



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 2023

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	\$892.34	\$30,000 and below	\$13.22	\$6.61
			\$30,001 - \$60,000	\$26.47	\$13.24
			\$60,001 and over	\$39.70	\$19.85
	Family	\$2,125.92	\$30,000 and below	\$429.18	\$214.59
			\$30,001 - \$60,000	\$442.42	\$221.21
			\$60,001 and over	\$455.65	\$227.83
HDHP with H.S.A	Employee Only	\$803.08	\$30,000 and below	\$13.22	\$6.61
			\$30,001 - \$60,000	\$26.47	\$13.24
			\$60,001 and over	\$39.70	\$19.85
	Family	\$1,885.92	\$30,000 and below	\$378.46	\$189.23
			\$30,001 - \$60,000	\$391.68	\$195.84
			\$60,001 and over	\$404.93	\$202.47

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	\$892.34	\$60,000 and below	\$26.47	\$13.24
			\$60,001 and over	\$39.70	\$19.85
	Family	\$2,125.92	\$60,000 and below	\$442.42	\$221.21
			\$60,001 and over	\$455.65	\$227.83
HDHP with H.S.A	Employee Only	\$803.08	\$60,000 and below	\$26.47	\$13.24
			\$60,001 and over	\$39.70	\$19.85
	Family	\$1,885.92	\$60,000 and below	\$391.68	\$195.84
			\$60,001 and over	\$404.93	\$202.47

FOP4 employees

Plan Type	Coverage Type	Unified Government Contribution	Employee Monthly Premium	Employee Cost per Pay Check
Traditional	Employee Only	\$892.34	\$39.70	\$19.85
	Family	\$2,125.92	\$455.65	\$227.83
HDHP with H.S.A	Employee Only	\$803.08	\$39.70	\$19.85
	Family	\$1,885.92	\$404.93	\$202.47



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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	\$892.34	\$32.10	\$16.05
	Family	\$2,125.92	\$487.55	\$243.78
HDHP with H.S.A	Employee Only	\$750.55	\$32.10	\$16.05
	Family	\$1,885.92	\$433.28	\$216.64

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