

Mayor & Council Medical & Dental Insurance Rates July 1, 2025 - June 30, 2026

_	Medical			Deduction Per
_	City Cost	Employee Cost	Total	Pay Period
City of Gresham Core Plan	407.74	407.74	005.40	040.07
EE Only	497.74	497.74	995.48	248.87
EE +1 Dep.	1,042.59	1,042.59	2,085.18	521.30
EE +2 Dep.	1,399.74	1,399.74	2,799.48	699.87
_		Dental		1
	City Cost	Employee Cost	Total	
City of Gresham Base Dental	Plan (Moda)			I
EE Only	30.97	30.97	61.94	15.49
EE +1 Dep.	63.94	63.94	127.88	31.97
EE +2 Dep.	105.56	105.56	211.12	52.78