



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

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	\$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
HDHP with H.S.A	Employee Only	\$572.58	\$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	\$1,344.63	\$30,000 and below	\$267.35	\$133.68
			\$30,001 - \$60,000	\$277.35	\$138.68
			\$60,001 and over	\$287.35	\$143.68

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	\$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
HDHP with H.S.A	Employee Only	\$572.58	\$30,001 - \$60,000	\$20.00	\$10.00
			\$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 Type	Coverage Type	Unified Government Contribution	Employee Monthly Premium	Employee Cost per Pay Check
Traditional	Employee Only	\$636.23	\$30.00	\$15.00
	Family	\$1,515.75	\$323.17	\$161.59
HDHP with H.S.A	Employee Only	\$572.58	\$30.00	\$15.00
	Family	\$1,344.63	\$287.35	\$143.68

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



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

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

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