CITY OF GRESHAM

GPOA, General Unit, IAFF & MSC Employee Groups
Medical & Dental Insurance Rates .7 FTE (28-29 Hours)
July 1, 2025 - June 30, 2026

	Medical			Deduction Per Pay Period
	City Cost	Employee Cost	Total	
City of Gresham Core Plan				
EE Only	895.94	99.54	995.48	49.77
EE +1 Dep.	1,876.66	208.52	2,085.18	104.26
EE +2 Dep.	2,519.54	279.94	2,799.48	139.97
Kaiser HMO Plan				
EE Only	794.74	88.30	883.04	44.15
EE +1 Dep.	1,633.68	181.52	1,815.20	90.76
EE +2 Dep.	2,213.98	246.00	2,459.98	123.00

	Dental			
	City Cost	Employee Cost	Total	
City of Gresham Base Dental Plan (Moda)				
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
Kaiser DMO Plan				
EE Only	55.76	19.48	75.24	9.74
EE +1 Dep.	115.10	31.62	146.72	15.81
EE +2 Dep.	190.02	58.32	248.34	29.16
Willamette Dental Group				
EE Only	55.76	20.84	76.60	10.42
EE +1 Dep.	115.10	15.30	130.40	7.65
EE +2 Dep.	190.02	62.88	252.90	31.44