



**GPOA, General Unit, IAFF & MSC Employee Groups
 Medical & Dental Insurance Rates .7 FTE (28-29 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	940.20	104.46	1,044.66	52.23
EE +1 Dep.	1,969.98	218.88	2,188.86	109.44
EE +2 Dep.	2,644.98	293.88	2,938.86	146.94
<u>Kaiser HMO Plan</u>				
EE Only	808.98	89.88	898.86	44.94
EE +1 Dep.	1,663.18	184.80	1,847.98	92.40
EE +2 Dep.	2,254.02	250.44	2,504.46	125.22
<u>Dental</u>				
	City Cost	Employee Cost	Total	
<u>City of Gresham Base Dental Plan (Moda)</u>				
EE Only	55.76	6.18	61.94	3.09
EE +1 Dep.	115.10	12.78	127.88	6.39
EE +2 Dep.	190.02	21.10	211.12	10.55
<u>Kaiser DMO Plan</u>				
EE Only	55.76	24.16	79.92	12.08
EE +1 Dep.	115.10	40.72	155.82	20.36
EE +2 Dep.	190.02	73.70	263.72	36.85
<u>Willamette Dental Group</u>				
EE Only	55.76	26.90	82.66	13.45
EE +1 Dep.	115.10	25.60	140.70	12.80
EE +2 Dep.	190.02	82.88	272.90	41.44