



**GPOA, General Unit, IAFF & MSC Employee Groups
 Medical & Dental Insurance Rates .65 FTE (26-27 Hours)
 July 1, 2026 - June 30, 2027**

	<u>Medical</u>			<u>Deduction Per Pay Period</u>
	City Cost	Employee Cost	Total	
<u>City of Gresham Core Plan</u>				
EE Only	835.74	208.92	1,044.66	104.46
EE +1 Dep.	1,751.10	437.76	2,188.86	218.88
EE +2 Dep.	2,351.10	587.76	2,938.86	293.88
<u>Kaiser HMO Plan</u>				
EE Only	719.10	179.76	898.86	89.88
EE +1 Dep.	1,478.38	369.60	1,847.98	184.80
EE +2 Dep.	2,003.58	500.88	2,504.46	250.44
<u>Dental</u>				
	City Cost	Employee Cost	Total	
<u>City of Gresham Base Dental Plan (Moda)</u>				
EE Only	49.56	12.38	61.94	6.19
EE +1 Dep.	102.30	25.58	127.88	12.79
EE +2 Dep.	168.90	42.22	211.12	21.11
<u>Kaiser DMO Plan</u>				
EE Only	49.56	30.36	79.92	15.18
EE +1 Dep.	102.30	53.52	155.82	26.76
EE +2 Dep.	168.90	94.82	263.72	47.41
<u>Willamette Dental Group</u>				
EE Only	49.56	33.10	82.66	16.55
EE +1 Dep.	102.30	38.40	140.70	19.20
EE +2 Dep.	168.90	104.00	272.90	52.00