



**GPOA, General Unit, IAFF & MSC Employee Groups
 Medical & Dental Insurance Rates .5 FTE (20-21 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	427.72	427.72	855.44	213.86
EE +1 Dep.	895.00	895.00	1,790.00	447.50
EE +2 Dep.	1,201.30	1,201.30	2,402.60	600.65
<u>Kaiser HMO Plan</u>				
EE Only	397.40	397.40	794.80	198.70
EE +1 Dep.	816.30	816.28	1,632.58	408.14
EE +2 Dep.	1,106.02	1,106.02	2,212.04	553.01
<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	42.24	73.22	21.12
EE +1 Dep.	63.94	78.82	142.76	39.41
EE +2 Dep.	105.56	136.08	241.64	68.04
<u>Willamette Dental Group</u>				
EE Only	30.98	33.18	64.16	16.59
EE +1 Dep.	54.64	54.62	109.26	27.31
EE +2 Dep.	105.56	106.30	211.86	53.15