CITY OF GRESHAM

GPOA, General Unit, IAFF & MSC Employee Groups
Medical & Dental Insurance Rates .5 FTE (20-21 Hours)
July 1, 2025 - June 30, 2026

	Medical			Deduction Per Pay Period
	City Cost	Employee Cost	Total	
City of Gresham Core Plan				
EE Only	497.74	497.74	995.48	248.87
EE +1 Dep.	1,042.60	1,042.58	2,085.18	521.29
EE +2 Dep.	1,399.74	1,399.74	2,799.48	699.87
Kaiser HMO Plan				
EE Only	441.52	441.52	883.04	220.76
EE +1 Dep.	907.60	907.60	1,815.20	453.80
EE +2 Dep.	1,230.00	1,229.98	2,459.98	614.99

	Dental			
	City Cost	Employee Cost	Total	
City of Gresham Base Dental Plan (Moda)				
EE Only	30.98	30.96	61.94	15.48
EE +1 Dep.	63.94	63.94	127.88	31.97
EE +2 Dep.	105.56	105.56	211.12	52.78
Kaiser DMO Plan				
EE Only	30.98	44.26	75.24	22.13
EE +1 Dep.	63.94	82.78	146.72	41.39
EE +2 Dep.	105.56	142.78	248.34	71.39
Willamette Dental Group				
EE Only	30.98	45.62	76.60	22.81
EE +1 Dep.	63.94	66.46	130.40	33.23
EE +2 Dep.	105.56	147.34	252.90	73.67