



**GPOA, General Unit, IAFF & MSC Employee Groups
 Medical & Dental Insurance Rates .55 FTE (22-23 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	626.80	417.86	1,044.66	208.93
EE +1 Dep.	1,313.32	875.54	2,188.86	437.77
EE +2 Dep.	1,763.32	1,175.54	2,938.86	587.77
<u>Kaiser HMO Plan</u>				
EE Only	539.32	359.54	898.86	179.77
EE +1 Dep.	1,108.80	739.18	1,847.98	369.59
EE +2 Dep.	1,502.68	1,001.78	2,504.46	500.89
<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	42.76	79.92	21.38
EE +1 Dep.	76.74	79.08	155.82	39.54
EE +2 Dep.	126.68	137.04	263.72	68.52
<u>Willamette Dental Group</u>				
EE Only	37.16	45.50	82.66	22.75
EE +1 Dep.	76.74	63.96	140.70	31.98
EE +2 Dep.	126.68	146.22	272.90	73.11