



Employee Benefits Center, LLC

*Health Insurance Made Simple for Individuals and Groups*

Village of Menands: January 1, 2026

Benefits	Option 1	Option 2	Option 3
Carrier	CDPHP	MVP	MVP
Plan Name	Gold 227 EPO	Silver 3 HDHP EPO	Silver 3 HDHP HMO
Network	CDPHP/National	MVP/National	Local MVP
Deductible	\$0/\$0	\$2,700/\$5,400 (A)	\$2,700/\$5,400 (A)
OOP Max	\$9,550/\$19,100 (E)	\$7,000/\$14,000 (E)	\$7,000/\$14,000 (E)
PCP/SP	\$0 EPC, \$50/\$50	\$25*/\$50*	\$25*/\$50*
Urgent Care	\$100	\$50*	\$50*
ER	\$500	\$300*	\$300*
Inpatient Hospital	\$1,500	\$500*	\$500*
Lab, X-Ray	\$50/CIF	\$50*	\$50*
Telemedicine	\$0	\$0*	\$0*
Rx Coverage	\$0/\$50/\$80	\$15*/\$40*/\$60*	\$15*/\$40*/\$60*
Monthly Premium			
Individual	\$1,280.74	\$1,013.50	\$924.01
Two Person	\$2,561.47	\$2,027.00	\$1,848.02
Employee + Child	\$2,177.25	\$1,722.95	\$1,570.82
Family	\$3,650.09	\$2,888.48	\$2,633.43
Individual	\$541.53	\$274.29	\$184.80
Two Person	\$1,083.05	\$548.58	\$369.60
Employee + Child	\$920.59	\$466.29	\$314.16
Family	\$1,543.35	\$781.74	\$526.69

**\*Members responsibility after deductible**

**\*\*CDPHP has 50% cost share for participating pharmacies not in the preferred Rx network.**

This is a brief overview of benefits, EBC, LLC is not responsible for misunderstood benefits or rates. Always refer to carrier contract for final details. Please note that EBC, LLC is an insurance agency. Our contracts with carriers allow commissions to be paid to the agency on sold business. These commission payments may be in the form of percentages and/or specified dollar amounts. There may be bonuses paid in addition to the agency. If you would like more information please contact your agent.