



**GPOA, General Unit, IAFF & MSC Employee Groups  
 Medical & Dental Insurance Rates .6 FTE (24-25 Hours)  
 July 1, 2024 - June 30, 2025**

	<b>Medical</b>			<b>Deduction Per Pay Period</b>
	City Cost	Employee Cost	Total	
<b><u>City of Gresham Core Plan</u></b>				
EE Only	657.86	281.94	939.80	140.97
EE +1 Dep.	1,377.48	590.34	1,967.82	295.17
EE +2 Dep.	1,849.18	792.50	2,641.68	396.25
<b><u>Kaiser HMO Plan</u></b>				
EE Only	583.66	250.14	833.80	125.07
EE +1 Dep.	1,199.32	514.00	1,713.32	257.00
EE +2 Dep.	1,625.16	696.48	2,321.64	348.24
<b><u>Dental</u></b>				
	City Cost	Employee Cost	Total	
<b><u>City of Gresham Base Dental Plan (Moda)</u></b>				
EE Only	43.36	18.58	61.94	9.29
EE +1 Dep.	89.52	38.36	127.88	19.18
EE +2 Dep.	147.78	63.34	211.12	31.67
<b><u>Kaiser DMO Plan</u></b>				
EE Only	43.36	31.88	75.24	15.94
EE +1 Dep.	89.52	57.20	146.72	28.60
EE +2 Dep.	147.78	100.56	248.34	50.28
<b><u>Willamette Dental Group</u></b>				
EE Only	43.36	23.28	66.64	11.64
EE +1 Dep.	79.46	34.04	113.50	17.02
EE +2 Dep.	147.78	72.32	220.10	36.16