



**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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### United Healthcare

#### IAFF64 employees

Plan Type	Coverage Type	Unified Government Contribution	Employee Monthly Premium	Employee Cost per Pay Check
Traditional	Employee Only	\$957.27	\$35.38	\$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](mailto:benefits@wycokck.org)