



**GPOA, General Unit, IAFF & MSC Employee Groups
 Medical & Dental Insurance Rates .75-1.0 FTE (30-40 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	855.44	-	855.44	-
EE +1 Dep.	1,790.00	-	1,790.00	-
EE +2 Dep.	2,402.60	-	2,402.60	-
<u>Kaiser HMO Plan</u>				
EE Only	794.80	-	794.80	-
EE +1 Dep.	1,632.58	-	1,632.58	-
EE +2 Dep.	2,212.04	-	2,212.04	-
<u>Dental</u>				
	City Cost	Employee Cost	Total	
<u>City of Gresham Base Dental Plan (Moda)</u>				
EE Only	61.94	-	61.94	-
EE +1 Dep.	127.88	-	127.88	-
EE +2 Dep.	211.12	-	211.12	-
<u>Kaiser DMO Plan</u>				
EE Only	61.94	11.28	73.22	5.64
EE +1 Dep.	127.88	14.88	142.76	7.44
EE +2 Dep.	211.12	30.52	241.64	15.26
<u>Willamette Dental Group</u>				
EE Only	61.94	2.22	64.16	1.11
EE +1 Dep.	109.26	-	109.26	-
EE +2 Dep.	211.12	0.74	211.86	0.37