



**GPOA, General Unit, IAFF & MSC Employee Groups
 Medical & Dental Insurance Rates .65 FTE (26-27 Hours)
 July 1, 2024 - June 30, 2025**

	Medical			Deduction Per Pay Period
	City Cost	Employee Cost	Total	
<u>City of Gresham Core Plan</u>				
EE Only	751.84	187.96	939.80	93.98
EE +1 Dep.	1,574.26	393.56	1,967.82	196.78
EE +2 Dep.	2,113.34	528.34	2,641.68	264.17
<u>Kaiser HMO Plan</u>				
EE Only	667.04	166.76	833.80	83.38
EE +1 Dep.	1,370.66	342.66	1,713.32	171.33
EE +2 Dep.	1,857.32	464.32	2,321.64	232.16
<u>Dental</u>				
	City Cost	Employee Cost	Total	
<u>City of Gresham Base Dental Plan (Moda)</u>				
EE Only	49.56	12.38	61.94	6.19
EE +1 Dep.	102.30	25.58	127.88	12.79
EE +2 Dep.	168.90	42.22	211.12	21.11
<u>Kaiser DMO Plan</u>				
EE Only	49.56	25.68	75.24	12.84
EE +1 Dep.	102.30	44.42	146.72	22.21
EE +2 Dep.	168.90	79.44	248.34	39.72
<u>Willamette Dental Group</u>				
EE Only	49.56	17.08	66.64	8.54
EE +1 Dep.	90.80	22.70	113.50	11.35
EE +2 Dep.	168.90	51.20	220.10	25.60