



Medical options for full-time associates

For benefit coverage March 1, 2025 – February 28, 2026



Plan Features	Silver Plan		Gold Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (1/1 – 12/31/25): individual / associate +1 or family)	\$1,700 / \$3,400	\$3,400 / \$6,800	\$1,200 / \$2,400	\$2,000 / \$4,000
Coinsurance (after deductible)	30%	50%	25%	50%
Out-of-Pocket Maximum (medical and prescription drug expenses combined: individual / associate +1 or family)	\$6,200 / \$12,400	\$12,400 / \$24,800	\$4,500 / \$11,000	\$8,100 / \$21,200
Medical (what you pay after the deductible)	After the deductible, unless noted otherwise		After the deductible, unless noted otherwise	
Preventive Care Services (no deductible in network)	Covered in full	50%	Covered in full	50%
Office Visits	30%	50%	25%	50%
Virtual Visits (deductible applies for specialists)	\$10 primary 30% specialist	N/A	\$10 primary 25% specialist	N/A
Lab Tests	Independent lab: 15% Facility-owned lab: 40%	50%	Independent lab: 15% Facility-owned lab: 40%	50%
Blue Distinction Ctr (hip, knee, spine, bariatric, transplant)	No coinsurance	N/A	No coinsurance	N/A
Outpatient Surgery (ASC=ambulatory surgical center)	ASC: 15% Other facilities: 40%	50% / Non-participating ASC not covered	ASC: 15% Other facilities: 40%	50% / Non-participating ASC not covered
Inpatient Hospital (physician, surgeon, facility fees)	30%	50%	25%	50%
Emergency Room	30%	30%	25%	25%
Prescription Drugs (what you pay; up to a 90-day supply)*				
Deductible (1/1 – 12/31/25)	\$0	N/A	\$50 / \$150*	N/A
Coinsurance				
– Generic	20%, minimum \$10	Not covered	20%, minimum \$5	Not covered
– Preferred Brand	25%, minimum \$20	Not covered	20%, minimum \$10	Not covered
– Non-Preferred Brand	35%, minimum \$25	Not covered	30%, minimum \$25	Not covered
Associate Contributions (weekly)**				
Non-tobacco: Associate Only / Associate +1 / Family	\$37.86 / \$79.47 / \$116.06		\$54.29 / \$113.97 / \$157.39	
Tobacco: Associate Only / Associate +1 / Family	\$59.01 / \$100.62 / \$137.21		\$75.44 / \$135.12 / \$178.54	

*Generally, prescription drug benefits only cover drugs dispensed at a Weis Markets pharmacy.

** If you were hired on or before May 31, 2024 and you did not complete both Healthy Rewards activities for the 2024 plan year, you'll pay the wellness surcharge of \$26.92 per week.