommendation following scope review meetings with Western Specialty and Cruz Brothers. I believe Dan had a phone call with you this afternoon to summarize, but feel free to reach out if you have any additional questions leading up to this week's board meeting.

Regards,

Michael Kuo, SE
Structural Project Engineer



IMEG Corp.

1100 Warrenville Road | Suite 400W | Naperville, IL 60563

(630) 753-8545 | phone

(630) 441-8215 | mobile

Michael.J.Kuo@imegcorp.com

[website](#) | [vCard](#) | [map](#) | [regional news](#)   

[Learn more](#) about us and the IMEG story!

This email may contain confidential and/or private information. If you received this email in error please delete and notify sender.



WESTERNTM

SPECIALTY CONTRACTORS
CONFIDENCE THROUGH PERFORMANCE





March 1, 2021

Mr. Greg Szczensy
Palatine Public Library
700 N North Court
Palatine, IL 60067

RE: Palatine Public Library Garage Repairs

Dear Mr. Szczensy,

Attached is our bid proposal to you for the above referenced project. We have included with our proposal some information regarding our Company that hopefully you will find sets us apart from our competition. Western Specialty Contractors is the largest and oldest restoration contractor in the United States. We only specialize in masonry and concrete restoration and have been in business for over 105 years. We also have a serious commitment to safety and a commendable track record which helps reduce our exposure to potential risks involved at a busy location such as yours. We have the experience necessary to ensure a safe environment that creates the least amount of disruption to everyday operations.

We are the oldest and largest firm in the field of restoration for one reason: We deliver the most quality repairs completed in a safe manner at a fair price. A summary of our safety program and quality assurance program are included within this package.

Again, we appreciate the opportunity to submit our proposal package to you. We look forward to working together with you and IMEG Corp on this very important project. If you have any questions, please do not hesitate to contact me directly to discuss.

Sincerely,

Matt Ziesemer
Sales/Project Manager
Western Specialty Contractors

Encl.

- Bid Form

COMMERCIAL • INDUSTRIAL • HISTORIC • FACADES
MASONRY RESTORATION • CONCRETE RESTORATION • ROOFING • WATERPROOFING

1.1 BID INFORMATION

- A. Bidder:
- B. Project Name: Palatine Public Library Garage Repairs
- C. Project Location: 700 N North Ct, Palatine, Illinois 60067
- D. Owner: Palatine Public Library
- E. Engineer: IMEG Corp
- F. Engineer Project Number: 2004468.00

1.2 CERTIFICATIONS AND BASE BID

- A. Base Bid, Single-Prime (All Trades) Contract: The undersigned Bidder, having carefully examined the Procurement and Contracting Requirements, Conditions of the Contract, Drawings, Specifications, and all subsequent Addenda, as prepared by IMEG Corp, having visited the site, and being familiar with all conditions and requirements of the Work, hereby agrees to furnish all material, labor, equipment and services, including all scheduled allowances, necessary to complete the construction of the above-named project, according to the requirements of the Procurement and Contracting Documents, for the stipulated sum of:

- 1. Five Hundred Fifty Nine Thousand Three Hundred Fifteen Dollars (\$ 559,315.00).
- 2. The above amount is based on the following quantities and unit prices. The lump sum base bid is a total of these bid quantities.

		Quantity	Unit Price	Total Cost
a.	Permits	Lump sum	\$	\$ 13,540.00
b.	General Conditions & Project Management	Lump sum	\$	\$ 61,000.00
c.	Mobilization	Lump sum	\$	\$ 1,930.00
d.	Phasing, Traffic Control & Dust Control Allowance	Lump sum	\$	\$ 14,885.00
e.	Slab Shoring Allowance	Lump sum	\$	\$ 1,285.00
f.	Power Washing	39,000 SF	\$.06 per SF	\$ 2,340.00
g.	Partial Depth Slab Repair (2" average depth)	3,100 SF	\$36.50 per SF	\$ 113,150.00
h.	Full Depth Slab Repair	300 SF	\$140.00 per SF	\$ 42,000.00
i.	Partial Depth Wall Repairs	60 SF	\$110.00 per SF	\$ 6,600.00
j.	Partial Depth Overhead Slab Repair	70 SF	\$196.00 per SF	\$ 13,720.00
k.	Overhead Crack Repair	110 LF	\$69.00 per LF	\$ 7,590.00
l.	ADA Curb Cut	70 SF	\$155.00 per SF	\$ 10,850.00
m.	Vertical Crack Repair	50 LF	\$51.00 per LF	\$ 2,550.00
n.	Traffic Bearing Membrane	39,000 SF	\$6.75 per SF	\$ 263,250.00
o.	Mudjacking	1,250 SF	\$ 3.70 per SF	\$ 4,625.00



p.	Other Work Item not listed but required			
			TOTAL BASE BID	\$559,315.00

3. The above amount may be modified by amounts indicated by the Bidder on the attached Document 004322 "Unit Prices Form".

1.3 BID GUARANTEE

- A. The undersigned Bidder agrees to execute a contract for this Work in the above amount and to furnish surety as specified within 10 days after a written Notice of Award, if offered within 60 days after receipt of bids, and on failure to do so agrees to forfeit to Owner the attached certified check or bid bond, as liquidated damages for such failure, in the following amount constituting ten percent (10%) of the Base Bid amount above:

1. Five Hundred Fifty Nine Thousand Three Hundred Fifteen Dollars (\$ 559,315.00).

- B. In the event Owner does not offer Notice of Award within the time limits stated above, Owner will return to the undersigned the certified check or bid bond.

1.4 SUBCONTRACTORS AND SUPPLIERS

- A. The following companies shall execute subcontracts for the portions of the Work indicated:

	<u>Portion of the Work Activity</u>	<u>Name of Company</u>	<u>Address</u>
1.	<u></u>	<u></u>	<u></u>
2.	<u></u>	<u></u>	<u></u>
3.	<u></u>	<u></u>	<u></u>

4. _____

1.5 TIME OF COMPLETION

- A. The undersigned Bidder proposes and agrees hereby to commence the Work of the Contract Documents on a date specified in a written Notice of Award to be issued by the Owner, and shall fully complete the Work within 120 calendar days.

1.6 ACKNOWLEDGEMENT OF ADDENDA

- A. The undersigned Bidder acknowledges receipt of and use of the following Addenda in the preparation of this Bid:

Addendum No.	Date
1. Updated Bid Form	2/17/21
2. Updated Bid Form & Bid Questions	2/25/21
3. _____	_____
4. _____	_____

1.7 BID SUPPLEMENTS

- A. The following supplements are a part of this Bid Form and are attached hereto.

1. Bid Form Supplement - Unit Prices.

1.8 CONTRACTOR'S LICENSE

- A. The undersigned further states that it is a duly licensed contractor, for the type of work proposed, in the State of Ohio, and that all fees, permits, etc., pursuant to submitting this proposal have been paid in full.

1.9 SUBMISSION OF BID

Respectfully submitted this 1st day of March, 2021.

Submitted By: Western Waterproofing Co Inc. dba Western Specialty Contractors

(Name of bidding firm or corporation)

Authorized Signature: _____

(Handwritten signature)

Signed By: _____

Steve Genovese

(Type or print name)



Palatine LIBRARY

District

Branch Manager

Revised February 25, 2021

Title:

(Owner/Partner/President/Vice President)

Witness By:

My Linh Truong
(Handwritten signature)

Attest:

[Signature]
(Handwritten signature)

By:

Matt Ziesemer

(Type or print name)

Title:

Sales/Project Manager

(Corporate Secretary or Assistant Secretary)

Street Address:

676 E Fullerton Avenue

City, State, Zip Phone:

Glendale Heights, IL 60139

License No.:

104.000913 - State of Illinois Contractor License

Federal ID No.:

43-0634668

(Affix Corporate Seal Here)

END OF DOCUMENT 004113

1.1 BID INFORMATION

A. Bidder:

A. Project Name: Palatine Public Library Parking Garage Repairs

B. Project Location: 700 N North Ct, Palatine, Illinois 60067

C. Owner: Palatine Public Library

D. Engineer: IMEG Corp

E. Engineer Project Number: 20004468.00

1.2 BID FORM SUPPLEMENT

A. This form is required to be attached to the Bid Form.

B. The undersigned Bidder proposes the amounts below be added to or deducted from the Contract Sum on performance and measurement of the individual items of Work and for adjustment of the quantity given in the Unit-Price Allowance for the actual measurement of individual items of the Work.

C. If the unit price does not affect the Work of this Contract, the Bidder shall indicate "NOT APPLICABLE."

1.3 UNIT PRICES FOR ADDITIONAL WORK

The undersigned proposes the following unit prices for authorized changes in the Base Bid work. Unit prices shall include all charges for incidental expenses, insurances, taxes, overhead and profit. The Owner retains the right to accept or reject said unit prices.

		<u>Unit Price</u>	
A.	Additional depth removal of concrete over minimum amount specified (includes all surface preparations necessary)	Slab	\$ 6.26 / 1/2" / SF
		Ceiling	\$ 24.67 / 1/2" / SF
		Wall	\$ 9.40 / 1/2" / SF
B.	Provide additional concrete patching Material at depth greater than specified (includes all surface preparations necessary)	Slab	\$ 2.86 / 1/2" / SF



Ceiling	\$	8.00	/ 1/2" / SF
Wall	\$	9.40	/ 1/2" / SF

C. Provide additional length of joint sealant 8.50 \$ / LF

1.4 SUBMISSION OF BID SUPPLEMENT

Respectfully submitted this 1st day of March, 2021.

Submitted By: Western Waterproofing Co Inc. dba Western Specialty Contractors
(Name of bidding firm or corporation)

Authorized Signature:


(Handwritten signature)

Signed By:

Steve Genovese
(Type or print name)

Title:

Branch Manager
(Owner/Partner/President/Vice President)

END OF DOCUMENT 004322



INTERNAL MEMO

TO: Library Board of Trustees

FROM: Jeannie Dilger, Executive Director

DATE: April 9, 2021

SUBJECT: Health Insurance 2021-2022

Trustees,

Our strategic plan goal 3.2 is “The Library is a preferred employer that values staff development and retention.” In our 2018 Financial Management Plan, we targeted adding family health insurance coverage in fiscal year 2021-2022.

Working with health insurance broker GCG, we sent eligible employees a survey asking about family health insurance. The primary purpose of the survey was to gauge employee interest in family health insurance coverage. For the purposes of the survey, we assumed the Library would continue to cover 85% of employee premiums, with the addition of 50% of spouse, child, or family premiums. Those percentages are similar to other GCG clients’ coverage. The preliminary results of the survey are attached. (Not all eligible employees have completed the survey as of this writing.)

We also participated in the National Policy & Benefits Survey conducted by HR Source. The survey results are 158 pages, but I’ve included some pages relevant to health insurance benefits for your information. I’ve also highlighted the Library’s current coverage for comparison. I’m happy to email the full report to anyone who is interested.

Finally, I’ve included two spreadsheets showing hypothetical costs for (a) covering 85% of employee and 50% of family premiums or (b) offering a flat amount of \$1000/month toward premiums. The latter may require some explanation during the Board meeting.

It’s important to note that all of this information is based on current rates. We expect to receive our new rates at the end of April. Rather than focus on dollar amounts, I’m asking the Board to provide overall direction to the Finance Committee on the following questions:

1. Should the Library add family coverage this fiscal year?
2. If yes, should that coverage be based on a percentage or dollar figure?
3. Are the percentages/dollar amounts I’ve shown in these calculations within the range of what the Board is comfortable offering?



Based on your recommendations, the Finance Committee will meet in early May with new rates to look at how this might fit into the overall budget. Their proposal will then come to the full Board as part of the budget for review in May and adoption in June.

I recognize that this is a lot of information to digest. As always, I'm available to answer questions.

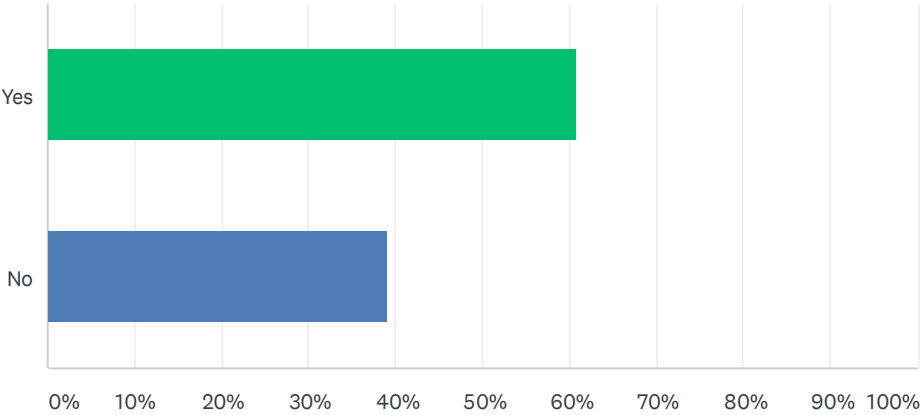
Sincerely,

Jeannie Dilger

Executive Director

Q1 MEDICAL: Are you currently enrolled in the Palatine Library District employee medical care plan?

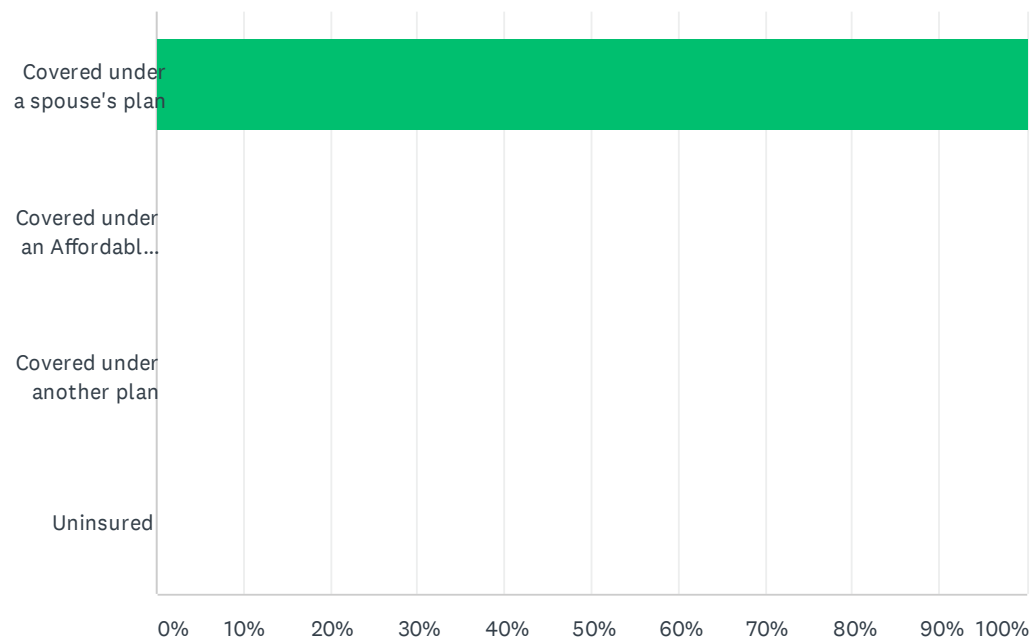
Answered: 23 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	60.87%	14
No	39.13%	9
TOTAL		23

Q2 If you answered no, are you: (Skip if you answered yes to #1.)

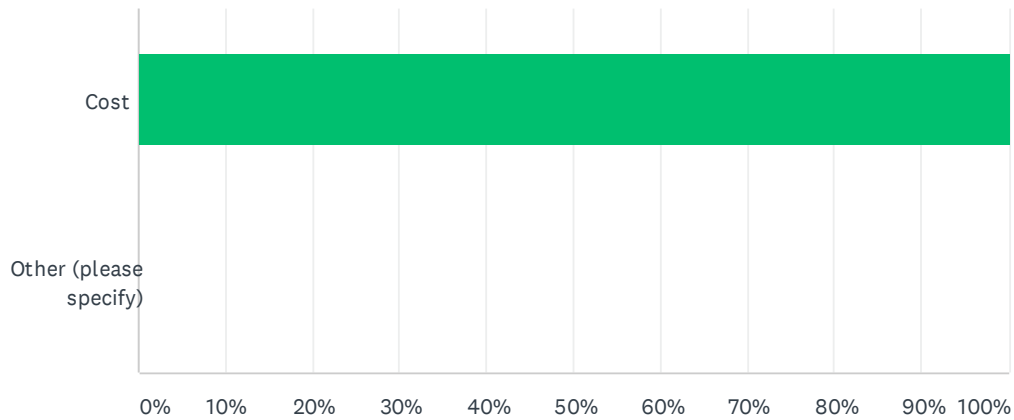
Answered: 9 Skipped: 15



ANSWER CHOICES	RESPONSES	
Covered under a spouse's plan	100.00%	9
Covered under an Affordable Care Act plan	0.00%	0
Covered under another plan	0.00%	0
Uninsured	0.00%	0
TOTAL		9

Q3 If you do not have medical insurance, are you uninsured because of: (Skip if not applicable.)

Answered: 1 Skipped: 23



ANSWER CHOICES	RESPONSES	
Cost	100.00%	1
Other (please specify)	0.00%	0
TOTAL		1

We do not yet have medical insurance rates for the new year, but we anticipate they may go up 10-30%. The chart below shows the current rates, as well as what the costs would be if the Library assumed 50% of family coverage.

	Current Monthly Premium	Library Cost	Employee Cost
High Deductible Plan			
Employee	\$872.68	\$741.78	\$130.90
Employee + Spouse	\$2,104.05	\$1,357.46	\$746.59
Employee + Child	\$1,959.28	\$1,317.94	\$641.34
Family	\$3,000.34	\$1,805.61	\$1,194.73
HMO Plan			
Employee	\$786.88	\$668.85	\$118.03
Employee + Spouse	\$1,897.23	\$1,224.02	\$673.21
Employee + Child	\$1,595.05	\$1,072.93	\$522.12
Family	\$2,705.39	\$1,628.10	\$1,077.29
PPO Plan			
Employee	\$966.57	\$821.58	\$144.99
Employee + Spouse	\$2,330.44	\$1,503.52	\$826.92
Employee + Child	\$1,959.28	\$1,317.94	\$641.34
Family	\$3,323.16	\$1,999.88	\$1,323.28

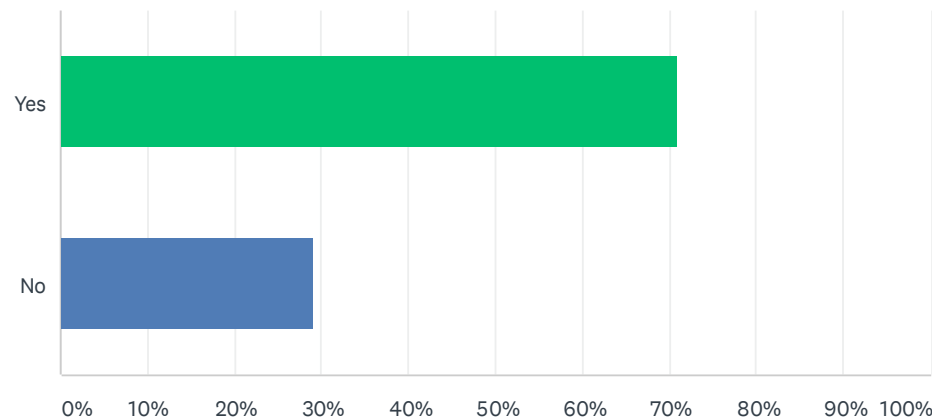
Based on these figures and knowing that costs will likely increase next year, please indicate which option you would most likely choose. Your selection is not a binding decision; it just gives us information to understand how many employees are likely to opt in to family coverage.

Health Insurance Benefits Survey

ANSWER CHOICES	RESPONSES	
High Deductible Employee Only	18.18%	4
High Deductible Employee + Spouse	0.00%	0
High Deductible Employee + Child	0.00%	0
High Deductible Employee + Family	0.00%	0
PPO Employee Only	36.36%	8
PPO Employee + Spouse	0.00%	0
PPO Employee + Child	4.55%	1
PPO Employee + Family	0.00%	0
HMO Employee Only	9.09%	2
HMO Employee + Spouse	4.55%	1
HMO Employee + Child	0.00%	0
HMO Employee + Family	0.00%	0
No Medical Coverage (opt out)	27.27%	6
TOTAL		22

Q5 DENTAL: Are you currently enrolled in the Palatine Library District employee dental care plan?

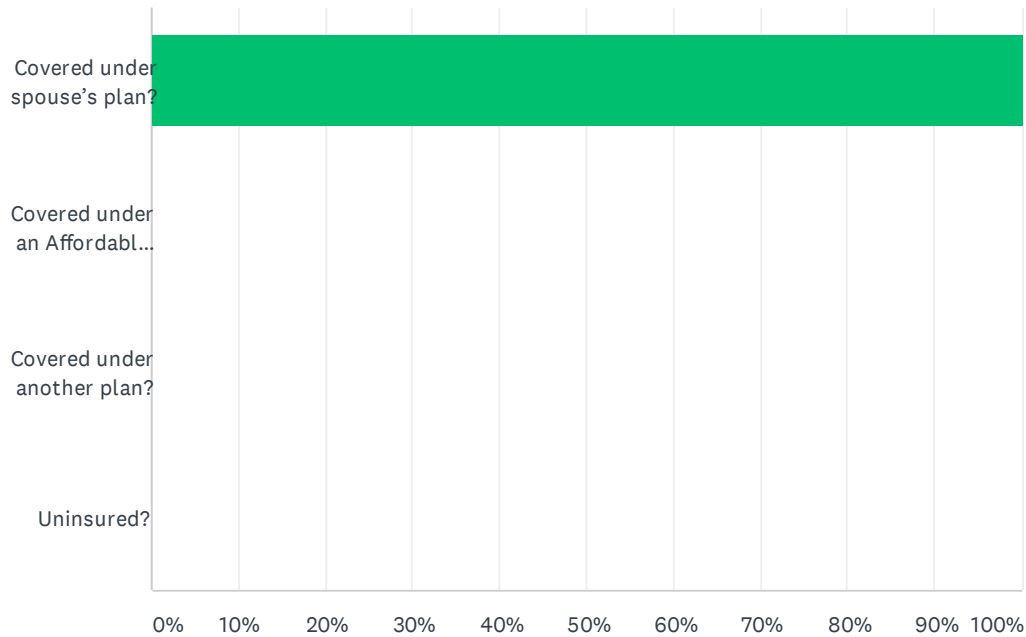
Answered: 24 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	70.83%	17
No	29.17%	7
TOTAL		24

Q6 If you answered no, are you: (Skip if you answered yes to #5.)

Answered: 6 Skipped: 18



ANSWER CHOICES	RESPONSES	
Covered under spouse's plan?	100.00%	6
Covered under an Affordable Care Act plan?	0.00%	0
Covered under another plan?	0.00%	0
Uninsured?	0.00%	0
TOTAL		6

Q7 If you do not have dental insurance, are you uninsured because of:
(Skip if not applicable.)

Answered: 0 Skipped: 24

 No matching responses.

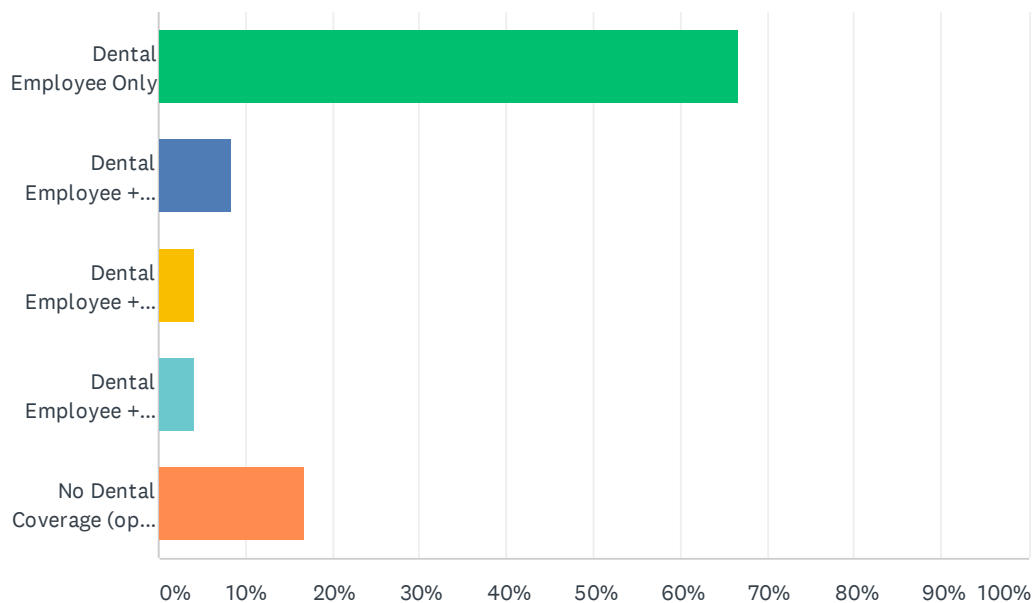
ANSWER CHOICES	RESPONSES	
Cost	0.00%	0
Other (please specify)	0.00%	0
TOTAL		0

Health Insurance Benefits Survey

Q8 We do not yet have dental insurance rates for the new year, but we anticipate no change. The chart below shows the current rates, as well as what the costs would be if the Library assumed 50% of family coverage.

DENTAL	Current Monthly Premium	Library Cost	Employee Cost
Employee	\$42.76	\$36.35	\$6.41
Employee + Spouse	\$77.72	\$53.83	\$23.89
Employee + Child	\$86.03	\$57.98	\$28.05
Family	\$130.53	\$80.23	\$50.30

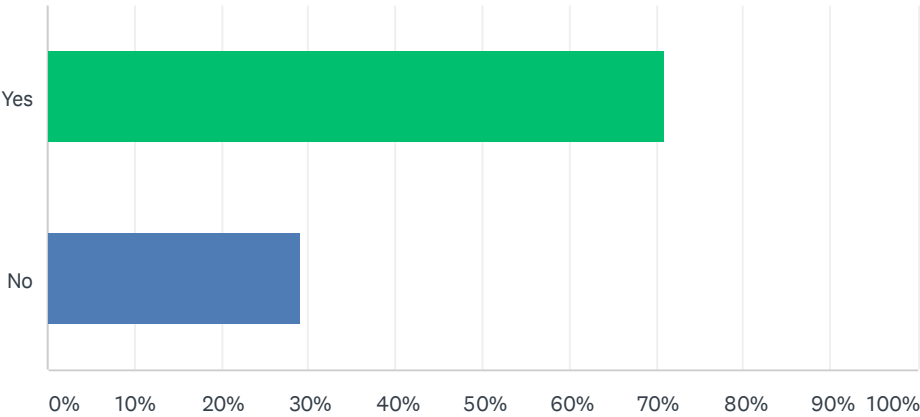
Based on these figures and knowing that costs could possibly increase next year, please indicate which option you would most likely choose. Your selection is not a binding decision; it just gives us information to understand how many employees are likely to opt in to family coverage.



ANSWER CHOICES	RESPONSES	
Dental Employee Only	66.67%	16
Dental Employee + Spouse	8.33%	2
Dental Employee + Child	4.17%	1
Dental Employee + Family	4.17%	1
No Dental Coverage (opt out)	16.67%	4
TOTAL		24

Q9 VISION: Are you currently enrolled in the Palatine Library District employee vision plan?

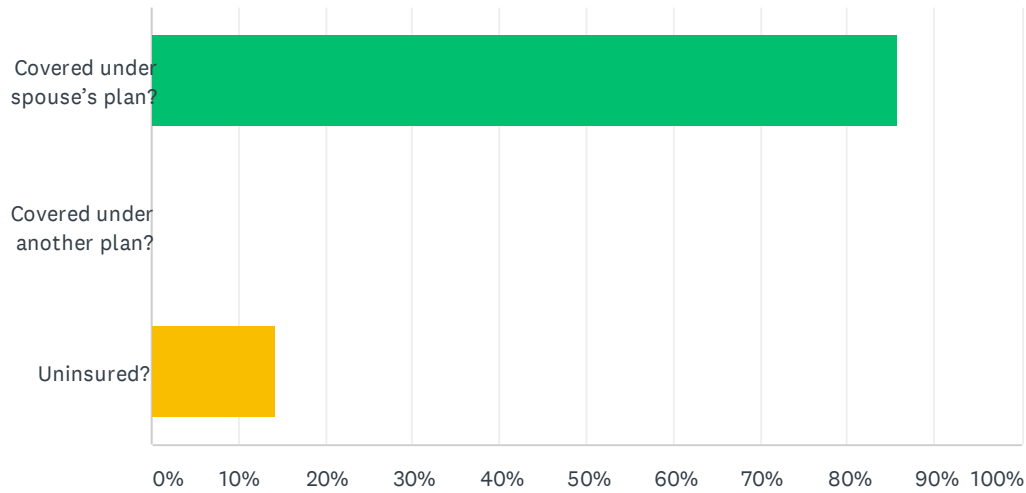
Answered: 24 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	70.83%	17
No	29.17%	7
TOTAL		24

Q10 If you answered no, are you: (Skip if you answered yes to #9.)

Answered: 7 Skipped: 17



ANSWER CHOICES		RESPONSES	
Covered under spouse's plan?		85.71%	6
Covered under another plan?		0.00%	0
Uninsured?		14.29%	1
TOTAL			7

Q11 If you do not have vision insurance, are you uninsured because of:
(Skip if not applicable.)

Answered: 0 Skipped: 24

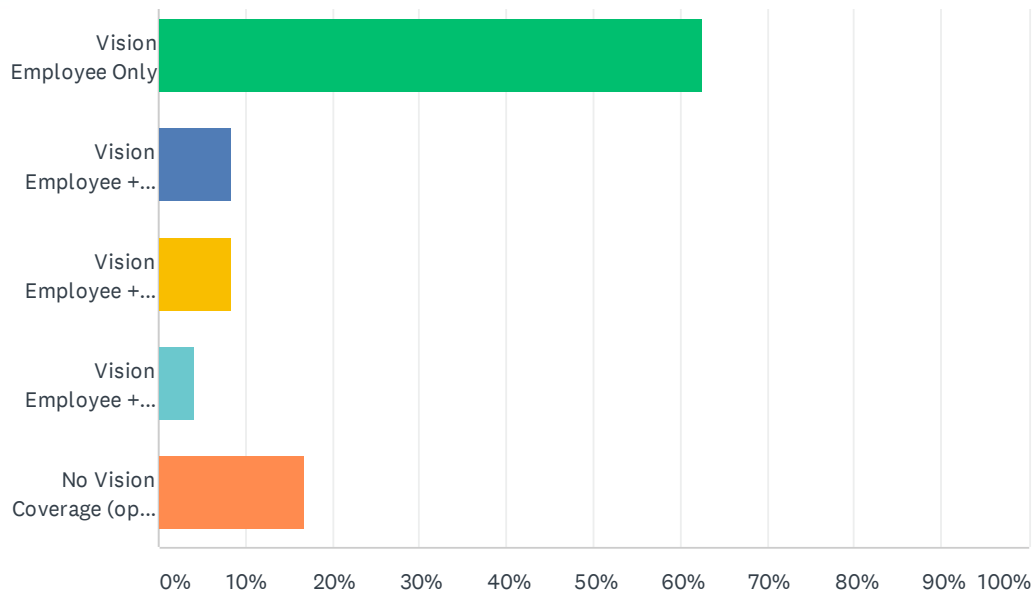
 No matching responses.

ANSWER CHOICES	RESPONSES	
Cost	0.00%	0
Other (please specify)	0.00%	0
TOTAL		0

Q12 We do not yet have vision insurance rates for the new year, but we anticipate no change. The chart below shows the current rates, as well as what the costs would be if the Library assumed 50% of family coverage.

VISION	Current Monthly Rates	Library Cost	Employee Cost
Employee	\$8.91	\$7.57	\$1.34
Employee + Spouse	\$17.30	\$11.77	\$5.53
Employee + Child	\$18.03	\$12.13	\$5.90
Family	\$28.67	\$17.45	\$11.22

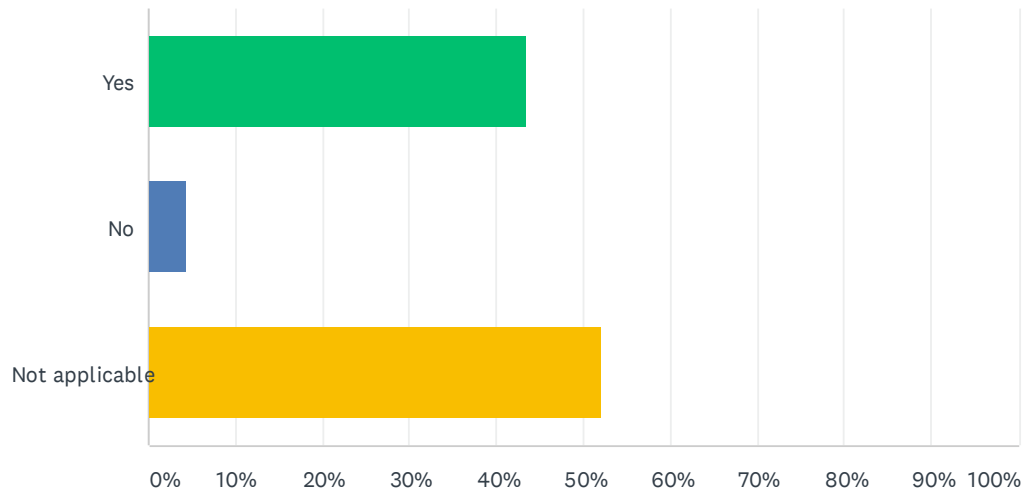
Based on these figures and knowing that costs could increase next year, please indicate which option you would most likely choose. Your selection is not a binding decision; it just gives us information to understand how many employees are likely to opt in to family coverage.



ANSWER CHOICES	RESPONSES	
Vision Employee Only	62.50%	15
Vision Employee + Spouse	8.33%	2
Vision Employee + Child	8.33%	2
Vision Employee + Family	4.17%	1
No Vision Coverage (opt out)	16.67%	4
TOTAL		24

Q13 Is your spouse eligible for medical insurance and/or other benefits from their own employer?

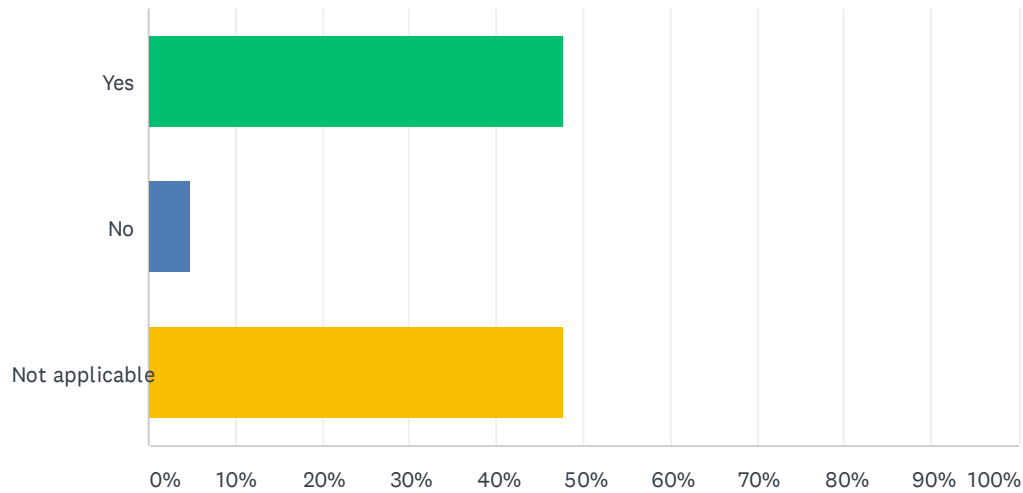
Answered: 23 Skipped: 1



ANSWER CHOICES		RESPONSES	
Yes		43.48%	10
No		4.35%	1
Not applicable		52.17%	12
TOTAL			23

Q14 If your spouse is eligible for benefits from their own employer, do they participate in those benefit plans?

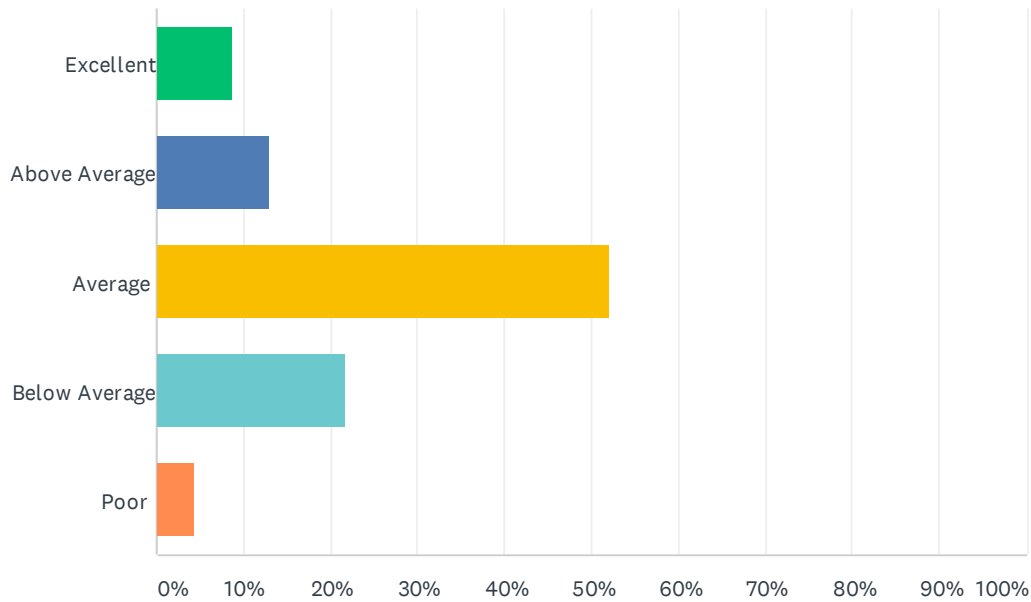
Answered: 21 Skipped: 3



ANSWER CHOICES		RESPONSES	
Yes		47.62%	10
No		4.76%	1
Not applicable		47.62%	10
TOTAL			21

Q15 What is your impression of Palatine Library District's benefit plans compared to other local employers?

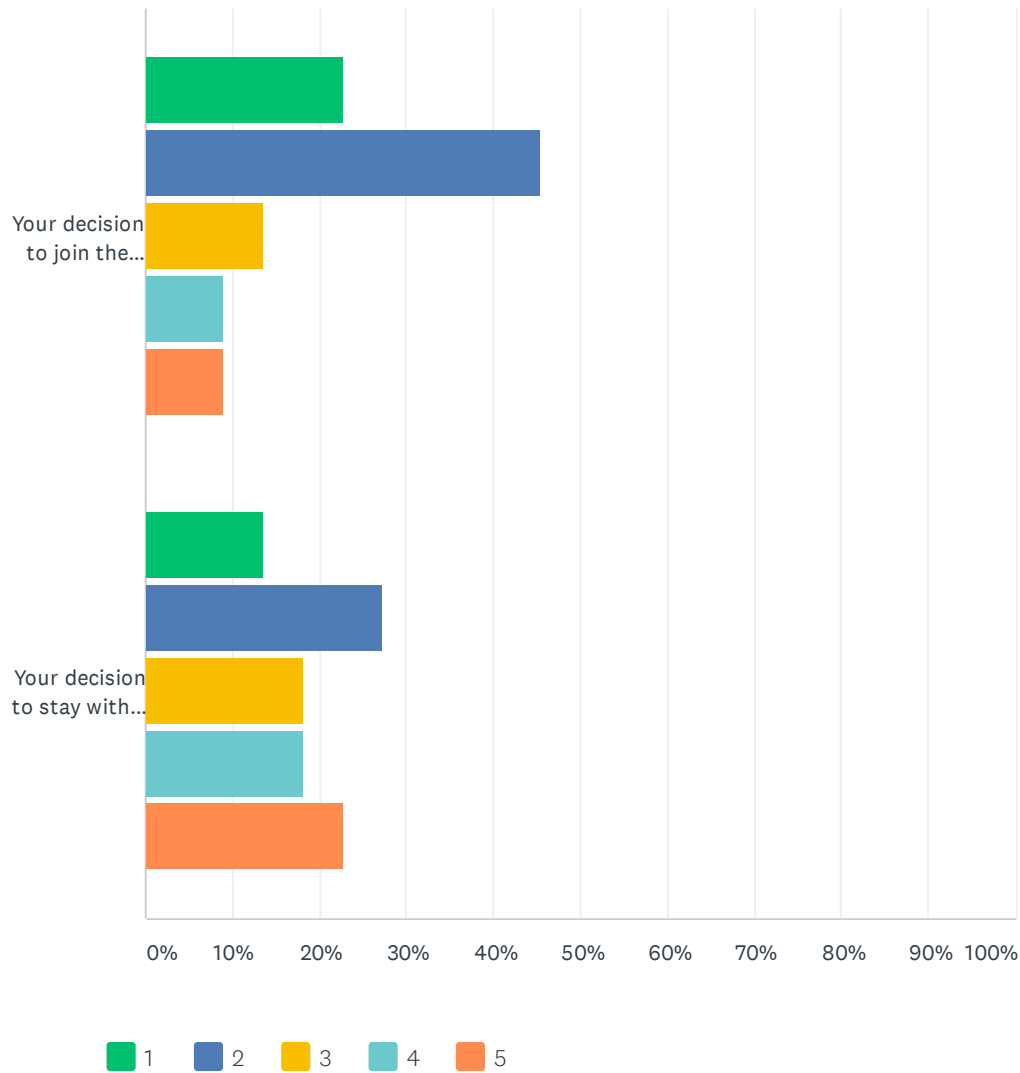
Answered: 23 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	8.70%	2
Above Average	13.04%	3
Average	52.17%	12
Below Average	21.74%	5
Poor	4.35%	1
TOTAL		23

Q16 On a scale of 1 to 5 where 5 equals “a lot” and 1 equals “not at all,” how much of an impact did Palatine Library District benefits have on:

Answered: 22 Skipped: 2



	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
Your decision to join the company?	22.73% 5	45.45% 10	13.64% 3	9.09% 2	9.09% 2	22	2.36
Your decision to stay with the company?	13.64% 3	27.27% 6	18.18% 4	18.18% 4	22.73% 5	22	3.09

2021/2022



National Policies & Benefits Survey

HR Source
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2021/2022 National Policies & Benefits Survey

An Employer Associations of America (EAA) Sponsored Survey coordinated by HR Source in cooperation with 13 associations nationwide.

Published: March 2021

Confidential Survey Report

This survey is provided with the understanding that the information will:

- remain strictly confidential
 - be restricted to authorized personnel only
 - not be used in collective bargaining or grievance proceedings
 - protect organizational identity completely
-



National surveys produced by the EAA include:

- National Business Trends Survey
- National Executive Compensation Survey
- National IT & Engineering Compensation Survey
- National Policies & Benefits Survey
- National Sales Compensation Survey
- National Wage & Salary Survey

Contact your local association (see page iv) for more information.

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2021/2022 National Policies & Benefits Survey Health and Welfare Benefits

MEDICAL INSURANCE

54. Employees become eligible for medical insurance coverage:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Immediately	8.1%	7.9%	10.5%	11.7%	7.5%	10.3%	12.2%	13.4%	7.8%	16.3%	17.5%	19.6%	7.7%	10.2%	12.2%	13.5%
First of the month after hire	18.9%	17.5%	22.1%	24.3%	13.4%	20.6%	24.5%	25.8%	25.5%	34.1%	36.4%	36.1%	18.7%	21.4%	25.2%	26.5%
First of the month following 30 days of employment	29.7%	34.1%	34.7%	34.0%	20.9%	33.2%	32.5%	33.9%	23.5%	22.0%	22.7%	22.8%	23.9%	31.9%	32.0%	32.5%
First of the month following 60 days of employment	21.6%	27.2%	21.0%	19.6%	29.9%	27.3%	24.3%	21.3%	21.6%	18.7%	16.9%	15.2%	25.2%	26.0%	21.9%	19.8%
90th day of employment	13.5%	10.6%	9.6%	8.7%	17.9%	8.0%	6.1%	5.4%	11.8%	6.5%	5.8%	5.7%	14.8%	8.8%	7.5%	6.9%
Coverage not provided	8.1%	2.7%	2.2%	1.7%	10.4%	.5%	.4%	.2%	9.8%	2.4%	.6%	.6%	9.7%	1.7%	1.2%	.9%
Organizations Responding	37	331	458	515	67	388	493	516	51	123	154	158	155	842	1105	1189

55. Do you offer a choice of more than one medical plan/coverage option?

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Yes	51.5%	58.7%	62.6%	61.2%	64.1%	77.9%	77.0%	77.2%	70.8%	84.3%	86.9%	87.3%	63.4%	71.3%	72.5%	71.7%
No	48.5%	41.3%	37.4%	38.8%	35.9%	22.1%	23.0%	22.8%	29.2%	15.7%	13.1%	12.7%	36.6%	28.7%	27.5%	28.3%
Organizations Responding	33	322	446	503	64	384	491	514	48	121	153	157	145	827	1090	1174

56. Is your medical program:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Insured	64.7%	75.0%	77.1%	77.4%	62.3%	54.0%	58.9%	59.4%	21.7%	23.5%	25.8%	27.1%	49.6%	57.8%	61.7%	62.8%
Self-insured	26.5%	20.9%	19.0%	18.4%	36.1%	41.5%	38.0%	36.5%	69.6%	71.4%	69.5%	68.4%	44.7%	37.8%	34.7%	33.0%
Offer both insured and self-funded plans	8.8%	4.1%	3.8%	4.2%	1.6%	4.4%	3.1%	4.1%	8.7%	5.0%	4.6%	4.5%	5.7%	4.4%	3.6%	4.2%
Organizations Responding	34	320	442	501	61	383	489	512	46	119	151	155	141	822	1082	1168

2021/2022 National Policies & Benefits Survey
Health and Welfare Benefits

65. If yes, what does your wellness incentive provide?

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Reduction in employee premiums	33.3%	40.9%	42.4%	38.4%	56.5%	59.2%	52.9%	53.0%	61.9%	73.1%	70.0%	71.1%	54.7%	57.0%	53.2%	51.8%
Improved benefits	.0%	5.7%	7.6%	7.2%	4.3%	3.4%	3.7%	3.5%	9.5%	6.0%	6.3%	6.0%	5.7%	4.6%	5.4%	5.2%
Other incentives	66.7%	64.8%	62.7%	65.9%	60.9%	49.0%	57.1%	57.0%	47.6%	37.3%	41.3%	41.0%	56.6%	51.0%	55.5%	56.8%
Organizations Responding	9	88	118	138	23	147	191	200	21	67	80	83	53	302	389	421

66. What percent of employees are enrolled in the following insurance plans?

HMO:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Average %	66.7%	51.5%	52.5%	49.1%	39.5%	47.6%	37.5%	42.4%	68.7%	56.3%	58.4%	53.7%	56.4%	50.3%	46.0%	46.6%
Organizations Responding	3	8	17	23	4	21	28	32	3	8	10	11	10	37	55	66

PPO:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Average %	75.0%	59.4%	52.9%	56.2%	64.0%	54.0%	48.7%	50.3%	78.1%	56.0%	50.7%	50.9%	71.8%	55.9%	50.2%	52.1%
Organizations Responding	5	50	64	74	15	97	125	134	16	42	51	54	36	189	240	262

High Deductible Health Plan:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Average %	62.5%	49.1%	56.9%	56.0%	36.6%	46.3%	45.9%	46.9%	43.4%	51.7%	50.1%	47.9%	42.1%	48.1%	49.3%	49.6%
Organizations Responding	2	42	47	66	10	85	115	127	11	33	43	46	23	160	205	239

2021/2022 National Policies & Benefits Survey Health and Welfare Benefits

67. What percent of employees are enrolled in your vision and dental insurance plans?

Vision:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Average %	91.3%	54.5%	51.8%	58.4%	54.2%	53.4%	51.3%	55.2%	66.7%	58.8%	60.8%	61.3%	63.3%	54.9%	53.5%	57.4%
Organizations Responding	4	58	79	97	19	112	148	158	18	50	61	60	41	220	288	315

Dental:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Average %	84.2%	61.2%	63.6%	70.1%	67.1%	68.2%	62.1%	67.5%	80.3%	73.5%	74.5%	75.6%	75.2%	67.4%	65.0%	69.8%
Organizations Responding	6	68	89	109	19	123	161	170	20	53	64	64	45	244	314	343

HMO PLANS

68. Do you offer a HMO plan?

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Yes	25.0%	19.2%	24.6%	23.6%	18.6%	20.6%	21.4%	22.3%	23.3%	19.7%	22.0%	23.4%	21.6%	20.0%	22.8%	23.0%
No	75.0%	80.8%	75.4%	76.4%	81.4%	79.4%	78.6%	77.7%	76.7%	80.3%	78.0%	76.6%	78.4%	80.0%	77.2%	77.0%
Organizations Responding	32	317	443	500	59	383	487	511	43	117	150	154	134	817	1080	1165

69. Average HMO office visit co-pay:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg \$ amount	\$14	\$23	\$23	\$23	\$20	\$27	\$25	\$25	\$25	\$23	\$23	\$22	\$20	\$25	\$24	\$24
Organizations Responding	7	55	99	104	10	74	100	109	9	20	28	31	26	149	227	244

2021/2022 National Policies & Benefits Survey
Health and Welfare Benefits

70. Average HMO specialist office visit co-pay:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg \$ amount	\$40	\$46	\$44	\$44	\$31	\$46	\$42	\$43	\$36	\$40	\$39	\$40	\$35	\$45	\$43	\$43
Organizations Responding	7	55	99	105	10	74	100	110	9	20	28	31	26	149	227	246

71. Average HMO emergency room visit co-pay:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg \$ amount	\$211	\$208	\$215	\$208	\$231	\$209	\$186	\$187	\$153	\$182	\$174	\$179	\$200	\$205	\$197	\$195
Organizations Responding	7	53	96	103	10	73	99	109	8	19	27	30	25	145	222	242

72. Do you offer financial incentives to employees to join your HMO versus PPO?

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Yes	.0%	19.3%	16.0%	15.8%	.0%	10.5%	8.0%	8.1%	20.0%	8.7%	12.9%	12.1%	7.4%	13.5%	12.2%	12.0%
No	71.4%	57.9%	63.2%	64.0%	60.0%	71.1%	74.0%	74.8%	80.0%	78.3%	71.0%	72.7%	70.4%	67.3%	68.8%	69.8%
Does not apply	28.6%	22.8%	20.8%	20.2%	40.0%	18.4%	18.0%	17.1%	.0%	13.0%	16.1%	15.2%	22.2%	19.2%	19.0%	18.2%
Organizations Responding	7	57	106	114	10	76	100	111	10	23	31	33	27	156	237	258

73a. Average employee monthly contribution for an HMO plan - SINGLE COVERAGE:

 118.03

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employee monthly contribution	\$74	\$142	\$127	\$128	\$133	\$121	\$118	\$119	\$195	\$146	\$128	\$122	\$134	\$131	\$123	\$123
Organizations Responding	3	42	73	76	6	58	76	85	3	11	17	18	12	111	166	179

2021/2022 National Policies & Benefits Survey Health and Welfare Benefits

73b. Average employer monthly contribution for an HMO plan - SINGLE COVERAGE:



\$668.85

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employer monthly contribution	\$490	\$419	\$445	\$437	\$431	\$451	\$472	\$457	\$476	\$440	\$462	\$465	\$457	\$438	\$460	\$449
Organizations Responding	3	38	67	70	6	55	75	83	3	11	16	17	12	104	158	170

74a. Average employee monthly contribution for an HMO plan - FAMILY COVERAGE:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employee monthly contribution	\$159	\$535	\$554	\$566	\$622	\$503	\$444	\$435	\$282	\$442	\$421	\$420	\$393	\$505	\$486	\$484
Organizations Responding	4	46	79	82	8	64	88	97	8	19	27	30	20	129	194	209

74b. Average employer monthly contribution for an HMO plan - FAMILY COVERAGE:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employer monthly contribution	\$1,181	\$1,038	\$1,019	\$1,020	\$844	\$1,062	\$1,088	\$1,084	\$1,076	\$1,044	\$1,024	\$995	\$1,013	\$1,051	\$1,051	\$1,046
Organizations Responding	4	42	73	77	7	60	84	92	8	18	25	28	19	120	182	197

75a. Average out-of-pocket expense maximum for your HMO plan (includes deductible, coinsurance, medical and Rx copays) - EMPLOYEE ONLY:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employee monthly contribution	\$1,900	\$3,891	\$3,528	\$3,601	\$3,150	\$3,599	\$3,637	\$3,674	\$5,758	\$4,344	\$3,852	\$4,022	\$3,620	\$3,806	\$3,618	\$3,688
Organizations Responding	5	49	82	87	9	67	93	103	6	18	24	27	20	134	199	217

75b. Average out-of-pocket expense maximum for your HMO plan (includes deductible, coinsurance, medical and Rx copays)- FAMILY COVERAGE:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employer monthly contribution	\$4,400	\$7,917	\$7,170	\$7,313	\$6,661	\$7,438	\$7,516	\$7,571	\$11,517	\$8,689	\$7,704	\$8,044	\$7,553	\$7,781	\$7,396	\$7,526
Organizations Responding	5	49	82	87	9	67	93	103	6	18	24	27	20	134	199	217

2021/2022 National Policies & Benefits Survey
Health and Welfare Benefits

PPO PLANS

76. Do you offer a PPO plan?

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Yes	74.2%	75.6%	77.9%	77.0%	76.8%	78.7%	79.1%	79.2%	77.3%	81.4%	84.2%	85.9%	76.3%	77.9%	79.3%	79.2%
No	25.8%	24.4%	22.1%	23.0%	23.2%	21.3%	20.9%	20.8%	22.7%	18.6%	15.8%	14.1%	23.7%	22.1%	20.7%	20.8%
Organizations Responding	31	312	439	496	56	381	488	510	44	118	152	156	131	811	1079	1162

77a. Average in-network PPO plan deductible amount (excluding organizations with a deductible of \$0) - SINGLE COVERAGE:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg deductible	\$1,861	\$2,363	\$2,081	\$2,068	\$1,379	\$1,745	\$1,741	\$1,747	\$1,154	\$1,393	\$1,333	\$1,337	\$1,413	\$1,920	\$1,811	\$1,815
Organizations Responding	19	207	291	322	36	263	333	350	28	86	115	121	83	556	739	793

77b. Average in-network PPO plan deductible amount (excluding organizations with a deductible of \$0) - FAMILY COVERAGE:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg deductible	\$4,047	\$4,982	\$4,468	\$4,461	\$3,144	\$3,809	\$3,768	\$3,731	\$2,480	\$2,922	\$2,835	\$2,817	\$3,127	\$4,106	\$3,896	\$3,884
Organizations Responding	19	205	287	315	34	261	330	347	28	86	115	121	81	552	732	783

78a. Average out-of-network PPO plan deductible amount - SINGLE COVERAGE:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg deductible	\$3,700	\$5,229	\$4,732	\$4,610	\$2,459	\$3,465	\$3,349	\$3,314	\$2,346	\$2,870	\$2,792	\$2,827	\$2,692	\$4,024	\$3,805	\$3,765
Organizations Responding	17	197	281	312	35	251	325	343	26	84	111	116	78	532	717	771

*2021/2022 National Policies & Benefits Survey
Health and Welfare Benefits*

78b. Average out-of-network PPO plan deductible amount - FAMILY COVERAGE:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg deductible	\$8,112	\$10,921	\$10,066	\$10,096	\$5,420	\$7,535	\$7,188	\$7,127	\$5,046	\$5,959	\$5,906	\$5,787	\$5,894	\$8,539	\$8,112	\$8,114
Organizations Responding	17	196	277	305	33	249	321	339	26	84	111	116	76	529	709	760

79a. PPO cost for SINGLE COVERAGE - average employee monthly contribution:  **\$144.99**

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employee monthly contribution	\$135	\$137	\$137	\$139	\$162	\$165	\$164	\$162	\$148	\$161	\$152	\$153	\$151	\$154	\$152	\$152
Organizations Responding	19	193	275	301	37	262	337	352	28	85	113	119	84	540	725	772

79b. PPO cost for SINGLE COVERAGE - average employer monthly contribution:  **\$821.58**

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employer monthly contribution	\$735	\$572	\$589	\$593	\$552	\$512	\$505	\$508	\$535	\$509	\$503	\$497	\$587	\$533	\$537	\$540
Organizations Responding	17	176	251	278	30	237	310	319	28	77	102	108	75	490	663	705

80a. PPO cost for FAMILY COVERAGE - average employee monthly contribution:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employee monthly contribution	\$403	\$573	\$648	\$664	\$494	\$610	\$602	\$602	\$506	\$537	\$556	\$567	\$477	\$585	\$612	\$621
Organizations Responding	19	191	266	295	37	260	337	350	27	82	110	116	83	533	713	761

80b. PPO cost for FAMILY COVERAGE - average employer monthly contribution:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employer monthly contribution	\$1,538	\$1,294	\$1,332	\$1,372	\$1,332	\$1,271	\$1,283	\$1,272	\$1,319	\$1,372	\$1,344	\$1,315	\$1,375	\$1,295	\$1,310	\$1,317
Organizations Responding	17	171	239	268	29	239	307	318	27	75	99	105	73	485	645	691

2021/2022 National Policies & Benefits Survey Health and Welfare Benefits

98a. Average High Deductible Health Plan out-of-network out-of-pocket expense maximum - SINGLE COVERAGE:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg expense limitation	\$9,933	\$12,302	\$11,620	\$11,782	\$7,852	\$9,947	\$9,679	\$9,707	\$8,763	\$8,613	\$8,703	\$8,802	\$8,577	\$10,462	\$10,176	\$10,303
Organizations Responding	9	124	170	194	23	188	239	255	24	71	86	90	56	383	495	539

98b. Average High Deductible Health Plan out-of-network out-of-pocket expense maximum - FAMILY COVERAGE:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg expense limitation	\$20,794	\$25,863	\$24,291	\$25,434	\$15,361	\$19,497	\$19,005	\$19,060	\$17,358	\$17,363	\$17,527	\$17,719	\$17,090	\$21,177	\$20,567	\$21,134
Organizations Responding	9	124	170	194	23	187	238	254	24	70	86	90	56	381	494	538

99a. Average employee monthly contribution for an High Deductible Health Plan - SINGLE COVERAGE: \$130.90

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employee monthly contribution	\$87	\$106	\$102	\$102	\$87	\$109	\$111	\$115	\$85	\$97	\$90	\$106	\$86	\$106	\$104	\$109
Organizations Responding	9	129	177	199	23	202	259	271	20	70	86	90	52	401	522	560

99b. Average employer monthly contribution for an High Deductible Health Plan - SINGLE COVERAGE: \$741.78

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employer monthly contribution	\$498	\$462	\$464	\$467	\$471	\$494	\$489	\$487	\$483	\$463	\$465	\$466	\$480	\$478	\$477	\$476
Organizations Responding	8	113	165	186	20	182	239	247	20	63	79	83	48	358	483	516

100a. Average employee monthly contribution for an High Deductible Health Plan - FAMILY COVERAGE:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employee monthly contribution	\$248	\$476	\$527	\$518	\$317	\$423	\$423	\$422	\$299	\$344	\$329	\$343	\$299	\$426	\$441	\$442
Organizations Responding	9	127	173	194	24	205	265	277	22	72	89	93	55	404	527	564

2021/2022 National Policies & Benefits Survey
Health and Welfare Benefits

100b. Average employer monthly contribution for an High Deductible Health Plan - FAMILY COVERAGE:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employer monthly contribution	\$1,437	\$1,148	\$1,146	\$1,129	\$1,300	\$1,354	\$1,330	\$1,321	\$1,187	\$1,210	\$1,256	\$1,226	\$1,273	\$1,265	\$1,256	\$1,238
Organizations Responding	8	111	161	181	21	184	242	250	22	64	81	85	51	359	484	516

101. Do you contribute to your employees' HSA?

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Yes	36.4%	49.4%	50.7%	51.0%	58.6%	58.8%	59.7%	61.1%	66.7%	66.3%	68.7%	69.6%	58.2%	56.9%	58.0%	58.7%
No	63.6%	50.6%	49.3%	49.0%	41.4%	41.2%	40.3%	38.9%	33.3%	33.8%	31.3%	30.4%	41.8%	43.1%	42.0%	41.3%
Organizations Responding	11	158	211	243	29	233	295	311	27	80	99	102	67	471	605	656

102a. Average annual contribution to an employee's HSA (excluding organizations funding \$0) - SINGLE COVERAGE:  **\$900**

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg funded by employer	\$990	\$876	\$942	\$975	\$761	\$735	\$746	\$799	\$731	\$601	\$599	\$597	\$772	\$750	\$777	\$818
Organizations Responding	4	76	103	120	16	132	169	182	17	52	66	69	37	260	338	371

102b. Average annual contribution to an employee's HSA (excluding organizations funding \$0)? - FAMILY COVERAGE:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg funded by employer	\$1,780	\$1,442	\$1,680	\$1,534	\$1,439	\$1,377	\$1,400	\$1,389	\$1,378	\$1,150	\$1,149	\$1,142	\$1,449	\$1,348	\$1,433	\$1,388
Organizations Responding	4	70	97	112	16	132	168	180	16	52	65	68	36	254	330	360

2021/2022 National Policies & Benefits Survey Health and Welfare Benefits

116a. Average co-pay for DMO orthodontia (braces) - ADULT:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employee monthly contribution	\$2,300	\$1,114	\$1,185	\$1,094	\$1,775	\$1,501	\$1,234	\$1,296	\$1,533	\$1,036	\$1,048	\$1,048	\$1,726	\$1,295	\$1,177	\$1,177
Organizations Responding	1	7	12	13	4	15	21	20	4	7	10	10	9	29	43	43

116b. Average co-pay for DMO orthodontia (braces) - CHILD:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employer monthly contribution	\$2,100	\$1,513	\$1,383	\$1,276	\$2,120	\$1,490	\$1,344	\$1,344	\$1,227	\$1,076	\$1,025	\$1,025	\$1,761	\$1,399	\$1,285	\$1,257
Organizations Responding	1	8	12	13	5	15	24	24	4	7	10	10	10	30	46	47

Dental PPO

117. Do you offer a Dental PPO plan?

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Yes	58.3%	80.7%	80.6%	80.3%	84.3%	85.2%	86.1%	85.8%	83.3%	91.6%	91.8%	92.0%	78.4%	84.5%	84.7%	84.4%
No	41.7%	19.3%	19.4%	19.7%	15.7%	14.8%	13.9%	14.2%	16.7%	8.4%	8.2%	8.0%	21.6%	15.5%	15.3%	15.6%
Organizations Responding	24	270	377	426	51	345	446	465	36	107	134	138	111	722	957	1029

118a. Average employee monthly contribution for a Dental PPO plan - SINGLE COVERAGE: \$6.41

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employee monthly contribution	\$20	\$17	\$16	\$16	\$12	\$19	\$17	\$17	\$13	\$14	\$14	\$14	\$14	\$17	\$16	\$16
Organizations Responding	13	203	274	308	38	265	345	361	24	88	112	116	75	556	731	785

2021/2022 National Policies & Benefits Survey Health and Welfare Benefits

118b. Average employer monthly contribution for a Dental PPO plan - SINGLE COVERAGE: \$36.35

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employee monthly contribution	\$24	\$19	\$21	\$23	\$22	\$16	\$18	\$18	\$16	\$18	\$18	\$18	\$20	\$17	\$19	\$20
Organizations Responding	11	190	262	294	33	241	321	332	24	79	100	104	68	510	683	730

119a. Average employee monthly contribution for a Dental PPO plan - FAMILY COVERAGE:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employee monthly contribution	\$60	\$67	\$65	\$65	\$45	\$65	\$61	\$60	\$48	\$50	\$51	\$51	\$49	\$64	\$61	\$60
Organizations Responding	13	203	274	308	37	267	349	365	24	88	112	116	74	558	735	789

119b. Average employer monthly contribution for a Dental PPO plan - FAMILY COVERAGE:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employer monthly contribution	\$76	\$55	\$58	\$82	\$61	\$46	\$50	\$52	\$49	\$53	\$54	\$54	\$59	\$50	\$54	\$64
Organizations Responding	11	191	260	292	32	242	322	334	24	79	100	104	67	512	682	730

120. What is the maximum annual dental PPO benefits payable?

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg \$ amount	\$1,438	\$1,511	\$1,377	\$1,420	\$1,511	\$1,396	\$1,380	\$1,392	\$1,246	\$1,443	\$1,427	\$1,435	\$1,413	\$1,445	\$1,386	\$1,410
Organizations Responding	13	203	277	309	38	269	352	370	24	89	113	117	75	561	742	796

121. Average percent Dental PPO insurance plans cover for preventive dental work (i.e., exams, cleanings, x-rays):

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg % covered	100.0%	98.7%	99.2%	99.3%	99.0%	99.9%	99.7%	100.0%	99.2%	99.8%	99.6%	99.7%	99.2%	99.4%	99.5%	99.7%
Organizations Responding	14	210	287	320	40	276	361	377	25	89	114	118	79	575	762	815

2021/2022 National Policies & Benefits Survey
Health and Welfare Benefits

132b. Average employer monthly contribution for vision care - SINGLE COVERAGE:  **\$7.57**

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employer monthly contribution	\$3	\$4	\$4	\$4	\$2	\$2	\$2	\$2	\$2	\$1	\$1	\$1	\$2	\$3	\$3	\$3
Organizations Responding	11	171	250	280	31	230	315	324	28	77	99	103	70	478	664	707

133a. Average employee monthly contribution for vision care - FAMILY COVERAGE:  **\$1.34**

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employee monthly contribution	\$14	\$16	\$16	\$15	\$16	\$17	\$17	\$17	\$16	\$18	\$18	\$18	\$16	\$17	\$17	\$16
Organizations Responding	13	191	271	303	33	261	351	365	28	84	110	114	74	536	732	782

133b. Average employer monthly contribution for vision care - FAMILY COVERAGE:

	1 - 99 employees				100 - 499 employees				500 or more employees				Total Responses			
	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP	U	NU	CT	SMP
Avg employer monthly contribution	\$6	\$6	\$7	\$8	\$5	\$6	\$5	\$6	\$3	\$3	\$3	\$3	\$5	\$6	\$6	\$6
Organizations Responding	11	169	246	275	31	230	317	325	26	74	96	100	68	473	659	700

2021-22 Health Insurance
Add Family 50%

	Current Monthly Premium	Library Cost (85% Employee, 50% Family)	Employee Cost (15% Employee, 50% Family)		# Currently Enrolled	# Expected to Enroll	Library Cost /Year
High Deductible Plan							
Employee	\$872.68	\$741.78	\$130.90	\$872.68	4	4	\$35,605.34
Employee + Spouse	\$2,104.05	\$1,357.46	\$746.59	\$2,104.05	0	0	\$0.00
Employee + Child	\$1,768.96	\$1,189.92	\$579.04	\$1,768.96	0	0	\$0.00
Family	\$3,000.34	\$1,805.61	\$1,194.73	\$3,000.34	0	0	\$0.00
PPO Plan							
Employee	\$966.57	\$821.58	\$144.99	\$966.57	16	15	\$147,885.21
Employee + Spouse	\$2,330.44	\$1,503.52	\$826.92	\$2,330.44	0	0	\$0.00
Employee + Child	\$1,959.28	\$1,317.94	\$641.34	\$1,959.28	0	1	\$15,815.27
Family	\$3,323.16	\$1,999.88	\$1,323.28	\$3,323.16	0	0	\$0.00
HMO Plan							
Employee	\$786.88	\$668.85	\$118.03	\$786.88	3	3	\$24,078.53
Employee + Spouse	\$1,897.23	\$1,224.02	\$673.21	\$1,897.23	1	1	\$14,688.28
Employee + Child	\$1,595.05	\$1,072.93	\$522.12	\$1,595.05	0	0	\$0.00
Family	\$2,705.39	\$1,628.10	\$1,077.29	\$2,705.39	1	1	\$19,537.24
Dental							
Employee	\$42.76	\$36.35	\$6.41	\$42.76	22	22	\$9,595.34
Employee + Spouse	\$77.72	\$53.83	\$23.89	\$77.72	3	3	\$1,937.74
Employee + Child	\$86.03	\$57.98	\$28.05	\$86.03	1	1	\$695.77
Family	\$130.53	\$80.23	\$50.30	\$130.53	1	1	\$962.77
Vision							
Employee	\$8.91	\$7.57	\$1.34	\$8.91	22	22	\$1,999.40
Employee + Spouse	\$17.30	\$11.77	\$5.53	\$17.30	2	2	\$282.44
Employee + Child	\$18.03	\$12.13	\$5.90	\$18.03	3	3	\$436.81
Family	\$28.67	\$17.45	\$11.22	\$28.67	1	1	\$209.44
Life							\$3,212.46
TOTAL							\$276,942.05
INCREASE OVER CURRENT							\$25,928.34

2021-22 Health Insurance
Add Family \$

	Current Monthly Premium	Family - EE Only	Library Covers Set \$ Amount	Employee Covers Remainder	Currentl y Enrolled	# Expected to Enroll	Library Cost /Year
			\$ 1,000.00				
High Deductible Plan							
Employee	\$872.68		\$872.68	\$0.00	4	4	\$41,888.64
Employee + Spouse	\$2,104.05	\$1,231.37	\$1,000.00	\$1,104.05	0	0	\$0.00
Employee + Child	\$1,768.96	\$896.28	\$1,000.00	\$768.96	0	0	\$0.00
Family	\$3,000.34	\$2,127.66	\$1,000.00	\$2,000.34	0	0	\$0.00
PPO Plan							
Employee	\$966.57		\$966.57	\$0.00	16	15	\$173,982.60
Employee + Spouse	\$2,330.44	\$1,363.87	\$1,000.00	\$1,330.44	0	0	\$0.00
Employee + Child	\$1,959.28	\$992.71	\$1,000.00	\$959.28	0	1	\$12,000.00
Family	\$3,323.16	\$2,356.59	\$1,000.00	\$2,323.16	0	0	\$0.00
HMO Plan							
Employee	\$786.88		\$786.88	\$0.00	3	3	\$28,327.68
Employee + Spouse	\$1,897.23	\$1,110.35	\$1,000.00	\$897.23	1	1	\$12,000.00
Employee + Child	\$1,595.05	\$808.17	\$1,000.00	\$595.05	0	0	\$0.00
Family	\$2,705.39	\$1,918.51	\$1,000.00	\$1,705.39	1	1	\$12,000.00
Dental							
Employee	\$42.76		\$42.76	\$0.00	22	22	\$11,288.64
Employee + Spouse	\$77.72	\$34.96	\$77.72	\$0.00	3	3	\$2,797.92
Employee + Child	\$86.03	\$43.27	\$86.03	\$0.00	1	1	\$1,032.36
Family	\$130.53	\$87.77	\$130.53	\$0.00	1	1	\$1,566.36
Vision							
Employee	\$8.91		\$8.91	\$0.00	22	22	\$2,352.24
Employee + Spouse	\$17.30	\$8.39	\$17.30	\$0.00	2	2	\$415.20
Employee + Child	\$18.03	\$9.12	\$18.03	\$0.00	3	3	\$649.08
Family	\$28.67	\$19.76	\$28.67	\$0.00	1	1	\$344.04
Life							\$3,212.46
TOTAL							\$303,857.22
INCREASE OVER CURRENT							\$52,843.51