

City of Gresham GPOA*, General Unit, IAFF, and MSC Employee Groups Medical & Dental Insurance Rates .55 FTE (22-23 hours) July 1, 2020 - June 30, 2021

EE Only 438.32 292.20 \$730.52 \$55				Medical		
Pan Pan Pan		-	City Cost	EE Cost	Total	
Pan Pan Pan	City of Gresham Core					Dedu
EE Only 438.32 292.20 \$730.52 \$330.52 EE + 1 Dep. 918.82 612.54 \$1,531.36 \$330.52 EE + 2 Dep. 1,233.78 822.50 \$2,056.28 \$40.00 \$	· · · · · · · · · · · · · · · · · · ·					Pay
EE + 2 Dep. 1,233.78 822.50 \$2,056.28 \$4 Kaiser HMO Plan EE Only 393.98 262.64 \$656.62 \$5 EE + 1 Dep. 810.32 540.20 \$1,350.52 \$5 EE + 2 Dep. 1,098.30 732.18 \$1,830.48 \$3 Dental City Cost EE Cost Total City of Gresham Base Dental Plan (Moda) \$6 \$61.94 \$\$ EE Only 37.16 \$24.78 \$61.94 \$\$ EE + 1 Dep. 76.74 \$51.14 \$127.88 \$\$ EE + 2 Dep. 126.68 \$84.44 \$211.12 \$\$ Kaiser DMO Plan EE Only 37.16 \$36.06 \$73.22 \$ EE + 1 Dep. 76.74 \$66.02 \$142.76 \$ EE + 2 Dep. 126.68 \$114.96 \$241.64 \$ Willamette Dental Group EE Only 37.16 \$30.40 \$67.56 \$		EE Only	438.32	292.20	\$730.52	\$1
EE Only 393.98 262.64 \$656.62 \$33.98 \$262.64 \$656.62 \$33.98 \$262.64 \$656.62 \$33.98 \$262.64 \$656.62 \$33.98 \$33.98 \$340.20 \$1,350.52 \$33.98		EE + 1 Dep.	918.82	612.54	\$1,531.36	\$3
EE Only 393.98 262.64 \$656.62 \$33.00 \$46.00 \$1,350.52 \$33.00 \$33.00 \$46.00 \$1,350.52 \$33.00 \$		EE + 2 Dep.	1,233.78	822.50	\$2,056.28	\$4
EE + 1 Dep. 810.32 540.20 \$1,350.52 \$3.50	Kaiser HMO Plan					
Dental City Cost EE Cost Total		EE Only	393.98	262.64	\$656.62	\$1
City Cost EE Cost Total		EE + 1 Dep.	810.32	540.20	\$1,350.52	\$2
City Cost EE Cost Total City of Gresham Base Dental Plan (Moda) EE Only 37.16 \$24.78 \$61.94 \$\$ EE + 1 Dep. 76.74 \$51.14 \$127.88 \$\$ EE + 2 Dep. 126.68 \$84.44 \$211.12 \$\$ Kaiser DMO Plan EE Only 37.16 \$36.06 \$73.22 \$\$ EE + 1 Dep. 76.74 \$66.02 \$142.76 \$\$ EE + 2 Dep. 126.68 \$114.96 \$241.64 \$\$ Willamette Dental Group EE Only 37.16 \$30.40 \$67.56 \$\$ EE + 1 Dep. 69.00 \$46.00 \$115.00 \$\$		EE + 2 Dep.	1,098.30	732.18	\$1,830.48	\$3
City Cost EE Cost Total City of Gresham Base Dental Plan (Moda) EE Only 37.16 \$24.78 \$61.94 \$\$ EE + 1 Dep. 76.74 \$51.14 \$127.88 \$\$ EE + 2 Dep. 126.68 \$84.44 \$211.12 \$\$ Kaiser DMO Plan EE Only 37.16 \$36.06 \$73.22 \$\$ EE + 1 Dep. 76.74 \$66.02 \$142.76 \$\$ EE + 2 Dep. 126.68 \$114.96 \$241.64 \$\$ Willamette Dental Group EE Only 37.16 \$30.40 \$67.56 \$\$ EE + 1 Dep. 69.00 \$46.00 \$115.00 \$\$						
City of Gresham Base Dental Plan (Moda) EE Only 37.16 \$24.78 \$61.94 \$ EE + 1 Dep. 76.74 \$51.14 \$127.88 \$ EE + 2 Dep. 126.68 \$84.44 \$211.12 \$ Kaiser DMO Plan EE Only 37.16 \$36.06 \$73.22 \$ EE + 1 Dep. 76.74 \$66.02 \$142.76 \$ EE + 2 Dep. 126.68 \$114.96 \$241.64 \$ Willamette Dental Group EE Only 37.16 \$30.40 \$67.56 \$ EE Only 37.16 \$30.40 \$67.56 \$ EE + 1 Dep. 69.00 \$46.00 \$115.00 \$		_			_	
EE Only 37.16 \$24.78 \$61.94 \$ EE + 1 Dep. 76.74 \$51.14 \$127.88 \$ EE + 2 Dep. 126.68 \$84.44 \$211.12 \$ Kaiser DMO Plan EE Only 37.16 \$36.06 \$73.22 \$ EE + 1 Dep. 76.74 \$66.02 \$142.76 \$ EE + 2 Dep. 126.68 \$114.96 \$241.64 \$ Willamette Dental Group EE Only 37.16 \$30.40 \$67.56 \$ EE + 1 Dep. 69.00 \$46.00 \$115.00 \$			•	EE Cost	Total	
EE + 1 Dep. 76.74 \$51.14 \$127.88 \$ \$ EE + 2 Dep. 126.68 \$84.44 \$211.12 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	City of Gresham Base D			62470	¢64.04	
EE + 2 Dep. 126.68 \$84.44 \$211.12 \$ Kaiser DMO Plan EE Only 37.16 \$36.06 \$73.22 \$ EE + 1 Dep. 76.74 \$66.02 \$142.76 \$ EE + 2 Dep. 126.68 \$114.96 \$241.64 \$ Willamette Dental Group EE Only 37.16 \$30.40 \$67.56 \$ EE + 1 Dep. 69.00 \$46.00 \$115.00 \$		•		•	•	•
Kaiser DMO Plan EE Only 37.16 \$36.06 \$73.22 \$ EE + 1 Dep. 76.74 \$66.02 \$142.76 \$ EE + 2 Dep. 126.68 \$114.96 \$241.64 \$ Willamette Dental Group EE Only 37.16 \$30.40 \$67.56 \$ EE + 1 Dep. 69.00 \$46.00 \$115.00 \$		•		•	•	•
EE Only 37.16 \$36.06 \$73.22 \$ EE + 1 Dep. 76.74 \$66.02 \$142.76 \$ EE + 2 Dep. 126.68 \$114.96 \$241.64 \$ Willamette Dental Group EE Only 37.16 \$30.40 \$67.56 \$ EE + 1 Dep. 69.00 \$46.00 \$115.00 \$		EE + 2 Dep.	120.08	304.44	3211.12	ېد
EE + 1 Dep. 76.74 \$66.02 \$142.76 \$ EE + 2 Dep. 126.68 \$114.96 \$241.64 \$ Willamette Dental Group EE Only 37.16 \$30.40 \$67.56 \$ EE + 1 Dep. 69.00 \$46.00 \$115.00 \$	Kaiser DMO Plan					
EE + 2 Dep. 126.68 \$114.96 \$241.64 \$ Willamette Dental Group EE Only 37.16 \$30.40 \$67.56 \$ EE + 1 Dep. 69.00 \$46.00 \$115.00 \$		EE Only	37.16	\$36.06	\$73.22	\$1
Willamette Dental Group EE Only 37.16 \$30.40 \$67.56 \$ EE + 1 Dep. 69.00 \$46.00 \$115.00 \$		EE + 1 Dep.	76.74	\$66.02	\$142.76	\$3
EE Only 37.16 \$30.40 \$67.56 \$ EE + 1 Dep. 69.00 \$46.00 \$115.00 \$		EE + 2 Dep.	126.68	\$114.96	\$241.64	\$5
EE + 1 Dep. 69.00 \$46.00 \$115.00 \$	Willamette Dental Grou	<u>up</u>				
· · · · · · · · · · · · · · · · · · ·		EE Only	37.16	\$30.40	\$67.56	\$1
EE + 2 Dep. 126.68 \$96.32 \$223.00 \$		EE + 1 Dep.	69.00	\$46.00	\$115.00	\$2
		EE + 2 Dep.	126.68	\$96.32	\$223.00	\$4