



**GPOA, General Unit, IAFF & MSC Employee Groups
 Medical & Dental Insurance Rates .5 FTE (20-21 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	469.90	469.90	939.80	234.95
EE +1 Dep.	983.92	983.90	1,967.82	491.95
EE +2 Dep.	1,320.84	1,320.84	2,641.68	660.42
<u>Kaiser HMO Plan</u>				
EE Only	416.90	416.90	833.80	208.45
EE +1 Dep.	856.66	856.66	1,713.32	428.33
EE +2 Dep.	1,160.82	1,160.82	2,321.64	580.41
<u>Dental</u>				
	City Cost	Employee Cost	Total	
<u>City of Gresham Base Dental Plan (Moda)</u>				
EE Only	30.98	30.96	61.94	15.48
EE +1 Dep.	63.94	63.94	127.88	31.97
EE +2 Dep.	105.56	105.56	211.12	52.78
<u>Kaiser DMO Plan</u>				
EE Only	30.98	44.26	75.24	22.13
EE +1 Dep.	63.94	82.78	146.72	41.39
EE +2 Dep.	105.56	142.78	248.34	71.39
<u>Willamette Dental Group</u>				
EE Only	30.98	35.66	66.64	17.83
EE +1 Dep.	56.76	56.74	113.50	28.37
EE +2 Dep.	105.56	114.54	220.10	57.27