

2026 Annual Open Enrollment

PLAN WELL, LIVE WELL, PARTNER WELL

At Cintas, our partners are our greatest asset, and your health is a top priority. We are committed to supporting your wellbeing by providing valuable benefits and resources.

Just as we rely on your dedication and accountability in the workplace, we need you to take charge of your health by making informed choices during Annual Open Enrollment and throughout the year.

Together, we can shape a future that prioritizes wellbeing and sustainability.



Welcome to 2026 Annual Open Enrollment!

DEAR PARTNERS,

Annual Open Enrollment is your once-a-year chance to enroll or make changes to your benefits.

As health care costs continue to rise nationwide, Cintas remains committed to providing competitive and comprehensive benefits, and paying the majority of health care premiums (on average 80%). We are focused on investing in programs and resources to support your physical, emotional and financial wellbeing. In turn, we are counting on your partnership to use these programs and resources so we can keep our benefit programs sustainable for the future.

I encourage you to Plan Well, Live Well, and Partner Well not just during Annual Open Enrollment, but all year long. This means actively enrolling, staying informed about your benefits and using available resources. Speaking of resources, I'm excited to announce that the Total Rewards Statement is now available online. The online statement offers a convenient way for you to see, throughout the year, the value of all the great benefits Cintas provides to you.

July & nwell

Jennifer Mueller Vice President, Human Resources

This guide highlights the benefit plans available to you as a Cintas partner. The details of these plans are contained in the official plan documents, including some insurance contracts. This guide does not contain all of the details that are included in your Summary Plan Description (SPD) (as described by the Employee Retirement Income Security Act). If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan documents, the formal wording in the Plan documents will govern.

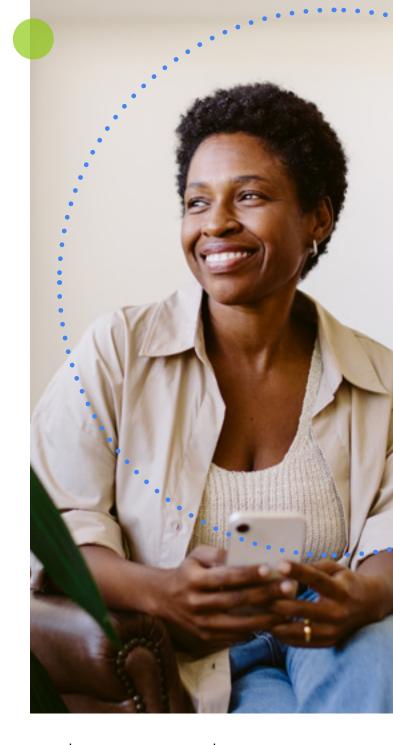
Cintas reserves the right to modify, amend, suspend, or terminate any plan, in whole or in part, at any time. This guide does not constitute a contract, and participation in any of the benefit plans does not guarantee employment.



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WHAT'S INSIDE

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Medical Plans

You have multiple options to choose from — with both PPO and high-deductible health plan options.

PPO plan options:

High-deductible health plan options:

Basic PPO

• Core Choice

Premium PPO*

Core ValueEssential

The PPOs and high-deductible health plans work in fundamentally different ways but have some similarities.

WHAT'S THE SAME

All Cintas Medical Plans provide the same quality medical coverage, which includes:

- 100% coverage for preventive care (annual physicals, screenings and immunizations)
- An out-of-pocket maximum to protect you by limiting the amount you have to pay out-of-pocket during a single year
- Provider choice you can choose from in-network and out-of-network providers, but you'll save the most when you choose in-network providers

WHAT'S DIFFERENT

The main differences between the plans have to do with how much you pay in premiums and out-of-pocket expenses when you need care.

- The lower your premiums are, the higher your out-of-pocket expenses (i.e., deductible and out-of-pocket maximum) will be, and vice versa
- The PPO plans offer more predictable costs because you pay copays for services like doctor office visits and prescription drugs. However, with the high-deductible health plans, you must pay the full cost of health care services until you reach your deductible, including the cost of prescription drugs

Another key difference to consider is which savings account you can use with your medical plan.

- The PPO plans can be paired with the Health Care Flexible Spending Account (HCFSA)
- The high-deductible plans can be paired with the Health Savings Account (HSA)

See page 12 to learn about the advantages of each account and some special eligibility rules for the HSA.

*The Premium PPO Medical Plan option is only available to partners who were benefits-eligible before January 1, 2012 or are grandfathered into the Plan.

COMMON BENEFIT TERMS TO KNOW

Coinsurance: After you meet your deductible, the plan will begin paying coinsurance for medical expenses. Coinsurance is your share of the costs of a covered service, calculated as a percent of the medical expenses for the service.

Co-pay: A fixed amount you pay for a covered service under a plan at the time of service.

Deductible: The amount you owe for covered health care services (other than preventive services) before the plan begins to pay.

Out-of-Pocket Maximum: This is the maximum amount you and your covered dependents need to pay each plan year toward your covered expenses before the plan pays covered expenses at 100%. The out-of-pocket maximum includes deductibles, co-pays and/or coinsurance.

Premium: The amount you pay weekly for health care coverage through Cintas.

IN-NETWORK HEALTH CARE COSTS

This chart details the costs for in-network medical care.

	PREMIUM PPO*	BASIC PPO	CORE CHOICE	CORE VALUE	ESSENTIAL
Preventive Care			\$0		
Annual Deductible (Individual/Family)	\$500/\$1,000**	\$850/\$1,700**	\$1,700/\$3,400***	\$3,400/\$6,800***	\$6,150/\$12,300****
Coinsurance		20% after deductible	Nothing after deductible		ter deductible
Office Visit (Primary or Specialist)	\$15	\$30	Subjec	t to deductible and co	oinsurance
LiveHealth Online	\$10	\$20	Subjec	t to deductible and co	oinsurance
Urgent Care	\$35	\$50	Subject to deductible and coinsurance		
Emergency Room	\$175 \$250		Subject to deductible and coinsurance		
Annual Medical Out-of-Pocket Maximum	\$2,600/\$5,200 \$3,700/\$7,400		\$2,600/\$5,200***	\$3,400/\$6,800***	\$6,150/\$12,300****
Prescription Drugs (Individual/Family)	\$3,250/\$6,500 Annual Rx Out-of Pocket Maximum		Subject to deductible and coinsurance; costs applied to Annual Medical Out-of-Pocket Maximum		
Retail (30-day Supply)	Generic: \$10 Formulary: You pay 20% (\$30 min; \$75 max) Non-formulary: You pay 40% (\$60 min; \$150 max) Specialty: You pay 0% (if enrolled in CarelonRx's Cost Relief program; otherwise 30%)*****		Subject to deductible and coinsurance		pinsurance
Mail (90-day Supply)	Generic: \$20 Formulary: You pay 20% (\$60 min; \$150 max) Non-formulary: You pay 40% (\$120 min; \$300 max) Specialty: You pay 0% (if enrolled in CarelonRx's Cost Relief program; otherwise 30%)******		Subjec	t to deductible and co	oinsurance

^{*} The Premium PPO Medical Plan option is only available to partners who were benefits-eligible before January 1, 2012 or are grandfathered into the Plan.

Note: For coverage of weight loss medications, contact Anthem Health Guide at 800.514.4538.

IMPORTANT NOTES ABOUT PRESCRIPTION DRUG COVERAGE

- If you take ongoing maintenance medications, you'll be required to get 90-day supplies after two 30-day fills of your prescription. You must get your 90-day supply filled at a local CVS retail pharmacy OR Anthem's CarelonRx Mail Order Pharmacy will deliver right to your door with free standard shipping.
- If you have a complex health condition and need specialty drugs, you'll be required to fill them through BioPlus Specialty Pharmacy. With the CarelonRx's Cost Relief program, partners enrolled in a PPO option can receive co-pay or coinsurance assistance.

RX TERMS TO KNOW

Tier 1 — Typically Generic: Tier 1 drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions.

Tier 2 — Typically Formulary Brand: Tier 2 drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work, and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.

Tier 3 — Typically Non-Formulary Brand: Tier 3 drugs have a higher cost share. They often include non-preferred brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA.

Tier 4 — Typically Specialty Drugs:

Tier 4 drugs have the highest cost share and usually include specialty brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 4 may also include drugs recently approved by the FDA or specialty drugs used to treat serious, long-term health conditions and that may need special handling.



^{**} Co-pays do not count toward your deductible.

^{***} If you have coverage other than Partner Only, you must satisfy the family amount.

^{****} For all Essential Medical Plan option coverage levels except Partner Only, the family limit can be satisfied by any combination of family members, but the maximum amount any covered individual will pay per plan year for covered in-network services is \$9,400.

^{*****} Applies to Basic PPO and Premium PPO Medical Plan options only — partners and eligible dependents will be automatically enrolled in CarelonRx's Cost Relief program and will have a \$0 co-pay for specialty (only) drugs. Partners and dependents who opt out of CarelonRx's Cost Relief program will pay a 30% co-pay for specialty drugs.

2026 MEDICAL PLAN PREMIUMS FOR FULL-TIME PARTNERS

(Part-time partner premiums are not listed)

You will save up to \$30 per week on your Medical Plan premiums if you and your spouse both completed the Biometric Screening AND Health Assessment by August 29, 2025. **Note:** If you were hired on or after July 19, 2025, or you added your spouse on your coverage on or after July 19, 2025, you will automatically get this LiveWell premium discount for 2026.

WEEKLY PREMIUMS WITH PREMIUM DISCOUNT					
	PREMIUM PPO*	BASIC PPO	CORE CHOICE	CORE VALUE	ESSENTIAL
Partner Only	\$38.20	\$25.25	\$17.00	\$7.50	\$0.00
Partner + Spouse	\$95.95	\$68.60	\$51.70	\$25.40	\$11.70
Partner + Child(ren)	\$80.25	\$54.70	\$39.85	\$15.60	\$7.00
Partner + Family	\$137.90	\$98.05	\$74.60	\$33.50	\$18.70

WEEKLY PREMIUMS WITHOUT PREMIUM DISCOUNT					
	PREMIUM PPO*	BASIC PPO	CORE CHOICE	CORE VALUE	ESSENTIAL
Partner Only	\$53.20	\$40.25	\$32.00	\$22.50	\$15.00
Partner + Spouse	\$125.95	\$98.60	\$81.70	\$55.40	\$41.70
Partner + Child(ren)	\$95.25	\$69.70	\$54.85	\$30.60	\$22.00
Partner + Family	\$167.90	\$128.05	\$104.60	\$63.50	\$48.70

Note: In some cases, partners may need to pay surcharges that increase the amount that comes out of your paycheck.

- Tobacco or Smoker Surcharge If you or your spouse are a smoker or tobacco-user, which means that on average (in the last six months) you smoke or use tobacco more than once weekly, you will pay a surcharge of \$15 per week per smoker/tobacco-user (e.g., if you and your spouse both smoke/use tobacco, you will pay a surcharge of \$30 per week). Tobacco and smoking products include, but are not limited to, cigarettes, cigars, pipes, electronic devices (such as e-cigarettes, vape pens, tanks, juuls), snuff, chew, snus and dissolvables (such as orbs, sticks, strips, lozenges, tablets). Cintas offers the Quit For Life® Tobacco Cessation Program to help you quit and remove the tobacco surcharge. Call 866.QUIT.4.LIFE (866.784.8454) or visit quitnow.net/cintas.
- Spousal Surcharge If your spouse is eligible for coverage through his or her employer and you choose to cover them under Cintas' Medical Plan, you will pay a spousal surcharge of \$20 per week.

CONSIDER MORE THAN JUST PREMIUMS

- Be sure to think about your potential out-of-pocket costs too. Remember there's a tradeoff between premiums and out-ofpocket costs.
- Think about your typical health care needs and if you anticipate any new expenses in 2026. For example, are you planning a pregnancy or a surgery? The best plan for you will depend on how much care you need throughout the year.
- Remember the tax-advantaged account available to you for health care expenses will depend on which Medical Plan option you choose.
 The PPO plans can be paired with the Health Care Flexible Spending Account (HCFSA) and the highdeductible plans can be paired with the Health Savings Account (HSA).
- Keep in mind that where you go for care matters. In-network providers have negotiated discounted rates, meaning you generally pay less when you stay in-network.



Vision Plan

Cintas offers you and your family vision coverage provided by Anthem Blue View Vision Insight Plus, which provides you with access to one of the nation's largest vision networks. The plan provides coverage for a routine eye exam along with glasses or contact lenses. You can choose from many private practice doctors, local optical stores and national retail stores including LensCrafters®, Target Optical® and most Pearle Vision® locations. You can even use your in-network benefits to order eyewear online at **Glasses.com** and **ContactsDirect.com**.

IN-NETWORK VISION CARE COSTS

This chart details the costs for in-network vision care. For out-of-network care, you can be reimbursed up to a certain dollar amount for most services.

	•	•	
	ANTHEM BLUE VIEW \	/ISION INSIGHT PLUS	
PROVIDER TYPE	PLUS PROVIDER ANY OTHER IN-NETWORK PROV		
Routine Eye Exam (once every calendar year)	\$0 co-pay	\$10 co-pay	
Eyeglass Frames (once every calendar year)	You pay 80% after \$185 allowance	You pay 80% after \$135 allowance	
Eyeglass Lenses Instead of Contact Lenses (once every calendar year)	\$10 co-pay (includes single vision, bifocal and trifocal lenses)		
Free Eyeglass Lens Enhancements (once every calendar year)	\$0 co-pay for transition lenses and standard polycarbonate for children under age 19, as well factory scratch coating and standard progressive lenses for any age		
Eyeglass Lens Upgrades			
Transitions (for age 19 and over)	\$	75	
Standard Polycarbonate (for age 19 and over)	\$4	40	
Tint (solid and gradient)	\$	15	
UV Coating	\$	15	
Progressive Lenses*	Premium Tier 1: \$20 Premium Tier 2: \$30 Premium Tier 3: \$45 Premium Tier 4: 20% off retail price		
Anti-Reflective Coating*	Standard: \$45 Premium Tier 1: \$57 Premium Tier 2: \$68 Premium Tier 3: 20% off retail price		
Other Add-ons (i.e., high index lenses, anti-fog coating)	20% off r	etail price	
Additional Pairs of Eyeglasses	Complete pair: 40% off retail price, then \$100 allowance Eyeglass materials purchased separately: 20% off retail price	Complete pair: 40% off retail price, then \$5 allowance Eyeglass materials purchased separately 20% off retail price	
Contact Lenses** Instead of Eyeglass Lenses (once every calendar ye	ar)		
Elective Conventional (non-disposable) OR Elective Disposable OR Non-elective (medically necessary)	You pay 85% after \$135 allowance \$135 allowance (no additional discount) Covered in full		
Contact Lens Fit and Follow-up	Standard contact lens fitting***: Up to \$40 Premium contact lens fitting****: 10% off retail price		
Eyewear Accessories (items such as non-prescription sunglasses, lens cleaning supplies, contact lens, solutions, eyeglass cases, etc.)	20% off retail price		
Retinal Imaging	Not more than \$39		

2026 VISION PREMIUMS

	ANTHEM BLUE VIEW VISION INSIGHT PLUS
Partner Only	\$1.29
Partner + Spouse	\$3.33
Partner + Child(ren)	\$3.21
Partner + Family	\$3.72

- * Please ask your provider for his/ her recommendation, as well as the available brands by tier.
- ** Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.
- *** Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include, but are not limited to, disposable and frequent replacement.
- **** Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include, but are not limited to, toric and multifocal.





DISCOVER MORE VALUE BY USING IN-NETWORK PROVIDERS

In-network providers and health care facilities are part of Anthem's network and have negotiated discounted rates, meaning you generally pay less when you stay in-network. Out-of-network providers will generally cost you more because they do not offer discounts on the fees for their services. See below for steps for finding medical, prescription drug and vision providers through Anthem.

MEDICAL

Visit anthem.com and select Find Care. You can search as a member or a guest.

- For members: Select Log in for Personalized Search on the left.
- If you are not enrolled in an Anthem plan, choose Basic Search as a Guest. Answer the questions regarding:
 - Type of plan or network (select **Medical Plan or Network**)
 - State you need care in
 - How you get health insurance (select **Medical (Employer-Sponsored**)
 - Type of plan you want to search under

Then enter your city, county or ZIP code and choose the type of Care Provider you want to find.

Note: When selecting the Medical Plan or Network from the drop-down menu, most partners are covered under the National PPO (Blue Card PPO) network. However, some states and regions have different networks. Contact Anthem Health Guide at **800.514.4538** with questions related to your Medical Plan network.

PRESCRIPTION DRUG

View the CarelonRx retail pharmacy directory by visiting https://file.anthem.com/ BASEABCBS.pdf. The directory lists pharmacies by state then county.

VISION

Visit anthem.com and select Find Care. You can search as a member or a quest.

- For members: Select Log in for Personalized Search on the left.
- If you are not enrolled in the Anthem vision plan, choose Basic Search as a Guest. Answer the questions regarding:
 - Type of plan or network (select **Vision Plan or Network**)
 - State where the plan or network is offered (select **Ohio**)
 - How you get insurance (select **Vision**)
 - Plan or network (select Blue View Vision Insight Plus)

GET THE MOST OUT OF YOUR ANTHEM PLANS WITH THESE TWO RESOURCES

- Anthem Health Guide: Access a team of customer service experts, including registered nurses, who advocate for your health. From helping you understand your plan and costs for care to finding in-network providers and answering health questions, Anthem health guides are here to make navigating your health care journey easier. Call 800.514.4538.
- Sydney Health app: Get your medical, prescription drug and vision benefits information together in one place, making it easy to keep track of everything on the go. You can view your digital ID cards, find care, compare costs, check claims and much more! You can even chat in real-time with an Anthem Health Guide. Download the app from Google Play™ or the App Store®, or scan this QR code with the camera on your mobile device.



HEALTH CARE CHOICES OTHER CHOICES WHAT'S INSIDE **ENROLLMENT INFORMATION** MORE BENEFITS CONTACTS

Dental Plan

You have two Dental Plan options. The key difference between the plans has to do with what's covered, the coverage levels and the premium costs.

- Both plans include coverage for preventive and basic services
- The comprehensive plan also includes coverage for major services and orthodontia
- The premiums are higher for the comprehensive plan since it offers more coverage

IN-NETWORK DENTAL CARE COSTS

This chart details the costs for in-network dental care. For out-of-network care, there are higher deductibles and coinsurance.

	DENTAL BASIC		DENTAL COM	MPREHENSIVE
PROVIDER TYPE	PPO PROVIDERS	PREMIER PROVIDERS	PPO PROVIDERS	PREMIER PROVIDERS
Deductible (Individual/Family)	\$25/\$75		\$50/\$150	
Annual Benefit Maximum	\$1,250		\$1,250	
Orthodontia Lifetime Maximum	N/A		\$1,500	
Preventive & Diagnostic Services	You pay 0%	You pay 30%	You pay 0%	You pay 10%
Basic Services	You pay 20%	You pay 40%	You pay 20%	You pay 30%
Major Services	N/A		You pay 50%	You pay 50%
Orthodontia Services	N/A		You pay 50%	You pay 50%

2026 DENTAL PREMIUMS

	DELTA DENTAL BASIC	DELTA DENTAL COMPREHENSIVE
Partner Only	\$3.12	\$6.51
Partner + Spouse	\$8.10	\$16.91
Partner + Child(ren)	\$7.94	\$16.59
Partner + Family	\$9.19	\$19.19

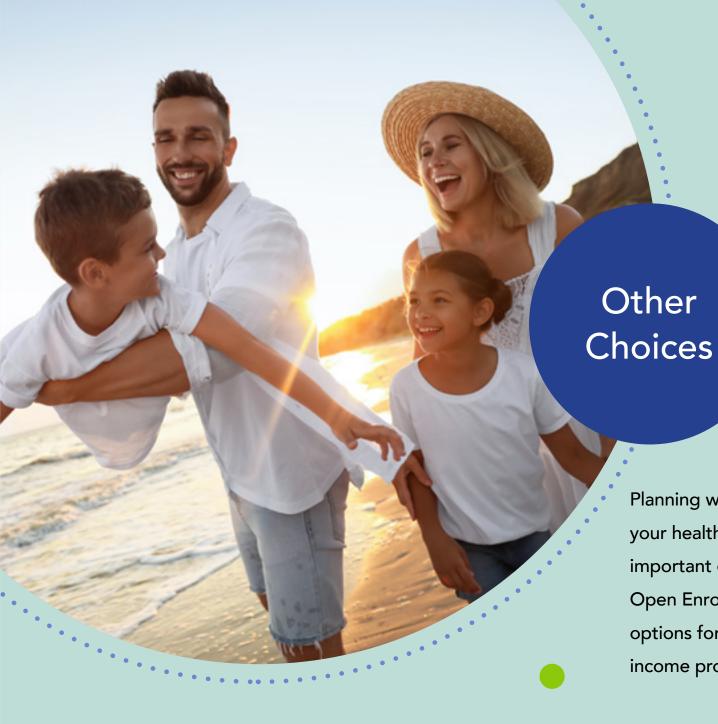
SAVE WITH IN-NETWORK PROVIDERS

Both plans have two tiers of network providers (PPO and Premier providers). Your out-of-pocket costs will be lowest if you choose a Delta Dental PPO provider.

To find an in-network provider:

- Go to deltadentaloh.com.
- Click Find a Dentist.
- Under Delta Dental PPO and Delta Dental Premier, click Search.
- Select Delta Dental PPO from the drop-down menu under Plan Network.





Planning well isn't just about evaluating your health care choices. There are other important decisions to make during Annual Open Enrollment. This section explores your options for tax-advantaged accounts and income protection benefits.

Tax-Advantaged Accounts

FOR HEALTH CARE

There are two health care accounts to consider, and the one you can use depends on which medical plan you are enrolled in:

- The Health Care Flexible Spending Account (HCFSA) is available to those enrolled in a PPO
- The Health Savings Account (HSA) is available to those in a high-deductible health plan if you meet the requirements outlined to the right

See the chart below to compare the advantages of each account.

ADVANTAGES	HSA	HEALTH CARE FSA
Make pre-tax contributions	✓up to \$4,400 for employee-only coverage, and \$8,750 for family coverage in 2026	√up to \$3,400 in 2026
Change your contribution at any time	✓	
Roll over unused funds from year to year	✓	
Invest your funds	✓	
Take your account with you if you leave the Company	✓	

FOR DEPENDENT DAY CARE

In addition to health care accounts, a **Dependent Day Care Flexible Spending Account (DCFSA)** is available. The DCFSA can be used to pay eligible expenses, such as the cost of day-care and after-school programs. **Note:** For 2026, the IRS limits for the DCFSA have increased and you can contribute up to \$7,500.*

HSA ELIGIBILITY REQUIREMENTS

There are some special eligibility rules that you should be aware of. In order to open an HSA, you must meet all of the following requirements:

- You must be enrolled in a highdeductible health plan.
- You can't be covered by another medical plan (like your spouse's plan) that does not qualify as a high-deductible health plan.
- You must be at least 18 years old.
- You can't be claimed as a dependent on someone else's tax return.
- You can't be covered by Medicare.
- You can't be covered by Tricare.

^{*} If you are a Highly Compensated Employee (HCE) as defined by the IRS, your contribution maximum will remain at \$1,050 until non-discrimination testing occurs in 2026.

Income Protection Benefits

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

Cintas provides partners Basic Life and AD&D Insurance coverage — at no cost to you. Your benefit amount is based on your benefits class. See **PartnerConnect.cintas.com** to review your current coverage amount.

Additional Optional Life and AD&D Insurance coverage may be purchased to help protect your family financially:

- For yourself: Choose between 1 and 10 times pay up to \$2,000,000.
 Note: You may have to complete a Statement of Health (SOH) depending on the coverage level you elect. See your Summary Plan Description for details.
- For your spouse: Choose coverage in \$10,000 increments up to \$100,000.
- For your child(ren): Choose \$5,000 or \$10,000 of life insurance for each of your children.

DISABILITY COVERAGE

Cintas provides two types of disability coverages:

- Short-term Disability (STD): Short-term Disability coverage is provided
 at no cost to eligible partners. It provides eligible partners a percentage
 of their eligible pay for up to 13 weeks if unable to work due to illness or
 injury. Note: STD eligibility applies to Maternity Leave, which provides 6
 weeks of 100% paid leave.
- Long-term Disability (LTD): If enrolled in Long-term Disability coverage, you could receive additional disability pay for ongoing disabilities lasting longer than 13 weeks. See the LTD plan document for more information on the Plan and the pre-existing condition clause.



CHECK YOUR BENEFICIARIES

Review your beneficiaries for Life Insurance and the Partners' Plan and make any updates needed. Don't have a beneficiary on file yet? Be sure to add someone. Visit **PartnerConnect.cintas.com** to review, change or add a beneficiary.

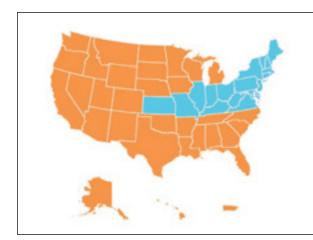
ON A PAID OR UNPAID LEAVE OF ABSENCE?

While on a leave of absence, you will not be able to elect or change Life and AD&D Insurance or LTD coverage until you return to work. **Note:** Any changes you make after returning to work will not be retroactive. See the Life Insurance and LTD Plan documents for more details.



Annual Open Enrollment Windows

Your Annual Open Enrollment window is based on the state in which you live. Find your state below to know when you can enroll:



NOV. 3 - NOV. 14, 2025

CT, DC, DE, IL, IN, KS, KY, MA, MD, ME, MO, NH, NJ, NY, OH, PA, RI, VA, VT, WV

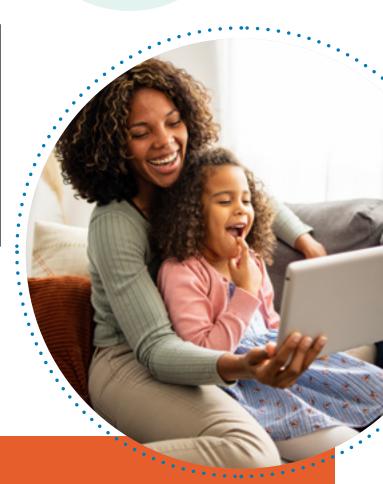
NOV. 10 – NOV. 21, 2025

AK, AL, AR, AZ, CA, CO, FL, GA, HI, IA, ID, LA, MI, MN, MS, MT, NC, ND, NE, NM, NV, OK, OR, PR, SC, SD, TN, TX, UT, WA, WI, WY

Note: Enrollment ends at 11:59 pm CST on the last day of your Annual Open Enrollment window.

MAKE SURE YOU CAN LOG ON TO PARTNERCONNECT TODAY

Passwords expire every 90 days and resets can only be done via text. If there is no cell phone listed on PartnerConnect, you must call the Cintas Service Center at **866.256.6559** to request a password reset. A PIN will be mailed to your home which may take several days for you to receive.



WHAT HAPPENS IF YOU DON'T ENROLL

You will be automatically re-enrolled for the same benefits you currently receive in 2025 for 2026. Exception: You must re-enroll in the Health Care Flexible Spending Account (HCFSA) and/or Dependent Day Care Flexible Spending Account (DCFSA) if you wish to participate. Health Savings Account (HSA) choices roll over each year if you do not make changes.

Your next opportunity to make benefit changes will be the next Annual Open Enrollment period next fall, unless you experience a Qualified Status Change.

How to Enroll

Choose from one of three ways to enroll:

VIA APP

- 1. Download the Alight mobile app.
- 2. Log into the app with your individual user ID you use on ParterConnect.
- 3. Click the Annual Enrollment tile.
- Click the Go to Enrollment button to begin making your elections.





ONLINE

- Log in to PartnerConnect.cintas.com with your individual user ID.
- 2. Click the **Annual Enrollment** banner.
- 3. Click the **Go to Enrollment** button to begin making your elections.



BY PHONE

Call the Cintas Service Center toll-free at **866.256.6559**, Monday through Friday between 7 am and 5 pm CST.

Translators are also available for non-English-speaking partners.

COVERING DEPENDENTS?

Remember, you can cover eligible dependents, which include your legal spouse and dependent children up to age 26. If enrolling online, be sure to check the box next to each dependent's name who you want covered by Cintas benefits. If this is the first time you are adding your dependent onto a Cintas Plan, you will be required to provide proof of dependency through Dependent Verification. More information on the Dependent Verification process will be provided to you once your Annual Open Enrollment window closes.

Note: The benefits you elect during Annual Open Enrollment will remain in effect for the entire plan year (Jan. 1 – Dec. 31, 2026) unless you experience a Qualified Status Change. If you experience a Qualified Status Change, you must report it on PartnerConnect or call the Cintas Service Center within 30 days of the event. See PartnerConnect for a list of Qualified Status Changes.

THREE REASONS TO DOWNLOAD THE ALIGHT MOBILE APP

- 1. Access PartnerConnect from your personal device.
- 2. Connect to PartnerConnect securely from anywhere, at anytime.
- 3. View your health and retirement benefits, pay statement, total rewards statement and more when you're on the go.





More Benefits

While the benefits and resources described in this section don't require you to enroll during Annual Open Enrollment, now is a good time to get familiar with all that's available to you so you can get the most out of your benefits throughout the year and Live Well.

Wellness Benefits

Cintas invests in your wellbeing by offering many programs and resources. Here are highlights of what's available:

HINGE HEALTH

As of October 1, 2025, Hinge Health offers virtual physical therapy at no additional cost to you.* If you're struggling with back or joint pain, the Hinge Health program can help you get relief with:

- A personalized program you can do at home or on the go
- Exercises that are designed by a licensed physical therapist to target and relieve your pain
- One-on-one support from a dedicated physical therapist and health coach
- A welcome kit with tools to kickstart your journey

Visit **hinge.health/cintas** to learn more and sign up for the program. For questions, you can call Hinge Health at **855.902.2777** or send an email to **help@hingehealth.com**.

*Partners and dependents over age 18 must be enrolled in a Cintas Medical Plan.

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program is here to help you navigate life's ups and downs. Access these features and other comprehensive tools by logging on to cintas.mysupportportal.com (group code: cintas):

- Confidential counseling: You and your benefits-eligible family members may
 receive up to five in-person counseling sessions per issue (session maximums apply)
 with a licensed clinician to address issues such as marriage and family problems,
 substance abuse, stress, anxiety or other behavioral health concerns.
- Self-guided resources: Explore Mindstream, the fitness studio for your mind, on a self-guided mental wellness and skill-building journey, including live and ondemand video and audio sessions led by experts on various topics like mindfulness, relationships and personal development.
- Mental Health Navigator: Take the guesswork out of your mental health with Mental Health Navigator. Complete a confidential survey about your emotions and feelings and be provided with an immediate personalized report on your wellbeing, suggesting care options such as accessing licensed clinicians, coaching and self-guided resources.

Around-the-clock assistance is also available at 888.331.1327 (1EAP).

WEBMD

Remember the LiveWell program is about more than getting premium discounts. WebMD offers many resources you can use all year long, including:

- WebMD Health Coaching: Work on your health and wellbeing goals in a safe, judgment-free space. Through one-on-one sessions, a Health Coach can inspire you to pursue your health goals, motivate you to keep moving forward and educate you every step of the way. WebMD Health Coaches are trained professionals who can make a difference in every part of your life. Plus, it's free, convenient and confidential. Schedule a session on the WebMD ONE platform or call 800.926.5455.
- Daily Habits: Daily, self-guided courses encourage long-term behavior change.
 Work toward your goals one day at a time. This mobile-first experience makes it simple to set a goal and watch your progress. Daily Habits, powered by WebMD ONE, uses behavioral science to help you stay motivated, achieve real results and be confident that your health is headed in the right direction.
- Media Library: Explore an array of wellness videos for you and your family, including fitness classes, meditation sessions, recipe demonstrations, engaging mental health podcasts and much more.
- Device and App Connection Center: Sync a fitness device or app to automatically track and upload your activity. Visit the WebMD ONE platform for a step-by-step guide.

WHAT PARTNERS HAVE TO SAY ABOUT WEBMD HEALTH COACHES

"Absolutely phenomenal. She was so helpful and super super nice and I would recommend her to anybody who needs to transform their lifestyle, their health or anything else like that."

"Very pleasant, very personable and very helpful as well as very knowledgeable. This is definitely a great asset to have to keep me accountable and to help me achieve these goals that I have been searching out for."

QUIT FOR LIFE® PROGRAM

Discover a new approach to nicotine cessation that starts with you.* Access research-based solutions, connect with a coach or join a coach-led group. Upon successful completion, partners or spouses enrolled in a Cintas Medical Plan can have the tobacco surcharge refunded back to the date they enrolled in the program. Visit quitnow.net/cintas or call 866.784.8454.

*Any Cintas partner, spouse and their eligible dependents over age 18 can participate.

ANTHEM NURSELINE

Anthem medical plan members have 24/7 access to registered nurses for any health-related questions/concerns. Call **800.700.9184**.

VIRTUAL SECOND OPINION

Partners in a Cintas Medical Plan can get a free second opinion on a health care issue by speaking with a qualified health care professional through My Medical Ally. Call **888.361.3944**, Monday – Friday, 8 am to 8 pm CST.

LIVEHEALTH ONLINE

Live consultation with a doctor is available anywhere you have internet access and a video connection:

- Available 24/7 in all states and can choose U.S. board-certified doctor based on profile
- Doctors can answer questions, make a diagnosis and may be able to prescribe basic medications for common health concerns, depending on the state
- Costs less than visiting your doctor or an urgent care center.

Visit livehealthonline.com.

WEIGHTWATCHERS®

Weight health solutions can be scary, confusing and full of jargon. WeightWatchers makes managing your health a joyful journey, making change feel real. Because weight health is a team sport, Cintas subsidizes 50% of the membership price for partners who join, as well as spouses enrolled in a Cintas Medical Plan. This applies to WeightWatchers meetings, Online Plus and WeightWatchers for Diabetes memberships. Visit ww.com/cintas.

Note: Spouses should add an "S" to the partner's ID to sign up.



Financial Benefits

Cintas offers you benefits that help you save for your future and manage your day-to-day finances. See below for highlights.

CINTAS PARTNERS' PLAN

The Cintas Partners' Plan offers you three ways to save for your future:

- 401(k): All partners are automatically enrolled at 3% of their eligible pay after
 three months of eligible service with Cintas. You can change your contributions
 and investment choices at any time. Note: Company 401(k)-matching contributions
 are determined at the Company's discretion after the end of the fiscal year.
 To receive the full match, be sure to contribute at least 10% (6% if a Highly
 Compensated Employee).
- **Profit Sharing:** Cintas may make contributions to reward you for helping the Company grow. Profit Sharing contributions are determined at the Company's discretion after the end of the fiscal year. The amount you receive is based on your pay and years of service.
- Employee Stock Ownership Plan (ESOP): Cintas may purchase stock on your behalf, so you can "own" a piece of the Company. ESOP shares are determined at the Company's discretion after the end of the fiscal year. Like Profit Sharing, what you receive is based on your pay and years of service.

PARTNER PERKS

Find savings on local gyms, athletic clubs and more. Visit beneplace.com/cintas/.

CINTAS PARTNER STORE DISCOUNTS

Receive a discount on all purchases made through the Partner Store.

EXPLORE TOOLS AND RESOURCES

Cintas offers you tools and resources to help you set a financial plan and check your progress along the way. Visit **mycintasbenefits.com > MY FUTURE > RESOURCES & TOOLS** to learn about free, confidential consultations with licensed financial counselors, an interactive financial wellness assessment, debt counseling and more.

DON'T FORGET ABOUT TAX-ADVANTAGED ACCOUNTS

Tax-advantaged accounts provide you with an easy way to save. See **page 12** for details.



Work/Life Balance Benefits

TIME OFF

Everyone needs time away from work to recharge and take care of themselves and their families. At Cintas we offer:

- Paid Time Off (PTO) and Holidays: Cintas provides partners with PTO and recognizes six U.S. holidays.
- Leave options: Cintas offers many options including Maternity, Parental, Family
 Medical Leave Act (FMLA), Personal and Military Leave. See mycintasbenefits.com
 for details about each option.
- **Bereavement Pay:** Receive PTO when a family member passes away. Please refer to policy C-128 Partner Benefits for more information.
- **Court Appearance Pay:** Receive PTO when jury duty requires you to miss work. Please refer to policy C-128 Partner Benefits for more information.

SUPPORT FOR MOMS

Whether you're expecting a newborn or adopting or fostering a child of any age, Cintas offers benefits to support you and your family, including:

• Future Moms Program: Cintas offers Future Moms to help partners and spouses have healthy pregnancies for both mom and baby. You are eligible to participate in the Future Moms Program if you are a partner or spouse who is enrolled in a Cintas Medical Plan. Get tips on eating and sleeping better, controlling nausea, staying active up to your delivery date, finding a doula, researching a lactation consultant or seeking support if you experience postpartum blues. As an added bonus, program participants get a \$250 gift card if they complete the required steps. Visit webmdhealth.com/cintas, click the LiveWell Benefits tab and select Future Moms Program to learn more.

- Free Breast Pump/Supplies: If you're enrolled in a Cintas Medical Plan, Anthem covers the cost to rent or buy a standard manual or electric breast pump and all the necessary accessories. Plus, if you're using a pump from a previous pregnancy, Anthem covers a new set of breast pump supplies. Contact Anthem at 800.514.4538 for more information.
- Breaks for Nursing Moms: Cintas' Lactation Policy provides nursing moms with break time and a dedicated place to pump breast milk.
- Breast Milk Delivery Service: Partners who are nursing mothers can ship their milk
 home to baby while traveling for Cintas business. Milk Stork offers no-fuss express
 shipping or refrigerated toting so you can get your milk home to your baby in the
 way that works best for you. To get started, visit milkstork.com/Cintas.
- Pelvic Health Program: Hinge Health provides personalized, virtual exercise sessions for pelvic pain and discomfort at no cost to you*. You may even be eligible to receive a pelvic trainer device that offers real-time biofeedback and guidance. Visit hinge.health/cintas to learn more and sign up for the program. For questions, you can call Hinge Health at 855.902.2777 or send an email to help@hingehealth.com.

*Partners and dependents over age 18 must be enrolled in a Cintas Medical Plan.



CINTAS CARES

Cintas provides essential humanitarian aid and volunteer support to the communities in which we live and work, including:

- Charitable Giving: Cintas supports and has a corporate relationship with the
 American Heart Association, the American Cancer Society and the American
 Diabetes Association, as well as Matthew 25: Ministries (M25M). At a local level, our
 operations support more than 400 other philanthropic organizations and endeavors
 annually through volunteer work, food drives, etc.
- Military Partner and Community Support: Cintas is recognized as one of the
 nation's leading military-friendly employers. We actively recruit military veterans
 through partnerships with various veteran recruiting organizations and military job
 fairs. Our partners engage in veteran outreach within local communities, supporting
 various veteran groups and activities such as Tunnel to Towers, the USO, and Toys
 for Tots. We are also a major sponsor of the Disabled American Veterans (DAV)
 5K Walk and Run fundraising series.
- The Cintas Partner Assistance Fund: The Cintas Partner Assistance Fund provides
 financial assistance to Partners in need. If a Partner has been impacted by a natural/
 personal disaster or a personal hardship, our Cintas community provides support through
 monetary grants that help cover basic expenses (food, clothing, housing, repairs, etc.).

These are just a few ways Cintas gives back. To learn more about Cintas Cares, please visit **cintascares.com**.

WILL PREPARATION AND ESTATE RESOLUTION SERVICES

If you enroll in Optional Life Insurance, you will have access to will preparation and Estate Resolution Services (ERS) services from MetLife Legal Plans when your Optional Life Insurance coverage begins. The following services are provided at no additional cost to you:

- Legal guidance and unlimited in-person or phone consultations with Network
 Attorneys to prepare, update or revise a will, living will or power of attorney OR help
 settle an estate.
- Preparation of estate documents and in-court professional representation to help execute the transfer of probate assets from an estate.
- Help with correspondence and tax filing needed to transfer non-probate assets.

To get started, visit **legalplans.com/estateplanning** or call MetLife at **800.821.6400** (provide your Company name and the last four digits of the Plan member's Social Security number or employee number).

TRAVEL ASSISTANCE

Everyone wants a stress-free trip, but unforeseen events can happen (for example, an illness or accident). With Travel Assistance, you and your covered family members can call for professional help anytime, 24/7, when traveling internationally or domestically. This benefit, which is provided at no cost to you by MetLife through AXA, offers you and your covered family members a broad range of services, including:

- **Emergency services** for air and ground ambulance services, political and natural disaster evacuation, and more.
- Medical assistance services, including medical referrals and replacement of prescription medication or medical devices.
- Worldwide medical teleconsultations with licensed medical professionals 24/7 for common and minor illnesses.
- Personal assistance services to help with lost documents or luggage, travel and entertainment arrangements, and more.

Learn more by calling toll-free **800.454.3679** from the U.S., or collect **312.935.3783** from outside the U.S., or log on to **metlife.com/travelassist**.

IDENTITY THEFT PREVENTION AND SUPPORT

If you enroll in LTD coverage, you will have access to identity theft prevention and support from Reliance Matrix — at no cost to you. This coverage includes:

- Identity theft remediation services, including a 24/7/365 hotline service, fraud alerts and more
- \$25,000 reimbursement for expense and stolen funds if you are a victim of identity fraud*
- · Dark web monitoring
- Encrypted vault to store User Ids & passwords, along with wallet contents (ATM/credit cards, driver's license, and health insurance cards)

To learn more or enroll in this benefit, call **855.246.7347** or visit **reliancestandard.com/infoarmor**.

METLIFE LEGAL PLANS PERKS

- Choose from over 18,500 Network Attorneys.
- For your convenience, most attorneys are available evenings and Saturdays by appointment.
- There are no forms to fill out.
- Out-of-network attorneys can be used but fees will apply.

^{*}This insurance is underwritten by Assurant.

Contacts

See below for contact information for your benefit providers. In addition, remember that **mycintasbenefits.com** is a one-stop-shop for accessing benefits information.

BENEFIT	CONTACT INFORMATION
HE	ALTH CARE
Medical – Anthem	anthem.com 800.514.4538
Prescription Drug – Anthem CarelonRx	anthem.com 844.721.1899
Dental – Delta Dental	deltadentaloh.com 800.524.0149
Vision – Anthem Blue View Vision Insight Plus	anthem.com 877.635.6403
LIVEW	ELL PROGRAM
Anthem Health Guide	800.514.4538
Anthem Nurseline	800.700.9184
Employee Assistance Program	cintas.mysupportportal.com (group code: cintas) 888.331.1327 (1EAP)
Hinge Health	hinge.health/cintas 855.902.2777
LiveHealth Online	livehealthonline.com
Partner Perks	beneplace.com/cintas
Quit for Life® Tobacco Cessation Program	quitnow.net/cintas 866.784.8454
Virtual Second Opinion – My Medical Ally	888.361.3944
WebMD	webmdhealth.com/cintas 800.926.5455
WeightWatchers®	ww.com/cintas
TAX-ADVAN	ITAGED ACCOUNTS
Smart-Choice Accounts (HSA, Health Care FSA, Dependent Day Care FSA, and Commuter Program)	Log on to PartnerConnect and click on Reimbursement Accounts or call the Cintas Service Center at 866.256.6559
INCOME PROTECTION	
Life Insurance	Log on to PartnerConnect and click on Health & Insurance
Accidental Death & Dismemberment (AD&D) Disability	and click Your Current Coverage or call the Cintas Service Center at 866.256.6559
CINTAS PARTNERS' PLAN	
401(k)	Log on to PartnerConnect and click the Savings &
Profit Sharing Employee Stock Ownership Plan (ESOP)	Retirement tab or call the Cintas Service Center at 866.256.6559

