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 2018

United Health Care

| Plan | Coverage | Unified | Employee Base | Employee | Employee |
|-----------------------|--------------------|--------------|---------------------|----------|-----------|
| Туре | Туре | Government | Annual Salary | Monthly | Cost per |
| | | Contribution | | Premium | Pay Check |
| Traditional | Employee Only | \$636.23 | \$30,000 and below | \$10.00 | \$5.00 |
| | | | \$30,001 - \$60,000 | \$20.00 | \$10.00 |
| | | | \$60,001 and over | \$30.00 | \$15.00 |
| | Family | \$1,515.75 | \$30,000 and below | \$303.17 | \$151.59 |
| | | | \$30,001 - \$60,000 | \$313.17 | \$156.59 |
| | | | \$60,001 and over | \$323.17 | \$161.59 |
| | Employee چ Only | | \$30,000 and below | \$10.00 | \$5.00 |
| HDHP with H.S.A | | \$572.58 | \$30,001 - \$60,000 | \$20.00 | \$10.00 |
| | | | \$60,001 and over | \$30.00 | \$15.00 |
| | Family | \$1,344.63 | \$30,000 and below | \$267.35 | \$133.68 |
| | | | \$30,001 - \$60,000 | Ş277.35 | \$138.68 |
| | | | \$60,001 and over | \$287.35 | \$143.68 |

Non-union, AFSCME, FOP 40, UFCW, IBEW, SEIU and Teamsters employees

LiUNA-PSEU employees

| Plan Type | Coverage Type | Unified Government | Employee Base Annual Salary | Employee Monthly | Employee Cost per |
|-----------------------|------------------|-----------------------|--------------------------------|---------------------|----------------------|
| | | Contribution | | Premium | Pay Check |
| Traditional | Employee Only | \$636.23 | \$60,00 and below | \$20.00 | \$10.00 |
| | | | \$60,001 and over | \$30.00 | \$15.00 |
| | Family | \$1,515.75 | \$60,00 and below | \$313.17 | \$156.59 |
| | | | \$60,001 and over | \$323.17 | \$161.59 |
| | Employee Only | \$572.58 | \$30,001 - \$60,000 | \$20.00 | \$10.00 |
| HDHP with H.S.A | | | \$60,01 and over | \$30.00 | \$15.00 |
| | Family | \$1,344.63 | \$30,001 - \$60,000 | \$277.35 | \$138.68 |
| | | | \$60,001 and over | \$287.35 | \$143.68 |

FOP4 employees and IAFF64

| Plan | Coverage | Unified | Employee | Employee |
|---------------|---------------|--------------|----------|-----------|
| Туре | Туре | Government | Monthly | Cost per |
| | | Contribution | Premium | Pay Check |
| Traditional | Employee Only | \$636.23 | \$30.00 | \$15.00 |
| | Family | \$1,515.75 | \$323.17 | \$161.59 |
| HDHP | Employee Only | \$572.58 | \$30.00 | \$15.00 |
| with H.S.A | Family | \$1,344.63 | \$287.35 | \$143.68 |

If you have questions, call Human Resources at 913-573-5660.



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Health Insurance Premiums

January - December 2018

Delta Dental

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

Discover Vision Centers

| | Unified Government Contribution | Employee Monthly Premium | Employee Cost per Pay Check |
|-----------------|---------------------------------------|--------------------------------|-----------------------------------|
| Employee Only | \$3.72 | \$0.00 | \$0.00 |
| Family Coverage | \$8.59 | \$1.62 | \$0.81 |