

City of Gresham
GPOA*, General Unit, IAFF, and MSC Employee Groups
Medical & Dental Insurance Rates .6 FTE (24-25 Hours)
July 1, 2020 - June 30, 2021

		Medical			
		City Cost	EE Cost	Total	
<u>City of Gresham Core Plan</u>					<u>Deduction Per Pay Period</u>
	EE Only	511.36	219.16	\$730.52	\$109.58
	EE + 1 Dep.	1,071.96	459.40	\$1,531.36	\$229.70
	EE + 2 Dep.	1,439.40	616.88	\$2,056.28	\$308.44
<u>Kaiser HMO Plan</u>					
	EE Only	459.64	196.98	\$656.62	\$98.49
	EE + 1 Dep.	945.36	405.16	\$1,350.52	\$202.58
	EE + 2 Dep.	1,281.34	549.14	\$1,830.48	\$274.57
		Dental			
		City Cost	EE Cost	Total	
<u>City of Gresham Base Dental Plan (Moda)</u>					
	EE Only	43.36	\$18.58	\$61.94	\$9.29
	EE + 1 Dep.	89.52	\$38.36	\$127.88	\$19.18
	EE + 2 Dep.	147.78	\$63.34	\$211.12	\$31.67
<u>Kaiser DMO Plan</u>					
	EE Only	43.36	\$29.86	\$73.22	\$14.93
	EE + 1 Dep.	89.52	\$53.24	\$142.76	\$26.62
	EE + 2 Dep.	147.78	\$93.86	\$241.64	\$46.93
<u>Willamette Dental Group</u>					
	EE Only	43.36	\$24.20	\$67.56	\$12.10
	EE + 1 Dep.	80.50	\$34.50	\$115.00	\$17.25
	EE + 2 Dep.	147.78	\$75.22	\$223.00	\$37.61