



**GPOA, General Unit, IAFF & MSC Employee Groups  
 Medical & Dental Insurance Rates .55 FTE (22-23 Hours)  
 July 1, 2024 - June 30, 2025**

|   | <b>Medical</b> |               |          | <b>Deduction Per<br/>Pay Period</b> |
|---|----------------|---------------|----------|-------------------------------------|
|   | City Cost      | Employee Cost | Total    |                                     |
| <b><u>City of Gresham Core Plan</u></b>               |                |               |          |                                     |
| EE Only   | 563.88         | 375.92        | 939.80   | 187.96                              |
| EE +1 Dep.  | 1,180.70       | 787.12        | 1,967.82 | 393.56                              |
| EE +2 Dep.  | 1,585.02       | 1,056.66      | 2,641.68 | 528.33                              |
| <b><u>Kaiser HMO Plan</u></b>                         |                |               |          |                                     |
| EE Only   | 500.28         | 333.52        | 833.80   | 166.76                              |
| EE +1 Dep.  | 1,028.00       | 685.32        | 1,713.32 | 342.66                              |
| EE +2 Dep.  | 1,392.98       | 928.66        | 2,321.64 | 464.33                              |
| <b><u>Dental</u></b>                                  |                |               |          |                                     |
|   | City Cost      | Employee Cost | Total    |                                     |
| <b><u>City of Gresham Base Dental Plan (Moda)</u></b> |                |               |          |                                     |
| 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                               |
| <b><u>Kaiser DMO Plan</u></b>                         |                |               |          |                                     |
| EE Only   | 37.16          | 38.08         | 75.24    | 19.04                               |
| EE +1 Dep.  | 76.74          | 69.98         | 146.72   | 34.99                               |
| EE +2 Dep.  | 126.68         | 121.66        | 248.34   | 60.83                               |
| <b><u>Willamette Dental Group</u></b>                 |                |               |          |                                     |
| EE Only   | 37.16          | 29.48         | 66.64    | 14.74                               |
| EE +1 Dep.  | 68.10          | 45.40         | 113.50   | 22.70                               |
| EE +2 Dep.  | 126.68         | 93.42         | 220.10   | 46.71                               |