

**City of Gresham**  
**GPOA\*, General Unit, IAFF, and MSC Employee Groups**  
**Medical & Dental Insurance Rates .7 FTE (28-29 Hours)**  
**July 1, 2020 - June 30, 2021**

		<b>Medical</b>			
		City Cost	EE Cost	Total	
<b><u>City of Gresham Core Plan</u></b>					<b><u>Deduction Per Pay Period</u></b>
	EE Only	657.48	73.04	\$730.52	\$36.52
	EE + 1 Dep.	1,378.22	153.14	\$1,531.36	\$76.57
	EE + 2 Dep.	1,850.66	205.62	\$2,056.28	\$102.81
<b><u>Kaiser HMO Plan</u></b>					
	EE Only	590.96	65.66	\$656.62	\$32.83
	EE + 1 Dep.	1,215.48	135.04	\$1,350.52	\$67.52
	EE + 2 Dep.	1,647.44	183.04	\$1,830.48	\$91.52
		<b>Dental</b>			
		City Cost	EE Cost	Total	
<b><u>City of Gresham Base Dental Plan ( Moda)</u></b>					
	EE Only	55.76	\$6.18	\$61.94	\$3.09
	EE + 1 Dep.	115.10	\$12.78	\$127.88	\$6.39
	EE + 2 Dep.	190.02	\$21.10	\$211.12	\$10.55
<b><u>Kaiser DMO Plan</u></b>					
	EE Only	55.76	\$17.46	\$73.22	\$8.73
	EE + 1 Dep.	115.10	\$27.66	\$142.76	\$13.83
	EE + 2 Dep.	190.02	\$51.62	\$241.64	\$25.81
<b><u>Willamette Dental Group</u></b>					
	EE Only	55.76	\$11.80	\$67.56	\$5.90
	EE + 1 Dep.	103.50	\$11.50	\$115.00	\$5.75
	EE + 2 Dep.	190.02	\$32.98	\$223.00	\$16.49