



**Mayor & Council
Medical & Dental Insurance Rates
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	469.90	469.90	939.80	234.95
EE +1 Dep.	983.91	983.91	1,967.82	491.96
EE +2 Dep.	1,320.84	1,320.84	2,641.68	660.42
	Dental			
	City Cost	Employee Cost	Total	
<u>City of Gresham Base Dental Plan (Moda)</u>				
EE Only	30.97	30.97	61.94	15.49
EE +1 Dep.	63.94	63.94	127.88	31.97
EE +2 Dep.	105.56	105.56	211.12	52.78