CITY OF GRESHAM

GPOA, General Unit, IAFF & MSC Employee Groups
Medical & Dental Insurance Rates .6 FTE (24-25 Hours)
July 1, 2025 - June 30, 2026

	Medical			Deduction Per Pay Period
	City Cost	Employee Cost	Total	
City of Gresham Core Plan				
EE Only	696.84	298.64	995.48	149.32
EE +1 Dep.	1,459.64	625.54	2,085.18	312.77
EE +2 Dep.	1,959.64	839.84	2,799.48	419.92
Kaiser HMO Plan				
EE Only	618.14	264.90	883.04	132.45
EE +1 Dep.	1,270.64	544.56	1,815.20	272.28
EE +2 Dep.	1,722.00	737.98	2,459.98	368.99

	Dental			
	City Cost	Employee Cost	Total	
City of Gresham Base Dental Plan (Moda)				
EE Only	43.36	18.58	61.94	9.29
EE +1 Dep.	89.52	38.36	127.88	19.18
EE +2 Dep.	147.78	63.34	211.12	31.67
Kaiser DMO Plan				
EE Only	43.36	31.88	75.24	15.94
EE +1 Dep.	89.52	57.20	146.72	28.60
EE +2 Dep.	147.78	100.56	248.34	50.28
Willamette Dental Group				
EE Only	43.36	33.24	76.60	16.62
EE +1 Dep.	89.52	40.88	130.40	20.44
EE +2 Dep.	147.78	105.12	252.90	52.56