



**GPOA, General Unit, IAFF & MSC Employee Groups  
 Medical & Dental Insurance Rates .75-1.0 FTE (30-40 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	1,044.66	-	1,044.66	-
EE +1 Dep.	2,188.86	-	2,188.86	-
EE +2 Dep.	2,938.86	-	2,938.86	-
<b><u>Kaiser HMO Plan</u></b>				
EE Only	898.86	-	898.86	-
EE +1 Dep.	1,847.98	-	1,847.98	-
EE +2 Dep.	2,504.46	-	2,504.46	-
<b><u>Dental</u></b>				
	City Cost	Employee Cost	Total	
<b><u>City of Gresham Base Dental Plan (Moda)</u></b>				
EE Only	61.94	-	61.94	-
EE +1 Dep.	127.88	-	127.88	-
EE +2 Dep.	211.12	-	211.12	-
<b><u>Kaiser DMO Plan</u></b>				
EE Only	61.94	17.98	79.92	8.99
EE +1 Dep.	127.88	27.94	155.82	13.97
EE +2 Dep.	211.12	52.60	263.72	26.30
<b><u>Willamette Dental Group</u></b>				
EE Only	61.94	20.72	82.66	10.36
EE +1 Dep.	127.88	12.82	140.70	6.41
EE +2 Dep.	211.12	61.78	272.90	30.89