



2026 Part-time Medical Plan Summary



Plan Facts

Carrier	Anthem
Website	anthem.com
Phone Number	800.514.4538

Cost per Weekly Paycheck

	Core Value
Partner Only	\$29.00
Partner + Spouse	\$195.80
Partner + Child(ren)	\$160.50
Partner + Family	\$327.40

**Tobacco-user surcharge applies to partners and their spouse who are tobacco users.

General Medical Expenses

Annual Deductible	In Network: \$3,400 Individual, applies to Single coverage only; \$6,800 Family, for coverage if any combination of a spouse and/or child Out of Network: \$6,800/\$13,600
Primary doctor office visit	In Network 100% covered after deductible is met Out of Network 60% covered after deductible is met
Specialist office visit	In Network 100% covered after deductible is met Out of Network 60% covered after deductible is met
Out-of-pocket maximum	In Network: \$3,400 Individual, applies to Single coverage only; \$6,800 Family, for coverage of any combination of a spouse and/or child; includes deductible Out of Network: \$8,800 Individual; \$17,600 Family; as above and includes deductible
Lifetime Limit	Unlimited

Inpatient Hospital Care

Hospital copay	Not applicable
Hospital semi-private room	In Network 100% covered after deductible is met Out of Network 60% covered after deductible is met
Inpatient lab and X-ray	In Network 100% covered after deductible is met Out of Network 60% covered after deductible is met
Inpatient physician and surgeon services	In Network 100% covered after deductible is met Out of Network 60% covered after deductible is met

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Outpatient Care

Hospital copay	Not applicable
Outpatient surgery	In Network 100% covered after deductible is met Out of Network 60% covered after deductible is met
Outpatient laboratory services	In Network 100% covered after deductible is met; check with Plan for details Out of Network 60% covered after deductible is met
Outpatient X-ray	In Network 100% covered after deductible is met Out of Network 60% covered after deductible is met
Emergency room (not followed by admission)	In Network 100% covered after deductible is met Out of Network 100% covered after plan deductible met (in-network deductible applies)
Urgent care clinic visit	In Network 100% covered after deductible is met Out of Network 60% covered after plan deductible

Prescription Drug Expenses

Vendor	CarelonRx
Website	www.anthem.com
Phone Number	844-721-1899
Retail generic	In Network 100% covered after deductible is met; 30 day supply Out of Network Not covered
Retail formulary brand	In Network 100% covered after deductible is met; 30 day supply Out of Network Not covered
Retail nonformulary brand	In Network 100% covered after deductible is met; 30 day supply Out of Network Not covered
Retail Specialty Rx	100% covered after deductible is met
Mail order	100% covered after deductible is met 90 day supply
Mail order Specialty Rx	100% covered after deductible is met
Oral contraceptives	In Network Retail and mail order available Out of Network Not covered
Rx subject to overall medical deductible & OOP	Yes
Annual prescription out-of-pocket maximum	Not applicable

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

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Coverage

Adult Preventive Care

Annual Physical Exam	In Network: 100% covered Out of Network: 60% covered after deductible is met
Well-woman exam (includes pap)	In Network: 100% covered Out of Network: 60% covered after deductible is met
Mammogram	In Network: 100% covered Out of Network: 60% covered after deductible is met
Cancer screenings	In Network: 100% covered (routine) Out of Network: 60% covered after deductible is met
Cardiovascular screenings	In Network: 100% covered (routine) Out of Network: 60% covered after deductible is met

Family Planning

Fertility drugs	Covered under Prescription Drug Coverage; excluded under Medical
Fertility Services	In Network: 100% covered after deductible is met; limited to diagnosis and treatment of underlying cause of infertility Out of Network: 60% covered; limited to diagnosis and treatment of underlying cause of infertility
Artificial insemination	Not covered
In vitro fertilization	Not covered
Female tubal ligation	In Network: 100% covered; reversals not covered Out of Network: 60% covered after deductible, reversals not covered
Male vasectomy	In Network: 100% covered after deductible is met; reversals not covered Out of Network: 60% covered after deductible, reversals not covered

Maternity Care

Office visit: Pre/postnatal	In Network 100% covered after deductible is met Out of Network 60% covered after deductible met
In-hospital delivery services	In Network 100% covered after deductible is met Out of Network 60% covered after deductible is met

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Newborn nursery services	In Network 100% covered if baby not admitted; if admitted then 100% covered after deductible
	Out of Network 100% covered if baby not admitted; if admitted then 60% covered after deductible

Well-Baby/Well-Child Preventive Care

Pediatric exams	In Network: 100% covered
	Out of Network: 60% covered after deductible is met
Immunizations (child)	In Network: 100% covered
	Out of Network: 60% covered after deductible is met

Mental Health Care

Mental Health: Outpatient coverage	In Network: 100% covered after deductible is met
	Out of Network: 60% covered after deductible is met
Mental Health: Inpatient coverage	In Network: 100% covered after deductible is met
	Out of Network: 60% covered after deductible is met

Substance Abuse Care

Detox: Outpatient coverage	In Network 100% covered after deductible is met
	Out of Network 60% covered after deductible is met
Detox: Inpatient coverage	In Network 100% covered after deductible is met
	Out of Network 60% covered after deductible is met
Rehab: Outpatient coverage	In Network 100% covered after deductible is met
	Out of Network 60% covered after deductible is met
Rehab: Inpatient coverage	In Network 100% covered after deductible is met
	Out of Network 60% covered after deductible is met

Dental Care

Implants	Not covered
Accidental injury to teeth	In Network 100% covered after deductible is met; limited to emergency care
	Out of Network 60% covered after deductible is met; limited to emergency care

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Surgical removal of tumors, cysts, and impacted teeth	In Network 100% covered after deductible is met; limitations apply Out of Network 60% covered after deductible is met; limitations apply
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Vision Care

Routine vision exams	In Network 100% covered Out of Network 60% covered after deductible is met
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Regular lenses and frames	In Network 100% covered after deductible is met; limited to services following cataract surgery Out of Network 60% covered; limited to services following cataract surgery
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Contact lenses	In Network 100% covered after deductible is met; limited to services following cataract surgery Out of Network 60% covered; limited to services following cataract surgery
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Other Services

Ambulance services	100% covered after deductible is met
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Allergy tests and treatments	In Network 100% covered after deductible is met Out of Network 60% covered after deductible is met
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Durable medical equipment	In Network 100% covered after deductible is met Out of Network 100% covered after deductible is met
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Smoking cessation services	Available through quit for life at 866.784.8454 or quitnow.net/Cintas
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Weight control program	Not covered; discounts are available through WeightWatchers at ww.com/cintas
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Hearing Care

Hearing evaluations	In Network 100% covered Out of Network 60% covered; after deductible is met
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Hearing aids	Not covered; discounts are available through Special Offers at www.anthem.com
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Medical Therapy

Acupuncture	In Network 100% covered after deductible; coverage based on Anthem medical policy guidelines Out of Network 100% covered after deductible; coverage based on Anthem medical policy guidelines
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Chiropractic	<p>In Network 100% covered after deductible is met; 30 visit annual maximum</p> <p>Out of Network 60% covered after deductible is met; 30 visit annual maximum</p>
Outpatient physical therapy	<p>In Network 100% covered after deductible; limited to 30 visits per year; in and out-of-network combined</p> <p>Out of Network 60% covered after deductible; limited to 30 visits per year; in and out-of-network combined</p>
Outpatient speech therapy	<p>In Network 100% covered after deductible; limited to 30 visits per year; in and out-of-network combined</p> <p>Out of Network 60% covered after deductible; limited to 30 visits per year; in and out-of-network combined</p>
Outpatient occupational therapy	<p>In Network 100% covered after deductible; limited to 30 visits per year; in and out-of-network combined</p> <p>Out of Network 60% covered after deductible; limited to 30 visits per year; in and out-of-network combined</p>
Care at Alternate Sites	
Noncustodial home health care	<p>In Network 100% covered after deductible; limited to 120 visits per calendar year; in and out-of-network combined</p> <p>Out of Network 60% covered after deductible; limited to 120 visits per calendar year; in and out-of-network combined</p>
Prescribes care in noncustodial skilled nursing facility	<p>In Network 100% covered after deductible is met</p> <p>Out of Network 60% covered after deductible is met</p>
Hospice care	<p>In Network 100% covered after deductible is met</p> <p>Out of Network 100% covered after deductible is met (in-network deductible applies)</p>
LiveHealth Online Visit	subject to deductible and out-of-pocket maximum

The comparison charts are compiled using information that applies to a large number of health plan users and is commonly reported by the health plans. Depending on the chart type, such as charts for dental and vision plans, certain information and/or sections won't appear because the necessary data isn't available. If you have questions about a topic that isn't covered in the charts, contact the plan's member services department for additional information. Cintas Corporation is not responsible for the accuracy of this information. If there is a discrepancy between the information displayed on these charts and the official plan documents, the official plan documents will control. Cintas Corporation reserves the right to amend, suspend, or terminate the plan(s) or program(s) at any time.