



**GPOA, General Unit, IAFF & MSC Employee Groups
Medical & Dental Insurance Rates .75-1.0 FTE (30-40 Hours)
July 1, 2025 - June 30, 2026**

	Medical			Deduction Per
	City Cost	Employee Cost	Total	Pay Period
<u>City of Gresham Core Plan</u>				
EE Only	995.48	-	995.48	-
EE +1 Dep.	2,085.18	-	2,085.18	-
EE +2 Dep.	2,799.48	-	2,799.48	-
<u>Kaiser HMO Plan</u>				
EE Only	883.04	-	883.04	-
EE +1 Dep.	1,815.20	-	1,815.20	-
EE +2 Dep.	2,459.98	-	2,459.98	-
<u>Dental</u>				
	City Cost	Employee Cost	Total	
<u>City of Gresham Base Dental Plan (Moda)</u>				
EE Only	61.94	-	61.94	-
EE +1 Dep.	127.88	-	127.88	-
EE +2 Dep.	211.12	-	211.12	-
<u>Kaiser DMO Plan</u>				
EE Only	61.94	13.30	75.24	6.65
EE +1 Dep.	127.88	18.84	146.72	9.42
EE +2 Dep.	211.12	37.22	248.34	18.61
<u>Willamette Dental Group</u>				
EE Only	61.94	14.66	76.60	7.33
EE +1 Dep.	127.88	2.52	130.40	1.26
EE +2 Dep.	211.12	41.78	252.90	20.89