



**GPOA, General Unit, IAFF & MSC Employee Groups  
 Medical & Dental Insurance Rates .6 FTE (24-25 Hours)  
 July 1, 2026 - June 30, 2027**

	<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	731.26	313.40	1,044.66	156.70
EE +1 Dep.	1,532.20	656.66	2,188.86	328.33
EE +2 Dep.	2,057.20	881.66	2,938.86	440.83
<b><u>Kaiser HMO Plan</u></b>				
EE Only	629.20	269.66	898.86	134.83
EE +1 Dep.	1,293.60	554.38	1,847.98	277.19
EE +2 Dep.	1,753.12	751.34	2,504.46	375.67
<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	36.56	79.92	18.28
EE +1 Dep.	89.52	66.30	155.82	33.15
EE +2 Dep.	147.78	115.94	263.72	57.97
<b><u>Willamette Dental Group</u></b>				
EE Only	43.36	39.30	82.66	19.65
EE +1 Dep.	89.52	51.18	140.70	25.59
EE +2 Dep.	147.78	125.12	272.90	62.56