



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 2022

### 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	\$833.97	\$30,000 and below	\$12.36	\$6.18
			\$30,001 - \$60,000	\$24.74	\$12.37
			\$60,001 and over	\$37.10	\$18.55
	Family	\$1,986.84	\$30,000 and below	\$401.10	\$200.55
			\$30,001 - \$60,000	\$413.48	\$206.74
			\$60,001 and over	\$425.84	\$212.92
HDHP with H.S.A	Employee Only	\$750.55	\$30,000 and below	\$12.36	\$6.18
			\$30,001 - \$60,000	\$24.74	\$12.37
			\$60,001 and over	\$37.10	\$18.55
	Family	\$1,762.54	\$30,000 and below	\$353.70	\$176.85
			\$30,001 - \$60,000	\$366.06	\$183.03
			\$60,001 and over	\$378.44	\$189.22

#### 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	\$833.97	\$60,00 and below	\$24.74	\$12.37
			\$60,001 and over	\$37.10	\$18.55
	Family	\$1,986.84	\$60,00 and below	\$413.48	\$206.74
			\$60,001 and over	\$425.84	\$212.92
HDHP with H.S.A	Employee Only	\$750.55	\$30,001 - \$60,000	\$24.74	\$12.37
			\$60,01 and over	\$37.10	\$18.55
	Family	\$1,762.54	\$30,001 - \$60,000	\$366.06	\$183.03
			\$60,001 and over	\$378.44	\$189.22

#### FOP4 employees

Plan Type	Coverage Type	Unified Government Contribution	Employee Monthly Premium	Employee Cost per Pay Check
Traditional	Employee Only	\$833.97	\$37.10	\$18.55
	Family	\$1,986.84	\$425.84	\$212.92
HDHP with H.S.A	Employee Only	\$750.55	\$37.10	\$18.55
	Family	\$1,762.54	\$378.44	\$189.22



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## Health Insurance Premiums

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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	\$833.97	\$30.00	\$15.00
	Family	\$1,986.84	\$425.84	\$212.92
HDHP with H.S.A	Employee Only	\$750.55	\$30.00	\$15.00
	Family	\$1,762.54	\$378.44	\$189.22

### 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](mailto:benefits@wycokck.org)