


2026 Salaried Benefit Summary

Medical, Dental and Vision Eligibility


You're eligible on the first day of the month following 30 days from the date you become a full-time associate.



Medical options for full-time associates

For benefit coverage March 1, 2026 – February 28, 2027

You always pay the deductible and copayment. The coinsurance (%) shows what you pay after the deductible. Go to [CapBlueCross.com/finder](https://www.CapBlueCross.com/finder) to help you find in-network providers, facilities, services, and more.

Capital 

Plan Features	Silver Plan		Gold Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (1/1/26 – 12/31/26; Individual/Assoc + 1 or Family)	\$2,200 / \$4,400*	\$4,400 / \$8,800*	\$1,700 / \$3,400*	\$2,800 / \$5,600*
Coinsurance (after deductible)	30%	50%	25%	50%
Out-of-Pocket Maximum (1/1/26 – 12/31/26; medical and prescription drug expenses combined; individual / family)	\$7,200 / \$13,400*	\$13,400 / \$26,800*	\$5,500 / \$12,000*	\$9,900 / \$24,000*
Medical (what you pay after the deductible)	After the deductible, unless noted otherwise		After the deductible, unless noted otherwise	
Preventive Care Services	Covered in full (no deductible)	50%	Covered in full (no deductible)	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%	ASC: Not covered Other facilities: 50%	ASC: 15% Other facilities: 40%	ASC: Not covered Other facilities: 50%
Inpatient Hospital (physician, surgeon, facility fees)	30%	50%	25%	50%
Emergency Room	30%	30%	25%	25%
Hearing Aid Coverage	\$2,500 maximum every 36 months (fitting and exams included)			
Prescription Drugs (what you pay; up to a 90-day supply)*				
Deductible (1/1/26 – 12/31/26)	\$0	N/A	\$50/\$150*	N/A
Generic (coinsurance, minimum cost)	20%, minimum \$10	Not covered	20%, minimum \$5	Not covered
Preferred Brand (coinsurance, minimum cost)	25%, minimum \$20	Not covered	20%, minimum \$10	Not covered
Non-Preferred Brand (coinsurance, minimum cost)	35%, minimum \$25	Not covered	30%, minimum \$25	Not covered
Associate Contributions (weekly)**				
Non-tobacco: Associate Only / Associate + 1 / Family	\$39.86 / \$83.47 / \$122.06		\$56.79 / \$119.47 / \$165.89	
Tobacco: Associate Only / Associate + 1 / Family	\$61.01 / \$104.62 / \$143.21		\$77.94 / \$140.62 / \$187.04	

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

**If you were hired on or before May 31, 2026, and you do not complete the Healthy Reward biometric screening and physical for the 2026 plan year, you'll pay the wellness surcharge of \$1,500 annually / \$28.85 per week in 2027 plan year.

How the plans work

- If you complete the **Healthy Blue Rewards activities**, you receive a **health reimbursement account (HRA)** debit card with funds to use for eligible medical expenses and reduce your deductible and coinsurance costs. This money rolls over year to year while you're employed at Weis.
- When you see a network doctor, you can get **preventive care** like annual physicals and routine vaccinations at no cost to you.
- For other types of care, you pay 100% of eligible expenses out of your pocket until you meet the **annual deductible**.
- For some services like virtual visits, you pay a fixed dollar amount called a **copay** at the time you receive care.
- After you meet your deductible, you and the plan each pay a percentage (called **coinsurance**) of medical expenses. For example, if you're in the Silver Plan and you see a network doctor in person, the plan will pay 70% of the cost; you'll pay 30%.
- If you have high medical expenses, you're protected by the annual **out-of-pocket maximum**. Once you reach the out-of-pocket maximum the plan pays 100% of eligible expenses for the rest of the calendar year.

Working Spouse – If spouse is eligible to elect medical coverage through their own employer, he/she will not be eligible for coverage through Weis Markets.

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Dental



Healthy teeth gives you something to smile about! You can choose from three plans, all offered through our **NEW** dental provider, Capital Blue Cross. **Note:** If you enroll in medical/Rx and dental coverage through Capital Blue Cross, you will receive one ID card that includes both coverages, rather than separate cards. Go to CapBlueCross.com/finder, you can switch between medical and dental in-network providers by zip code to help you find in-network providers, facilities, services, and more.

Core Plan, Buy-Up Plan, and Dental Health Maintenance Organization (DHMO)

Both the **Core** and **Buy-Up Plans** have Capital Blue Cross' PPO Preferred Network. You may choose any dentist in or out of the network. However, if you see a provider from the PPO network, you save the most money. Plus, with in-network dentists, claims may be paid directly to your dentist. See the example on the next page.

Transition of Care

Capital Blue Cross Dental coverage begins; anything already in progress is the responsibility of your old carrier. Expenses are incurred on the date the service starts (like when a tooth is prepared for a crown, or an implant is placed). Orthodontic payments from a prior carrier reduce the lifetime maximum available under your new plan. Always show your Capital Blue Cross ID card at appointments so providers can file claims correctly. For questions, call the Member Services number on the back of your card.

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible.

Plan Features	Core Plan		Buy-Up Plan		DHMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Benefits Only
Deductible* (Individual / Family)	\$50 / \$150		\$50 / \$150		No deductible
Calendar Year Maximum	\$1,500 / person		\$2,000 / person		No limit on the number of services or benefits per year
Dental Benefits (what you pay)					
Diagnostic & Preventive Services (Palliative emergency treatment, and 2 of each of these per plan year: cleanings, exams, X-rays, sealants)	50% coinsurance after deductible	50% coinsurance, no deductible	50% coinsurance after deductible	0%, no deductible, balance billing may apply	Covered in full
Basic Restorative Services (Fillings, denture repair)	50% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	You pay scheduled amount
Major Services (Crowns, oral surgery including anesthesia, root canals, periodontics, bridges, and dentures)	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	You pay scheduled amount
Orthodontia (Children up to age 19)	50% coinsurance after deductible up to a lifetime maximum of \$500		50% coinsurance after deductible up to a lifetime maximum of \$500		You pay scheduled amount
Associate Contributions (weekly)					
Associate Only / Associate + 1 / Family	\$2.89 / \$6.18 / \$9.53		\$5.05 / \$10.80 / \$16.64		\$2.91 / \$5.64 / \$8.06

* The deductible does not apply toward the plan year maximum.

* The DHMO pays benefits only if you use a dentist in the DHMO's Select Network. If you receive diagnostic or preventative services from a participating PPO provider, benefits for those services are not counted as part of the calendar year maximum benefit.



Vision

Weis Markets offers vision coverage through EyeMed Vision Care. See any vision care provider, but for the highest level of benefits, use a network provider. Benefits are payable once every 12 months. To find network providers, visit eyemed.com and choose "Insight Network." You also can save by using the Plus Provider network – a narrow network with discounts from Plus Providers. Search providers in your area to see if they are in the Provider Plus network.



You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible. To see more details, including what the plan reimburses you when you go out-of-network, download the full vision chart at MyWeisBenefits.com

Plan Features	Plus Provider	In-Network	Out-of-Network
Exams			
Coverage	No cost	\$10 copay	Up to \$35
Frequency	1x / 12 months	1x / 12 months	1x / 12 months
Frames (allowed amount)			
Coverage	\$0 up to \$170	\$0 up to \$120	Up to \$60
Frequency	1x / 12 months	1x / 12 months	1x / 12 months
Lenses			
Single-vision	\$10 copay	\$10 copay	Up to \$25
Bifocal	\$10 copay	\$10 copay	Up to \$40
Trifocal	\$10 copay	\$10 copay	Up to \$55
Frequency	1x / 12 months	1x / 12 months	1x / 12 months
Contacts			
Elective	\$0 up to \$120	\$0 up to \$120	Up to \$96
Medically necessary	Paid in full	Paid in full	Up to \$200
Fit and Follow-up – Standard	\$0 copay	\$0 copay	Up to \$40
Fit and Follow-up – Premium	10% off retail, then \$40 allowance	10% off retail, then 40% allowance	Up to \$40
Other Services			
Laser vision correction	15% off retail or 5% off promo price	15% off retail or 5% off promo price	N/A
Associate Contributions (weekly)			
Associate Only / Associate + 1 / Family	\$1.54 / \$2.93 / \$4.31		

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Basic Life and AD&D Insurance and Supplemental Insurance

Basic life and AD&D insurance – Weis Markets provides **1 x Annual Salary** basic life and AD&D insurance no cost to you.

Supplemental Term Life Insurance – You may purchase more life insurance coverage through MetLife. Costs will depend on your age and salary as of your coverage start date.

Covered person	Coverage amounts*	Maximum coverage
You	Available in multiples of \$10,000	7x basic annual earnings or \$500,000, whichever is lower
Your spouse	Available in multiples of \$5,000	\$250,000 or 50% of total associate coverage, whichever is lower
Your child(ren)	\$10,000 per child (applies to all eligible children)**	\$10,000 or 10% of total associate coverage, whichever is lower

Group whole life insurance with long-term care (LTC) rider – Group whole life covers you in three ways: 1. **Life insurance** to protect you and your family 2. **Long-term care** feature lets you draw on your life insurance benefit to help pay for qualified long-term care 3. **Cash value** provides a fund you can use for emergencies.

Covered person	Coverage options
You	\$5,000; \$10,000; \$15,000; \$20,000; \$25,000; \$30,000; \$35,000; \$50,000; \$100,000; \$150,000
Your spouse*	\$5,000; \$10,000; \$15,000; \$20,000
Your child(ren)*	\$10,000; \$20,000

* You must enroll yourself in coverage first in order to enroll your spouse/child(ren).

Disability

Short-term Disability – You’re eligible on the first day of the month following 30 days from the date you become a full-time associate. Coverage is automatic and is no cost to you. The amount of your benefit is based on a percentage of your pre-disability earnings. It’s 100% salary continuation up to 26 weeks.

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Long-term Disability – You’re eligible on the first day of the month following 180 days from the date you become a full-time associate. Cost of coverage will depend on your age and salary as of that date. Rates are set in five-year age bands. If you age into a new band, your rate will change after your birthday. The amount of your benefit is based on an approved disability, and you can receive up to 60% of your pre-disability earnings.

Healthcare and Dependent Care Flexible Spending Accounts – Weis Markets provides **up to the IRS limits** for each plan and you’ll elect the annual amount you want to contribute (at least \$100) throughout the calendar year.

Supplemental Benefits

You’re eligible on the first day of the month following 30 days from the date you become a full-time associate.

Accident Insurance – This plan pays a lump-sum benefit if you are accidentally injured, on or off the job. We have a Basic or Enhanced option, and you may cover your spouse and dependent children.

Critical Illness – This plan pays a lump-sum benefit at the first diagnosis of a covered condition such as heart attack, stroke, cancer, or permanent paralysis. You may also cover your spouse and dependent children.

Hospital Indemnity Insurance – This plan pays a lump-sum benefit for a covered hospital stay. We have two levels of coverage Basic pays \$500 for hospital admission and Enhanced pays \$1,000. Both options pay \$100 per day for daily hospital care (up to 15 days per calendar year).

Voluntary Benefits

Identity Theft Protection

Identity fraud can put your financial and personal information at risk. Get greater peace of mind for yourself and your family with award-winning identity theft protection services from ID Watchdog.



Vacation

We provide: 2 weeks at hire (pro-rated in the first year of employment), 3 weeks after 5 years of continuous service, 4 weeks after 10 years of continuous service.

Legal Services

Everyone should have a will. Are you selling a house? Buying one? Other legal worries? You need a lawyer.

Get financial healthy with affordable legal help from MetLife Legal plans for a range of events such as drafting a will, traffic ticket defense, buying or selling a home, caring for aging parents, and more.

Retirement Savings Plan (401(k) Plan

Immediate eligibility for all associates. The Company matching contributions are after a year of service in which you complete 1,000 hours.

Weis matches \$0.50 for every dollar you contribute up to 6% of your eligible pay or 3% of your compensation.

If you are 21 or older, after 60 days of employment, Weis will auto-enroll you in the plan with a before-tax contribution rate of 3% of your regular pay and invest your contributions in the Vanguard Target Retirement Fund that is appropriate to your age.