CITY OF GRESHAM

GPOA, General Unit, IAFF & MSC Employee Groups
Medical & Dental Insurance Rates .65 FTE (26-27 Hours)
July 1, 2025 - June 30, 2026

	Medical			Deduction Per Pay Period
	City Cost	Employee Cost	Total	
City of Gresham Core Plan				
EE Only	796.38	199.10	995.48	99.55
EE +1 Dep.	1,668.14	417.04	2,085.18	208.52
EE +2 Dep.	2,239.58	559.90	2,799.48	279.95
Kaiser HMO Plan				
EE Only	706.44	176.60	883.04	88.30
EE +1 Dep.	1,452.16	363.04	1,815.20	181.52
EE +2 Dep.	1,967.98	492.00	2,459.98	246.00

	Dental			
	City Cost	Employee Cost	Total	
City of Gresham Base Dental Plan (Moda)				
EE Only	49.56	12.38	61.94	6.19
EE +1 Dep.	102.30	25.58	127.88	12.79
EE +2 Dep.	168.90	42.22	211.12	21.11
Kaiser DMO Plan				
EE Only	49.56	25.68	75.24	12.84
EE +1 Dep.	102.30	44.42	146.72	22.21
EE +2 Dep.	168.90	79.44	248.34	39.72
Willamette Dental Group				
EE Only	49.56	27.04	76.60	13.52
EE +1 Dep.	102.30	28.10	130.40	14.05
EE +2 Dep.	168.90	84.00	252.90	42.00