



**GPOA, General Unit, IAFF & MSC Employee Groups  
 Medical & Dental Insurance Rates .65 FTE (26-27 Hours)  
 July 1, 2023 - June 30, 2024**

	<u>Medical</u>			<u>Deduction Per Pay Period</u>
	City Cost	Employee Cost	Total	
<b><u>City of Gresham Core Plan</u></b>				
EE Only	684.36	171.08	855.44	85.54
EE +1 Dep.	1,432.00	358.00	1,790.00	179.00
EE +2 Dep.	1,922.08	480.52	2,402.60	240.26
<b><u>Kaiser HMO Plan</u></b>				
EE Only	635.84	158.96	794.80	79.48
EE +1 Dep.	1,306.06	326.52	1,632.58	163.26
EE +2 Dep.	1,769.64	442.40	2,212.04	221.20
	<u>Dental</u>			
	City Cost	Employee Cost	Total	
<b><u>City of Gresham Base Dental Plan (Moda)</u></b>				
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
<b><u>Kaiser DMO Plan</u></b>				
EE Only	49.56	23.66	73.22	11.83
EE +1 Dep.	102.30	40.46	142.76	20.23
EE +2 Dep.	168.90	72.74	241.64	36.37
<b><u>Willamette Dental Group</u></b>				
EE Only	49.56	14.60	64.16	7.30
EE +1 Dep.	87.42	21.84	109.26	10.92
EE +2 Dep.	168.90	42.96	211.86	21.48