

**City of Gresham**  
**GPOA\*, General Unit, IAFF, and MSC Employee Groups**  
**Medical & Dental Insurance Rates .5 FTE (20-21 Hours)**  
**July 1, 2020 - June 30, 2021**

		<b>Medical</b>			
		City Cost	EE Cost	Total	
<b><u>City of Gresham Core Plan</u></b>					<b><u>Deduction Per Pay Period</u></b>
	EE Only	365.26	365.26	\$730.52	\$182.63
	EE + 1 Dep.	765.68	765.68	\$1,531.36	\$382.84
	EE + 2 Dep.	1,028.14	1,028.14	\$2,056.28	\$514.07
<b><u>Kaiser HMO Plan</u></b>					
	EE Only	328.32	328.30	\$656.62	\$164.15
	EE + 1 Dep.	675.26	675.26	\$1,350.52	\$337.63
	EE + 2 Dep.	915.24	915.24	\$1,830.48	\$457.62
		<b>Dental</b>			
		City Cost	EE Cost	Total	
<b><u>City of Gresham Base Dental Plan ( Moda)</u></b>					
	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
<b><u>Kaiser DMO Plan</u></b>					
	EE Only	30.98	\$42.24	\$73.22	\$21.12
	EE + 1 Dep.	63.94	\$78.82	\$142.76	\$39.41
	EE + 2 Dep.	105.56	\$136.08	\$241.64	\$68.04
<b><u>Willamette Dental Group</u></b>					
	EE Only	30.98	\$36.58	\$67.56	\$18.29
	EE + 1 Dep.	57.50	\$57.50	\$115.00	\$28.75
	EE + 2 Dep.	105.56	\$117.44	\$223.00	\$58.72