



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 2021

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	\$786.70	\$30,000 and below	\$11.56	\$5.78
			\$30,001 - \$60,000	\$23.12	\$11.56
			\$60,001 and over	\$34.67	\$17.34
	Family	\$1,874.21	\$30,000 and below	\$374.86	\$187.43
			\$30,001 - \$60,000	\$386.42	\$193.21
			\$60,001 and over	\$397.98	\$198.99
HDHP with H.S.A	Employee Only	\$708.00	\$30,000 and below	\$11.56	\$5.78
			\$30,001 - \$60,000	\$23.12	\$11.56
			\$60,001 and over	\$34.67	\$17.34
	Family	\$1,662.62	\$30,000 and below	\$330.56	\$165.28
			\$30,001 - \$60,000	\$342.12	\$171.06
			\$60,001 and over	\$353.68	\$176.84

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	\$786.70	\$60,00 and below	\$23.12	\$11.56
			\$60,001 and over	\$34.67	\$17.34
	Family	\$1,874.21	\$60,00 and below	\$386.42	\$193.21
			\$60,001 and over	\$397.98	\$198.99
HDHP with H.S.A	Employee Only	\$708.00	\$30,001 - \$60,000	\$23.12	\$11.56
			\$60,01 and over	\$34.67	\$17.34
	Family	\$1,662.62	\$30,001 - \$60,000	\$342.12	\$171.06
			\$60,001 and over	\$353.68	\$176.84

FOP4 employees

Plan Type	Coverage Type	Unified Government Contribution	Employee Monthly Premium	Employee Cost per Pay Check
Traditional	Employee Only	\$786.70	\$32.40	\$16.20
	Family	\$1,874.21	\$397.98	\$198.99
HDHP with H.S.A	Employee Only	\$708.00	\$32.40	\$16.20
	Family	\$1,662.62	\$353.68	\$176.84



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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	\$786.70	\$30.00	\$15.00
	Family	\$1,874.21	\$397.98	\$198.99
HDHP with H.S.A	Employee Only	\$0.00	\$30.00	\$15.00
	Family	\$1,662.62	\$353.68	\$176.84

Delta Dental

	Unified Government Contribution	Employee Monthly Premium	Employee Cost per Pay Check
Employee Only	\$30.36	\$0.00	\$0.00
Family Coverage	\$71.32	\$13.68	\$6.84

Eyemed Vision Care

	Unified Government Contribution	Employee Monthly Premium	Employee Cost per Pay Check
Employee Only	\$4.33	\$0.00	\$0.00
Family Coverage	\$9.35	\$1.68	\$0.84

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