CITY OF GRESHAM

GPOA, General Unit, IAFF & MSC Employee Groups
Medical & Dental Insurance Rates .55 FTE (22-23 Hours)
July 1, 2025 - June 30, 2026

	Medical			Deduction Per Pay Period
	City Cost	Employee Cost	Total	
City of Gresham Core Plan				
EE Only	597.30	398.18	995.48	199.09
EE +1 Dep.	1,251.12	834.06	2,085.18	417.03
EE +2 Dep.	1,679.70	1,119.78	2,799.48	559.89
Kaiser HMO Plan				
EE Only	529.82	353.22	883.04	176.61
EE +1 Dep.	1,089.12	726.08	1,815.20	363.04
EE +2 Dep.	1,476.00	983.98	2,459.98	491.99

	Dental			
	City Cost	Employee Cost	Total	
City of Gresham Base Dental Plan (Moda)				
EE Only	37.16	24.78	61.94	12.39
EE +1 Dep.	76.74	51.14	127.88	25.57
EE +2 Dep.	126.68	84.44	211.12	42.22
Kaiser DMO Plan				
EE Only	37.16	38.08	75.24	19.04
EE +1 Dep.	76.74	69.98	146.72	34.99
EE +2 Dep.	126.68	121.66	248.34	60.83
Willamette Dental Group				
EE Only	37.16	39.44	76.60	19.72
EE +1 Dep.	76.73	53.67	130.40	26.84
EE +2 Dep.	126.68	126.22	252.90	63.11