



**GPOA, General Unit, IAFF & MSC Employee Groups
 Medical & Dental Insurance Rates .55 FTE (22-23 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	513.26	342.18	855.44	171.09
EE +1 Dep.	1,074.00	716.00	1,790.00	358.00
EE +2 Dep.	1,441.56	961.04	2,402.60	480.52
<u>Kaiser HMO Plan</u>				
EE Only	476.88	317.92	794.80	158.96
EE +1 Dep.	979.56	653.02	1,632.58	326.51
EE +2 Dep.	1,327.22	884.82	2,212.04	442.41
<u>Dental</u>				
	City Cost	Employee Cost	Total	
<u>City of Gresham Base Dental Plan (Moda)</u>				
EE Only	37.16	24.78	61.94	12.39
EE +1 Dep.	76.74	51.14	127.88	25.57
EE +2 Dep.	126.68	84.44	211.12	42.22
<u>Kaiser DMO Plan</u>				
EE Only	37.16	36.06	73.22	18.03
EE +1 Dep.	76.74	66.02	142.76	33.01
EE +2 Dep.	126.68	114.96	241.64	57.48
<u>Willamette Dental Group</u>				
EE Only	37.16	27.00	64.16	13.50
EE +1 Dep.	65.56	43.70	109.26	21.85
EE +2 Dep.	126.68	85.18	211.86	42.59