



**GPOA, General Unit, IAFF & MSC Employee Groups  
 Medical & Dental Insurance Rates .6 FTE (24-25 Hours)  
 July 1, 2023 - June 30, 2024**

	<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	598.82	256.62	855.44	128.31
EE +1 Dep.	1,253.00	537.00	1,790.00	268.50
EE +2 Dep.	1,681.82	720.78	2,402.60	360.39
<b><u>Kaiser HMO Plan</u></b>				
EE Only	556.36	238.44	794.80	119.22
EE +1 Dep.	1,142.82	489.76	1,632.58	244.88
EE +2 Dep.	1,548.44	663.60	2,212.04	331.80
<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	29.86	73.22	14.93
EE +1 Dep.	89.52	53.24	142.76	26.62
EE +2 Dep.	147.78	93.86	241.64	46.93
<b><u>Willamette Dental Group</u></b>				
EE Only	43.36	20.80	64.16	10.40
EE +1 Dep.	76.48	32.78	109.26	16.39
EE +2 Dep.	147.78	64.08	211.86	32.04