



**GPOA, General Unit, IAFF & MSC Employee Groups
 Medical & Dental Insurance Rates .75-1.0 FTE (30-40 Hours)
 July 1, 2024 - June 30, 2025**

	<u>Medical</u>			<u>Deduction Per Pay Period</u>
	City Cost	Employee Cost	Total	
<u>City of Gresham Core Plan</u>				
EE Only	939.80	-	939.80	-
EE +1 Dep.	1,967.82	-	1,967.82	-
EE +2 Dep.	2,641.68	-	2,641.68	-
<u>Kaiser HMO Plan</u>				
EE Only	833.80	-	833.80	-
EE +1 Dep.	1,713.32	-	1,713.32	-
EE +2 Dep.	2,321.64	-	2,321.64	-
	<u>Dental</u>			
	City Cost	Employee Cost	Total	
<u>City of Gresham Base Dental Plan (Moda)</u>				
EE Only	61.94	-	61.94	-
EE +1 Dep.	127.88	-	127.88	-
EE +2 Dep.	211.12	-	211.12	-
<u>Kaiser DMO Plan</u>				
EE Only	61.94	13.30	75.24	6.65
EE +1 Dep.	127.88	18.84	146.72	9.42
EE +2 Dep.	211.12	37.22	248.34	18.61
<u>Willamette Dental Group</u>				
EE Only	61.94	4.70	66.64	2.35
EE +1 Dep.	113.50	-	113.50	-
EE +2 Dep.	211.12	8.98	220.10	4.49