

**City of Gresham  
GPOA Employee Group  
Medical & Dental Insurance Rates  
July 1, 2019 - June 30, 2020**

**Medical**

	City Cost	EE Cost	Total	<u>Deduction Per Pay Period</u>
<b><u>City of Gresham Base Plan</u></b>				
EE Only	1,008.15	103.88	\$1,112.03	\$51.94
EE + 1 Dep.	2,099.77	221.83	\$2,321.60	\$110.92
EE + 2 Dep.	2,838.84	292.91	\$3,131.75	\$146.46
<b><u>City of Gresham Core Plan</u></b>				
EE Only	682.73	-	\$682.73	\$0.00
EE + 1 Dep.	1,431.18	-	\$1,431.18	\$0.00
EE + 2 Dep.	1,921.76	-	\$1,921.76	\$0.00
<b><u>City of Gresham Copay Plan</u></b>				
EE Only	682.73	-	\$682.73	\$0.00
EE + 1 Dep.	1,431.18	-	\$1,431.18	\$0.00
EE + 2 Dep.	1,921.76	-	\$1,921.76	\$0.00
<b><u>Kaiser HMO Plan</u></b>				
EE Only	633.23	-	\$633.23	\$0.00
EE + 1 Dep.	1,302.11	-	\$1,302.11	\$0.00
EE + 2 Dep.	1,764.95	-	\$1,764.95	\$0.00

**Dental**

	City Cost	EE Cost	Total	
<b><u>City of Gresham Base Dental Plan ( Moda )</u></b>				
EE Only	61.93	\$0.00	\$61.93	\$0.00
EE + 1 Dep.	127.88	\$0.00	\$127.88	\$0.00
EE + 2 Dep.	211.11	\$0.00	\$211.11	\$0.00
<b><u>Kaiser DMO Plan</u></b>				
EE Only	68.12	\$0.00	\$68.12	\$0.00
EE + 1 Dep.	132.74	\$0.00	\$132.74	\$0.00
EE + 2 Dep.	224.68	\$0.00	\$224.68	\$0.00
<b><u>Willamette Dental Group</u></b>				
EE Only	61.93	\$2.30	\$64.23	\$1.15
EE + 1 Dep.	109.34	\$0.00	\$109.34	\$0.00
Ee + 2 Dep.	211.11	\$0.89	\$212.00	\$0.44