



**GPOA, General Unit, IAFF & MSC Employee Groups
 Medical & Dental Insurance Rates .5 FTE (20-21 Hours)
 July 1, 2026 - June 30, 2027**

	Medical			Deduction Per Pay Period
	City Cost	Employee Cost	Total	
<u>City of Gresham Core Plan</u>				
EE Only	522.34	522.32	1,044.66	261.16
EE +1 Dep.	1,094.44	1,094.42	2,188.86	547.21
EE +2 Dep.	1,469.44	1,469.42	2,938.86	734.71
<u>Kaiser HMO Plan</u>				
EE Only	449.44	449.42	898.86	224.71
EE +1 Dep.	924.00	923.98	1,847.98	461.99
EE +2 Dep.	1,252.24	1,252.22	2,504.46	626.11
<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	48.94	79.92	24.47
EE +1 Dep.	63.94	91.88	155.82	45.94
EE +2 Dep.	105.56	158.16	263.72	79.08
<u>Willamette Dental Group</u>				
EE Only	30.98	51.68	82.66	25.84
EE +1 Dep.	63.94	76.76	140.70	38.38
EE +2 Dep.	105.56	167.34	272.90	83.67