



**GPOA, General Unit, IAFF & MSC Employee Groups
 Medical & Dental Insurance Rates .7 FTE (28-29 Hours)
 July 1, 2023 - June 30, 2024**

	Medical			Deduction Per Pay Period
	City Cost	Employee Cost	Total	
<u>City of Gresham Core Plan</u>				
EE Only	769.90	85.54	855.44	42.77
EE +1 Dep.	1,611.00	179.00	1,790.00	89.50
EE +2 Dep.	2,162.34	240.26	2,402.60	120.13
<u>Kaiser HMO Plan</u>				
EE Only	715.32	79.48	794.80	39.74
EE +1 Dep.	1,469.32	163.26	1,632.58	81.63
EE +2 Dep.	1,990.84	221.20	2,212.04	110.60
<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	17.46	73.22	8.73
EE +1 Dep.	115.10	27.66	142.76	13.83
EE +2 Dep.	190.02	51.62	241.64	25.81
<u>Willamette Dental Group</u>				
EE Only	55.76	8.40	64.16	4.20
EE +1 Dep.	98.34	10.92	109.26	5.46
EE +2 Dep.	190.02	21.84	211.86	10.92