



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 2024

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	\$949.59	\$30,000 and below	\$14.15	\$7.07
			\$30,001 - \$60,000	\$28.32	\$14.16
			\$60,001 and over	\$42.48	\$21.24
	Family	\$2,292.45	\$30,000 and below	\$447.62	\$223.81
			\$30,001 - \$60,000	\$461.80	\$230.90
			\$60,001 and over	\$475.95	\$237.98
HDHP with H.S.A	Employee Only	\$853.19	\$30,000 and below	\$14.15	\$7.07
			\$30,001 - \$60,000	\$28.32	\$14.16
			\$60,001 and over	\$42.48	\$21.24
	Family	\$2,033.26	\$30,000 and below	\$393.36	\$196.68
			\$30,001 - \$60,000	\$407.54	\$203.77
			\$60,001 and over	\$421.69	\$210.85

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	\$935.42	\$60,000 and below	\$28.32	\$14.16
			\$60,001 and over	\$42.48	\$21.24
	Family	\$2,288.90	\$60,000 and below	\$451.16	\$225.58
			\$60,001 and over	\$465.32	\$232.66
HDHP H.S.A	Employee Only	\$839.01	\$30,001 - \$60,000	\$28.32	\$14.16
			\$60,001 and over	\$42.48	\$21.24
	Family	\$2,029.72	\$30,001 - \$60,000	\$396.90	\$198.45
			\$60,001 and over	\$411.06	\$205.53

FOP4 employees

Plan Type	Coverage Type	Unified Government Contribution	Employee Monthly Premium	Employee Cost per Pay Check
Traditional	Employee Only	\$921.26	\$42.48	\$21.24
	Family	\$2,285.36	\$454.70	\$227.35
HDHP with H.S.A	Employee Only	\$824.85	\$42.48	\$21.24
	Family	\$2026.18	\$400.44	\$200.22



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 2024

United Healthcare

IAFF64 employees

Plan Type	Coverage Type	Unified Government Contribution	Employee Monthly Premium	Employee Cost per Pay Check
Traditional	Employee Only	\$921.26	\$42.48	\$21.24
	Family	\$2,285.36	\$454.70	\$227.35
HDHP with H.S.A	Employee Only	\$824.85	\$42.48	\$21.24
	Family	\$2026.18	\$400.44	\$200.22

Delta Dental

	Unified Government Contribution	Employee Monthly Premium	Employee Cost per Pay Check
Employee Only	\$31.88	\$0.00	\$0.00
Family Coverage	\$74.91	\$14.34	7.17

Eyemed Vision Care

	Unified Government Contribution	Employee Monthly Premium	Employee Cost per Pay Check
Employee Only	5.37	\$0.00	\$0.00
Family Coverage	\$11.60	\$2.08	\$1.04

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