



Unified Government of Wyandotte County/Kansas City, Kansas
 701 North Seventh Street, Ste. 646, Kansas City, Kansas 66101
 (913) 573-5660

Health Insurance Premiums

January - December 2025

United Health Care

Non-union, AFSCME, FOP 40, UFCW, IBEW, SEIU and Teamsters employees

| Plan Type | Coverage Type | Unified Government Contribution | Employee Base Annual Salary | Employee Monthly Premium | Employee Cost per Pay Check | |
|-------------|---------------|---------------------------------|-----------------------------|--------------------------|-----------------------------|----------|
| Traditional | Employee Only | \$978.08 | \$30,000 and below | \$14.57 | \$7.29 | |
| | | | \$30,001 - \$60,000 | \$29.17 | \$14.58 | |
| | | | \$60,001 and over | \$43.75 | \$21.88 | |
| | Family | \$2,361.22 | \$30,000 and below | \$461.05 | \$230.52 | |
| | | | \$30,001 - \$60,000 | \$475.64 | \$237.82 | |
| | | | \$60,001 and over | \$490.23 | \$245.11 | |
| HDHP | Employee Only | \$878.78 | \$30,000 and below | \$14.57 | \$7.29 | |
| | | | \$30,001 - \$60,000 | \$29.17 | \$14.58 | |
| | | | \$60,001 and over | \$43.75 | \$21.88 | |
| | with H.S.A | Family | \$2,094.26 | \$30,000 and below | \$405.16 | \$202.58 |
| | | | | \$30,001 - \$60,000 | \$419.76 | \$209.88 |
| | | | | \$60,001 and over | \$434.34 | \$217.17 |

LiUNA-PSEU employees

| Plan Type | Coverage Type | Unified Government Contribution | Employee Base Annual Salary | Employee Monthly Premium | Employee Cost per Pay Check | |
|-------------|---------------|---------------------------------|-----------------------------|--------------------------|-----------------------------|----------|
| Traditional | Employee Only | \$963.48 | \$60,000 and below | \$29.17 | \$14.58 | |
| | | | \$60,001 and over | \$43.75 | \$21.88 | |
| | Family | \$2,357.57 | \$60,000 and below | \$464.70 | \$232.35 | |
| | | | \$60,001 and over | \$479.28 | \$239.64 | |
| HDHP | Employee Only | \$864.18 | \$30,001 - \$60,000 | \$29.17 | 14.58 | |
| | | | \$60,01 and over | \$43.75 | \$21.88 | |
| | H.S.A | Family | \$2,090.61 | \$30,001 - \$60,000 | \$408.81 | 204.40 |
| | | | | \$60,001 and over | \$423.39 | \$211.70 |

FOP4 employees

| Plan Type | Coverage Type | Unified Government Contribution | Employee Monthly Premium | Employee Cost per Pay Check |
|-----------------|---------------|---------------------------------|--------------------------|-----------------------------|
| Traditional | Employee Only | \$948.90 | 43.75 | 21.88 |
| | Family | \$2,353.93 | 468.34 | 234.17 |
| HDHP with H.S.A | Employee Only | 849.60 | 43.75 | 21.88 |
| | Family | 2086.96 | 412.46 | 206.23 |



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 701 North Seventh Street, Ste. 646, Kansas City, Kansas 66101
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Health Insurance Premiums

January - December 2024

United Healthcare

IAFF64 employees

| Plan Type | Coverage Type | Unified Government Contribution | Employee Monthly Premium | Employee Cost per Pay Check |
|-----------------|---------------|---------------------------------|--------------------------|-----------------------------|
| Traditional | Employee Only | \$957.27 | \$34.35 | \$17.69 |
| | Family | \$2,356.02 | \$466.25 | \$233.13 |
| HDHP with H.S.A | Employee Only | \$857.97 | 35.38 | 17.69 |
| | Family | 2089.06 | 410.36 | 205.18 |

Delta Dental

| | Unified Government Contribution | Employee Monthly Premium | Employee Cost per Pay Check |
|-----------------|---------------------------------|--------------------------|-----------------------------|
| Employee Only | \$32.84 | \$0.00 | \$0.00 |
| Family Coverage | \$77.16 | \$14.77 | \$7.39 |

Eyemed Vision Care

| | Unified Government Contribution | Employee Monthly Premium | Employee Cost per Pay Check |
|-----------------|---------------------------------|--------------------------|-----------------------------|
| Employee Only | \$5.53 | \$0.00 | \$0.00 |
| Family Coverage | \$11.95 | \$2.14 | \$1.07 |

If you have questions, call Human Resources at 913-573-5660 or email benefits@wycokck.org