

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

LiUNA-PSEU employees

Plan	Coverage	Unified	Employee Base	Employee	Employee
Type	Type	Government	Annual Salary	Monthly	Cost per
		Contribution		Premium	Pay Check
Traditional	5 l O . l	\$963.48	\$60,000 and below	\$29.17	\$14.58
	Employee Only		\$60,001 and over	\$43.75	\$21.88
Traditional	Family	¢2 257 57	\$60,000 and below	\$464.70	\$232.35
	Family	\$2,357.57	\$60,001 and over	\$479.28	\$239.64
		I \$30.00		\$29.17	14.58
HDHP	Employee Only	\$864.18	\$30,001 - \$60,000		
HIDHF	p = / = = - /	,	\$60,01 and over	\$43.75	\$21.88
H.S.A	Family	\$2,090.61	\$30,001 - \$60,000	\$408.81	204.40
	i aililly	72,030.01	\$60,001 and over	\$423.39	\$211.70

FOP4 employees

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



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United Healthcare

IAFF64 employees

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

Delta Dental

	Unified	Employee	Employee	
	Government	Monthly	Cost per	
	Contribution	Premium	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