



**GPOA, General Unit, IAFF & MSC Employee Groups
 Medical & Dental Insurance Rates .7 FTE (28-29 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	845.82	93.98	939.80	46.99
EE +1 Dep.	1,771.04	196.78	1,967.82	98.39
EE +2 Dep.	2,377.52	264.16	2,641.68	132.08
<u>Kaiser HMO Plan</u>				
EE Only	750.42	83.38	833.80	41.69
EE +1 Dep.	1,542.00	171.32	1,713.32	85.66
EE +2 Dep.	2,089.48	232.16	2,321.64	116.08
<u>Dental</u>				
	City Cost	Employee Cost	Total	
<u>City of Gresham Base Dental Plan (Moda)</u>				
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
<u>Kaiser DMO Plan</u>				
EE Only	55.76	19.48	75.24	9.74
EE +1 Dep.	115.10	31.62	146.72	15.81
EE +2 Dep.	190.02	58.32	248.34	29.16
<u>Willamette Dental Group</u>				
EE Only	55.76	10.88	66.64	5.44
EE +1 Dep.	102.16	11.34	113.50	5.67
EE +2 Dep.	190.02	30.08	220.10	15.04