CINTAS
READY FOR THE WORKDAY®

2027 Benefit Guide

OUR COMMITMENT, YOUR CHOICES…STRONGER TOGETHER

At Cintas, we work hard to ensure that you have access to quality, affordable care while supporting your overall health and wellbeing.

Be sure to review all the benefits available to you, including the new Clear Choice Medical Plan option. As you compare your options, think about your expected healthcare needs, provider preferences and potential costs when receiving care so you can choose the best fit for you and your family.



Welcome to 2027 Annual Open Enrollment!

DEAR PARTNERS,

Now is the time to review your current coverage, consider your healthcare needs and make benefit decisions for the coming year.

As healthcare costs continue to rise across the country, Cintas remains committed to providing a competitive benefits program that delivers meaningful value while balancing affordability for both partners and the Company.

For 2027, we're introducing enhancements designed to provide greater choice and flexibility. While healthcare trends are affecting employers nationwide, Cintas continues to invest significantly in your benefits to keep increases as low as possible.

I encourage you to take an active role in your benefits decisions this year. Review your options carefully and consider whether your current elections continue to meet the needs of you and your family. Taking time to make informed choices during Annual Open Enrollment and beyond can help you get the most value from your benefits throughout the year.

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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Healthcare Choices

Some of the most important decisions you'll make during Annual Open Enrollment involve your healthcare coverage. Be sure to explore the new Medical Plan option and compare all Medical, Dental and Vision options so you have the coverage that best fits you and your family's needs and budget.

Medical Plans

You have multiple options to choose from — with a copay option as well as PPO and high-deductible health plan options.

Copay only plan option:
- **NEW FOR 2027:** Clear Choice

PPO plan options:
- Basic PPO
- Premium PPO[1]

High-deductible health plan options:
- Core Choice
- Core Value
- Essential

The options 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 how out-of-pocket expenses work when you need care.

- In general, the lower your premiums are, the higher your out-of-pocket expenses will be and vice versa.
- With the copay only plan option, you pay copays rather than having a deductible and coinsurance. This makes it easier to understand what you'll pay for services before you receive care. Your costs will vary based on the providers you choose. When you receive care from an Anthem Diamond provider, your out-of-pocket costs will be lower.
- With the PPO plans, you have copays for services like doctor office visits and prescription drugs but pay coinsurance for other things.
- With the high-deductible health plans, you must pay the full cost of healthcare services until you reach your deductible, including the cost of prescription drugs, and then pay coinsurance.

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

- The copay only option and 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 15** to learn about the advantages of each account and some special eligibility rules for the HSA.

[1] 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.

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.

Copay: A fixed amount you pay for a covered service under a plan, usually when you receive the service.

Diamond Provider: This Anthem designation indicates that a provider offers high-value care focused on quality, overall better health outcomes and lower costs.

Deductible: The amount you owe for covered healthcare 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, copays and/or coinsurance.

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



IN-NETWORK HEALTHCARE COSTS

This chart details the costs you pay for in-network medical care. This is just a small snapshot of the costs. To make an informed decision, please use the Health Plan Comparison tool on PartnerConnect to get more information on the plans or call an Anthem Health Guide at **800.514.4538**.

	PREMIUM PPO[1,2]	CLEAR CHOICE	BASIC PPO[2]	CORE CHOICE	CORE VALUE	ESSENTIAL
Preventive Care	$0					
Annual Deductible (Individual/Family)	$800/$1,600[3]	$0/$0	$1,100/$2,200[3]	$1,900/$3,800[3]	$3,700/$7,400[3]	$6,600/$13,200[4]
Coinsurance	20% after deductible	N/A	20% after deductible	20% after deductible	$0 after deductible	$0 after deductible
Office Visit (Primary or Specialist)	$25	$30 Diamond Provider/$50 Other	$40	20% after deductible	$0 after deductible	$0 after deductible
LiveHealth Online	$10	$0	$20	20% after deductible; cost begins at $55	$0 after deductible	$0 after deductible
Urgent Care	$35	$50	$50	20% after deductible	$0 after deductible	$0 after deductible
Emergency Room	$500	$500	$500	20% after deductible	$0 after deductible	$0 after deductible
Annual Medical Out-of-Pocket Maximum (Individual/Family)	$2,900/$5,800[3]	$4,500/$9,000[3]	$4,400/$8,800[3]	$3,000/$6,000[3]	$3,700/$7,400[3]	$6,600/$13,200[4]

[1] 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.

[2] Copays do not count toward your deductible.

[3] If you have coverage other than Partner Only, you must satisfy the family amount.

[4] For all Essential Plan 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 $12,000.

PRESCRIPTION DRUG COVERAGE

The amount you pay for prescription drugs in-network will depend on:

- Which Medical Plan option you enroll in
- Where you have your prescriptions filled (you must use a Level 1 or Level 2 Pharmacy for your prescription to be covered)
- What type of medication is filled (generic, formulary, non-formulary or specialty)
- Whether your prescription is filled as a 30-day retail supply or a 90-day mail supply

	PREMIUM PPO[1,2]		CLEAR CHOICE		BASIC PPO[2]		CORE CHOICE		CORE VALUE		ESSENTIAL	
Deductible and Out-of-Pocket Maximum	Not subject to deductible; costs applied to Annual Rx Out-of-Pocket Maximum: $3,000 individual/$6,500 family						Subject to Medical Annual Deductible and Coinsurance; costs applied to Annual Medical Out-of-Pocket Maximum (see previous page)					
Pharmacy Network	**Level 1**	**Level 2**	**Level 1**	**Level 2**	**Level 1**	**Level 2**	**Level 1**	**Level 2**	**Level 1**	**Level 2**	**Level 1**	**Level 2**
Retail (30-day Supply)												
Generic	$10	$15	$12	$20	$10	$15	20% after deductible	30% after deductible	$0 after deductible		$0 after deductible	
Formulary	20% $30 minimum; $75 maximum	30%	$50	$60	20% $30 minimum; $75 maximum	30%	20% after deductible	30% after deductible	$0 after deductible		$0 after deductible	
Non-Formulary	40% $60 minimum; $150 maximum	50%	$130	$145	40% $60 minimum $150 maximum	50%	20% after deductible	30% after deductible	$0 after deductible		$0 after deductible	
Specialty	30% for Preferred Formulary Drugs; 45% for Non-Preferred Formulary Drugs; $0 for CarelonRx's Cost Relief Program						20% after deductible		$0 after deductible		$0 after deductible	
Mail (90-day Supply)												
Generic	$20	$30	$30	$50	$20	$30	20% after deductible	30% after deductible	$0 after deductible		$0 after deductible	
Formulary	20% $60 minimum; $150 maximum	30%	$125	$150	20% $60 minimum $150 maximum	30%	20% after deductible	30% after deductible	$0 after deductible		$0 after deductible	
Non-Formulary	40% $120 minimum; $300 maximum	50%	$325	$350	40% $120 minimum; $300 maximum	50%	20% after deductible	30% after deductible	$0 after deductible		$0 after deductible	
Specialty	30% for Preferred Formulary Drugs; 45% for Non-Preferred Formulary Drugs; $0 for CarelonRx's Cost Relief Program						20% after deductible		$0 after deductible		$0 after deductible	

[1] 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.

[2] Partners and eligible dependents will be automatically enrolled in CarelonRx's Cost Relief program and will have a $0 copay for specialty (only) drugs. Partners and dependents who opt out of CarelonRx's Cost Relief program will pay a 30% copay for specialty drugs.

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. Anthem's CarelonRx Mail Order Pharmacy is included in Level 1 and 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 copay or coinsurance assistance.
- **Starting in 2027, prescription drug coverage will use the Essential Drug List,** a list of medications selected because they are safe, effective, and offer strong value. The list includes generic drugs and lower-cost alternatives that treat the same condition. As a result, some medications covered today may no longer be covered or may have a preferred alternative. If you're affected, you'll receive a letter from CarelonRx explaining your options and alternative medications to discuss with your doctor.



RX TERMS TO KNOW

Generic: A medication that contains the same active ingredients as a brand-name drug and is approved by the FDA as equally safe and effective. Generic drugs have the lowest cost share for you.

Formulary: A prescription drug that is included on your health plan's approved drug list. Formulary drugs usually cost less than drugs that are not on the list but have a higher cost share than generics.

Non-Formulary: A prescription drug that is not included on your health plan's approved drug list. These drugs have a higher cost share.

Specialty Drugs: A medication used to treat a serious, long-term health condition that may need special handling. These drugs have the highest cost share.

Level 1 Pharmacy: Includes preferred pharmacies that offer the lowest out-of-pocket costs for covered prescriptions. More than 20,000 Level 1 locations participate nationwide, including CVS, Walmart and Kroger.

Level 2 Pharmacy: Includes more than 47,000 in-network locations, including Walgreens, Rite Aid, Costco and Meijer. While this level provides access to additional pharmacy locations, you'll generally pay more than you would at a Level 1 pharmacy.

2027 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 28, 2026. **Note:** If you were hired on or after July 18, 2026, or you added your spouse on your coverage on or after July 18, 2026, you will automatically get this LiveWell premium discount for 2027.

WEEKLY PREMIUMS WITH PREMIUM DISCOUNT						
	PREMIUM PPO[1]	CLEAR CHOICE	BASIC PPO	CORE CHOICE	CORE VALUE	ESSENTIAL
Partner Only	$41.25	$28.20	$27.25	$18.35	$8.10	$0.00
Partner + Spouse	$103.65	$78.45	$74.10	$55.85	$27.45	$12.65
Partner + Child(ren)	$86.65	$61.15	$59.10	$43.05	$16.85	$7.55
Partner + Family	$148.95	$110.20	$105.90	$80.55	$36.20	$20.20

WEEKLY PREMIUMS WITHOUT PREMIUM DISCOUNT						
	PREMIUM PPO[1]	CLEAR CHOICE	BASIC PPO	CORE CHOICE	CORE VALUE	ESSENTIAL
Partner Only	$56.25	$43.20	$42.25	$33.35	$23.10	$15.00
Partner + Spouse	$133.65	$108.45	$104.10	$85.85	$57.45	$42.65
Partner + Child(ren)	$101.65	$76.15	$74.10	$58.05	$31.85	$22.55
Partner + Family	$178.95	$140.20	$135.90	$110.55	$66.20	$50.20

[1] 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.

IMPORTANT NOTE FOR PARTNERS HIRED BEFORE OCTOBER 19, 2026

Annual Open Enrollment for 2027 is the last opportunity you have to newly enroll an eligible working spouse who has access to coverage through their own employer.

After this enrollment period, working spouses with access to employer-sponsored medical coverage will not be eligible to enroll in the future. Keep in mind that if you have a working spouse covered in 2027 and remove your spouse from medical coverage or remove the spousal surcharge, your working spouse will not be eligible to re-enroll in Cintas medical coverage in the future if they are eligible for coverage through their own employer.

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**.

COVERAGE FOR WORKING SPOUSES

- **For partners hired on or after October 19, 2026:** If your working spouse has access to medical coverage through their own employer, they will not be eligible for coverage under the Cintas Medical Plan, regardless of whether they choose to enroll in their employer's plan.
- **For partners hired before October 19, 2026:** If you currently cover your working spouse, or enroll your working spouse during Annual Open Enrollment for coverage effective January 1, 2027, your working spouse may continue to be covered under the Cintas Medical Plan as long as they remain eligible. However, if your working spouse has access to medical coverage through their own employer, **the working spouse surcharge will be $35 per pay period in 2027**. You do not pay the spousal surcharge if your spouse is not eligible for medical coverage through another employer or is a Cintas partner.



LOOK BEYOND THE PREMIUM

- **Consider potential out-of-pocket costs for when you receive care.** Remember there's a tradeoff between premiums and out-of-pocket costs, such as the Plan's deductible, copays, coinsurance and out-of-pocket maximum.
- **Match your plan to your expected healthcare needs.** The best plan for you will depend on how much care you and your covered family members need. Think about your family's usual healthcare expenses and any planned surgeries or pregnancies.
- **Make sure you'll be eligible for the tax-advantaged healthcare account you want.** The PPO plans and Clear Choice can be paired with the Health Care Flexible Spending Account (HCFSA); the high-deductible plans can be paired with the Health Savings Account (HSA).
- **Stay in network whenever you can.** In-network providers offer negotiated discounted rates that can help lower your healthcare costs.
- **Use Anthem Diamond providers whenever possible.** These providers offer high-value care focused on quality, overall better health outcomes and lower costs.

CONSIDERING THE CLEAR CHOICE OPTION?

Before enrolling, be sure to confirm that your primary care physician, specialists, hospitals and other preferred providers participate in the network.

Anthem provides tools through the Sydney℠ Health app that allow you to compare costs, find Anthem Diamond providers and access care navigation support.

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 VISION INSIGHT PLUS	
PROVIDER TYPE	PLUS PROVIDER	ANY OTHER IN-NETWORK PROVIDER
Routine Eye Exam (once every calendar year)	$0 copay	$10 copay
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 copay (includes single vision, bifocal and trifocal lenses)	
Free Eyeglass Lens Enhancements (once every calendar year)	$0 copay for transition lenses and standard polycarbonate for children under age 19, as well as 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	$40	
Tint (solid and gradient)	$15	
UV Coating	$15	
Progressive Lenses[1]	Premium Tier 1: $20 Premium Tier 2: $30 Premium Tier 3: $45 Premium Tier 4: 20% off retail price	
Anti-Reflective Coating[1]	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 retail 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 $50 allowance **Eyeglass materials purchased separately:** 20% off retail price
Contact Lenses[2] Instead of Eyeglass Lenses (once every calendar year)		
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[3]:** Up to $40 **Premium contact lens fitting[4]**: 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	

2027 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

[1] Please ask your provider for his/her recommendation as well as the available brands by tier.

[2] 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.

[3] Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

[4] 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 healthcare 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.

STEPS TO FIND AN ANTHEM DIAMOND PROVIDER

Look for "Anthem Diamond Provider" when you search for care.

Using the Sydney Health app or on **anthem.com**:

1. Select Find Care.
2. Choose Key Filters.
3. Select Anthem Diamond Provider.

You can also call Member Services at the number on your health plan ID card.

PRESCRIPTION DRUG

Log on to **anthem.com** or the Sydney℠ Health mobile app, and choose **Manage Prescriptions**.

- On the Pharmacy page, choose **Find a Pharmacy**.
- Enter your ZIP code and how far you want to search to find pharmacies near you.

VISION

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 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, which include 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 healthcare 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. Plus, Clear Choice Medical Plan enrollees can access care navigation support. Download the app from Google Play™ or the App Store®, or scan this QR code with the camera on your mobile device.

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 COMPREHENSIVE	
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%

2027 DENTAL PREMIUMS

	DELTA DENTAL BASIC	DELTA DENTAL COMPREHENSIVE
Partner Only	$3.21	$6.70
Partner + Spouse	$8.34	$17.41
Partner + Child(ren)	$8.18	$17.08
Partner + Family	$9.46	$19.75

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**.





Other Choices

Building a strong future involves more than smart healthcare choices. During Annual Open Enrollment, make sure to also consider how you can get the most out of tax-advantaged accounts and income protection benefits. This section will help you understand your options.

Tax-Advantaged Accounts

FOR HEALTH CARE

There are two healthcare 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 the Clear Choice Plan or a PPO Plan.
- 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 $4,500 for employee-only coverage, and $9,000 for family coverage in 2027	up to $3,400[1] in 2027
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	✓	✗

[1] Amount could increase.

FOR DEPENDENT DAY CARE

A **Dependent Day Care Flexible Spending Account (DCFSA)** can be used to pay eligible expenses, such as the cost of day-care and after-school programs. For 2027, you can contribute up to $7,500.[1]

[1] If you are a Highly Compensated Employee (HCE) as defined by the IRS, your contribution maximum will be reduced based on 2027 non-discrimination testing.

FOR COMMUTER EXPENSES

The Commuter Program allows partners to save money on eligible commuting expenses including public transit (bus, rail, train) and parking costs. Partners can purchase subway cards, parking garage permits, etc., with pre-tax dollars.

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 high-deductible 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

Income Protection Benefits



LIFE INSURANCE 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.
- **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.

Note: You and your covered spouse may have to complete a Statement of Health (SOH) depending on the coverage level you elect. See your Summary Plan Description for details.

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.

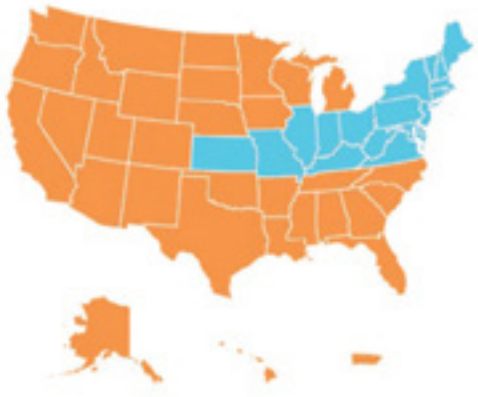


Enrollment Information

Find out when and how to enroll, along with what happens if you don't enroll by the deadline.

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. 2 – 13, 2026

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

NOV. 9 – 20, 2026

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.

ENSURE 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 2026 for 2027. **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) elections roll over each year if you do not make changes. Remember, if you were hired prior to October 19, 2026, this Annual Open Enrollment is your last opportunity to newly enroll an eligible working spouse in the Cintas Medical Plan if they have access to medical coverage through their own employer.

Your next opportunity to make benefit changes will be the next Annual Benefits 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 PartnerConnect.
3. Click the **Annual Enrollment** tile.
4. Click the **Go to Enrollment** button to begin making your elections.



ONLINE

1. 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 you are enrolling your spouse in medical coverage, you must attest to your spouse's eligibility during enrollment. 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, 2027) 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.

STAY CONNECTED TO YOUR BENEFITS

Download the Alight mobile app so you can:

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

* If your spouse works and is eligible for medical coverage through their own employer, their eligibility for Cintas medical coverage will depend on your hire date. See page 9 for details.



More Benefits

Some of your most valuable benefits don't require you to enroll during Annual Open Enrollment. Take time to learn about resources that can help support you all year long so you can get the most out of your benefits.

Wellness Benefits

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

HINGE HEALTH

Hinge Health offers virtual physical therapy at no additional cost to you.[1] 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**.

[1] 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 on-demand 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 well-being, 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.[1] 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**.

[1] 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 healthcare issue by speaking with a qualified healthcare 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.

  Your contributions are taken from your pay on either a pre-tax or Roth (after-tax) basis. If you choose the pre-tax option, you save upfront because you don't pay taxes on your contributions when they are made (you'll pay taxes when you withdraw funds). Whereas, if you choose the Roth option, you can save money later because you don't have to pay taxes when you withdraw funds, if you meet certain requirements.

  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.

TAKE CONTROL OF YOUR FINANCIAL FUTURE

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.

STRETCH YOUR DOLLARS WITH PRE-TAX SAVINGS

Tax-advantaged accounts provide you with an easy way to save. See **page 15** 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[1]. 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**.

[1] Partners and dependents over age 18 must be enrolled in a Cintas Medical Plan.



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) 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 service**s, 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**.

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.



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[1]
- Dark web monitoring
- Encrypted vault to store User Ids & passwords, along with wallet contents (ATM/credit cards, driver's license, and health insurance cards)

[1] This insurance is underwritten by Assurant.

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

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
HEALTH 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
LIVEWELL 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**
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-ADVANTAGED 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** and click **Your Current Coverage** or call the Cintas Service Center at **866.256.6559**
Accidental Death & Dismemberment (AD&D)	
Disability	
CINTAS PARTNERS' PLAN	
401(k)	Log on to **PartnerConnect** and click the **Savings & Retirement** tab or call the Cintas Service Center at **866.256.6559**
Profit Sharing	
Employee Stock Ownership Plan (ESOP)	

