Live Well
Be happy. Be healthy.

Your Health and Insurance

Cintas offers a flexible, comprehensive benefits program designed to support a range of goals and needs. Cintas' Health and Insurance Benefits Plans are available to all full-time partners who work at least 30 hours per week. Depending on your employment status, you may or may not be eligible for all the benefit plans described here.

ELIGIBLE DEPENDENTS

You may elect coverage for eligible dependents under your Cintas Health and Insurance Benefits Plans. Eligible dependents include your legal spouse* and dependent children up to age 26. If you do not yet have a Social Security number for a dependent, it's still important to complete the enrollment process before the deadline. You will have the opportunity to provide the Social Security number after enrollment. If you have questions about eligibility, call the Cintas Service Center at **866.256.6559**.

* If your spouse works, their eligibility for Cintas medical coverage will depend on if they have access to coverage through their own employer as explained below.

COVERAGE FOR SPOUSES

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

Your spouse is eligible for coverage under the Cintas Medical Plan if they:

- Are not eligible for medical coverage through their own employer
- Do not work
- Are self-employed and do not have access to medical coverage
- Are retired
- Are also a Cintas partner
- Are eligible for Medicare or Medicaid

If your spouse has access to medical coverage through their own employer, they are not eligible for coverage under the Cintas Medical Plan, regardless of whether they enroll in their employer's plan.

Note: These eligibility requirements apply to medical coverage only. Spouses are eligible for Dental and Vision coverage through Cintas, regardless of whether they have access to coverage through their own employer.

DEPENDENT VERIFICATION

Any eligible dependent you elect coverage for will be subject to Dependent Verification. Once your dependents are enrolled in coverage, you will receive a notice identifying your dependents requiring verification. You will have 45 days to provide the required documentation. If verification is not received by the deadline, your dependents will be dropped from coverage. By ensuring that only eligible dependents are enrolled in our benefit plans, we can help control the premiums that come out of your paycheck.

QUALIFIED STATUS CHANGES

The New Hire Enrollment elections you make now will stay in effect for the remainder of the plan year (January 1 through December 31). Your next opportunity to make benefit changes will be the next Annual Open Enrollment period, unless you experience a Qualified Status Change. Qualified Status Changes include, among other events, changes to the following:

- Marital status (e.g., marriage)
- Dependent eligibility (e.g., birth or adoption)
- Eligibility for benefits through another source (e.g., loss of your spouse's employer-sponsored coverage)

If you experience a Qualified Status Change, you must report it on PartnerConnect or notify a Cintas Service Center representative within 30 days of the event at 866.256.6559. Qualified Status Changes are not allowable beyond 30 days. If you do not yet have a Social Security number for a dependent, it's still important to complete the enrollment process before the deadline. You will have the opportunity to provide the Social Security number after enrollment. For more information on Qualified Status Changes, click the "Change your coverage" tab on PartnerConnect.

CINTAS
READY FOR THE WORKDAY

H000305622

HEALTH BENEFITS

Cintas' medical, prescription drug, dental and vision benefits offer you choice, protection and peace of mind. Before enrolling, take the time to consider your needs and the needs of your family and review your options.

MEDICAL PLAN OPTIONS

Cintas offers four national Anthem medical plan options that provide you with the control and flexibility to manage your health. All four plan options provide high-quality medical coverage. The plan options differ depending on whether you prefer to pay more out of your paycheck or when you obtain care.

Note: Depending on where you live, different Anthem medical plan options may be available to you. For information on your benefit plan options, including prices and tools to help you make informed decisions, click **Enroll in Your Benefits** from the home page on PartnerConnect.

Use this chart to compare the in-network coverage details of each plan option:

	BASIC PPO	CORE CHOICE	CORE VALUE	ESSENTIAL
Medical				
Preventive Care	$0			
Annual Deductible (Individual/Family)	$850/$1,700*	$1,700/ $3,400**	$3,400/ $6,800**	$6,150/ $12,300***
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay nothing after deductible	You pay nothing after deductible
Office Visit (Primary or Specialist)	$30	Subject to deductible and coinsurance		
LiveHealth Online	$20	Subject to deductible and coinsurance; cost begins at $55		
Urgent Care	$50	Subject to deductible and coinsurance		
Emergency Room	$250	Subject to deductible and coinsurance		
Annual Medical Out-of-Pocket Maximum	$3,700/$7,400	$2,600/$5,200**	$3,400/ $6,800**	$6,150/ $12,300***
Tax-Advantaged Account				
Account	Health Care Flexible Spending Account	Health Savings Account		
Contribution Maximum	$3,400	$4,400/$8,750		
Rolls Over	No	Yes		
Prescription Drug***				
Vendor	Anthem CarelonRx	Anthem CarelonRx		
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		
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%)****	Subject to deductible and coinsurance		

* Copays do not count toward your deductible.

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

*** 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 $9,400.

**** Applies to Basic PPO Plan only—partners and eligible dependents will need to enroll in CarelonRx's Cost Relief program to have a $0 copay for specialty (only) drugs. Partners and dependents who do not enroll in CarelonRx's Cost Relief program will pay a 30% copay for preferred formulary specialty drugs.

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

For more details on your medical plan options, visit PartnerConnect to compare your medical options or access the Summary Plan Description and Summary of Benefits and Coverage located in the Plan Information section.

VISION PLAN OPTION

You have the option to choose vision coverage provided by Anthem Blue View Vision Insight Plus for you and your family.

Use this chart to review in-network coverage details of this plan option:

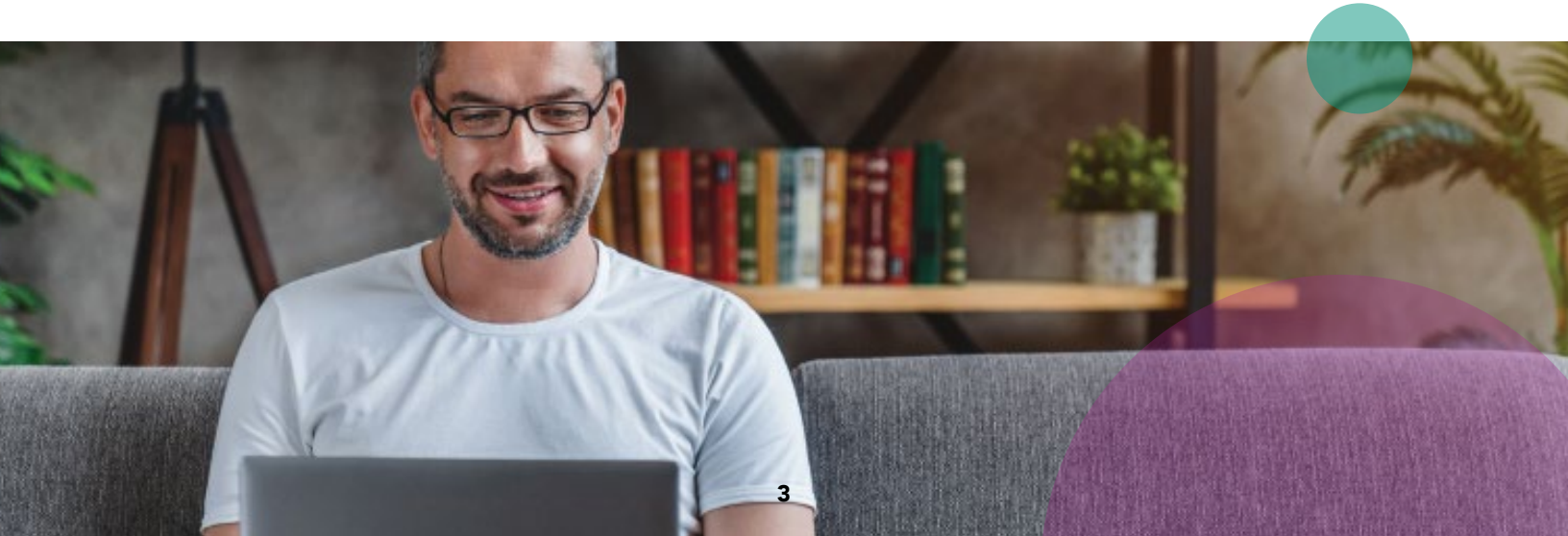
ANTHEM BLUE VIEW VISION INSIGHT PLUS		
PROVIDER TYPE	**PPO PROVIDERS**	**ANY OTHER IN-NETWORK PROVIDER**
Routine Eye Exam (once every calendar year)	$0 copay	$10 copay
Eyeglass Frames (once every calendar year)	You pay 80% after $185 allowance	You pay 80% after $135 allowance
Eyeglass Lenses (once every calendar year)	$10 copay for single vision, bifocal and trifocal lenses; additional fees for lens upgrades	
Standard Contact Lens Fitting & Follow-Up (once every calendar year)	Up to $40 copay	
Contact Lenses (once every calendar year)	$135 allowance; not including fit and follow-up; conventional and disposable; 15% discount for balance conventional only	

DENTAL PLAN OPTIONS

The dental coverage offered to you and your family is provided by Delta Dental. You can choose from two coverage options: Basic or Comprehensive. Your out-of-pocket costs will be lowest if you choose a Delta Dental PPO Provider.

Use this chart to review in-network coverage details and compare the two plan options:

	DENTAL BASIC			DENTAL COMPREHENSIVE		
PROVIDER TYPE	**PPO PROVIDERS**	**PREMIER PROVIDERS**	**OUT-OF-NETWORK PROVIDERS**	**PPO PROVIDERS**	**PREMIER PROVIDERS**	**OUT-OF-NETWORK PROVIDERS**
Deductible (Individual/Family)	$25/$75		$50/$150	$50/$150		$100/$200
Annual Benefit Maximum	$1,250		$1,000	$1,250		
Orthodontia Lifetime Maximum	N/A			$1,500		
Preventive Services	You pay 0%	You pay 30%	You pay 30%	You pay 0%	You pay 10%	You pay 10%
Basic Services	You pay 20%	You pay 40%	You pay 70%	You pay 20%	You pay 30%	You pay 40%
Major Services	N/A			You pay 50%	You pay 50%	You pay 60%
Orthodontia Services	N/A			You pay 50%	You pay 50%	You pay 50%



Anthem



FIND IN-NETWORK PROVIDERS

Keep in mind that the amount you pay in deductibles and out-of-pocket maximum expenses is lower when you see an in-network provider.

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.

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. If you are located in one of the following states, please contact an Anthem Health Guide at **800.514.4538** to get assistance with finding a provider in the correct network: DC, FL, MD, MO, NH, NJ, VA, GA, WI.

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**.
- Select **Basic Search as a guest**.
- Select **Vision Plan or Network** from the drop-down menu under **Select the type of plan or network**.
- Select **Ohio** under **Select the state where the plan or network is offered**.
- Select **Vision** under **How do you get Insurance** (it's the only option).
- Select **Blue View Vision Insight Plus** under the **Select Plan or Network drop-down menu**.

MAINTENANCE MEDICATION*

If you or a family member who is receiving coverage under your plan take a long-term maintenance medication, you can only receive two, 30-day fills of a maintenance medication at a retail pharmacy. After that, you must fill your maintenance medications using one of two options:

1. Use Anthem CarelonRx's Mail Order Pharmacy to receive a 90-day supply shipped directly to your home address.
2. Visit your local CVS Pharmacy for a 90-day supply.

Filling your maintenance medication as a 90-day supply rather than as three, 30-day supplies saves you money. To learn more, visit **anthem.com** or call **844.721.1899**.

* This program may not be available in every state.

WHAT IS A MAINTENANCE MEDICATION?

It's a prescription drug taken regularly for an extended period of more than 31 days. Maintenance medications are often prescribed for chronic conditions such as high blood pressure, asthma, diabetes or high cholesterol.

ANTHEM CARELONRX PRESCRIPTION DRUG —

$0 COPAY FOR SPECIALTY DRUGS WITH BASIC PPO PLAN

If you have a complex health condition and need specialty drugs,* you'll be required to fill them through the Anthem CarelonRx Specialty Pharmacy. Partners and eligible dependents will need to enroll in CarelonRx's Cost Relief program to have a $0 copay for specialty (only) drugs. Partners and dependents who do not enroll in CarelonRx's Cost Relief program will pay a 30% copay for preferred formulary specialty drugs.

You will be directed toward the enrollment process for CarelonRx's Cost Relief program during your first specialty fill.

* Specialty drugs are high-cost medications for specific medical conditions such as Autoimmune, Hepatitis C, Multiple Sclerosis, Oncology and others.

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 **866.784.8454** or visit **quitnow.net/cintas**.

* You will also pay tobacco user rates if you are enrolled in the voluntary life insurance plan.





CINTAS LIVEWELL PROGRAM

Cintas offers the benefits you expect to receive from your employer, but it doesn't stop there. Here are a few additional programs also available to partners:

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.

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

SupportLinc Employee Assistance Program — You and your benefits-eligible family members may receive up to five in-person counseling sessions per issue or concern (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. Access expert content and comprehensive tools to assist you in every aspect of your life by logging on to **cintas.mysupportportal.com**. Around-the-clock assistance is also available at **888.331.1327 (1EAP)**.

Hinge Health — Cintas has partnered with Hinge Health to offer you virtual physical therapy. If you're struggling with joint or muscle pain, Hinge Health can help you get relief. Best of all, Hinge Health's programs are provided at no cost to current partners and their dependents 18+ who are enrolled in a Cintas Medical Plan. To get started, visit **hinge.health/cintas**.

Future Moms Program — Partners and spouses who are enrolled in a Cintas medical plan receive support for healthy pregnancies for both mom and baby through WebMD. 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 a brief Health Assessment and three pregnancy coaching calls. Visit **mycintasbenefits.com** and select **SUPPORT FOR MOMS** under the **MY LIFE** section to get started.

Milk Stork — Partners who are nursing mothers can ship their milk home to baby while traveling for Cintas business. Contact your HR Manager or visit **support.milkstork.com** to learn more. Create an account or place your order at **milkstork.com/Cintas**.



LIVEWELL PREMIUM DISCOUNT

Cintas partners with a third-party vendor, WebMD, to offer you the Cintas LiveWell Program, which includes free, confidential Biometric Screenings onsite at many of our locations. If your location doesn't offer an onsite event or you prefer not to participate at work, you may visit a Quest Diagnostics® Patient Service Center, or use your own physician and submit a Physician Results Form by the deadline.

Partners who complete their Biometric Screening AND Health Assessment are rewarded with **$15 off their weekly health insurance premiums**. Spouses covered by a Cintas medical plan are also eligible to participate and receive the same premium discount.

LIVEWELL PREMIUM DISCOUNT ELIGIBILITY

If you began working for Cintas:

January 1 - July 17, 2026
For 2026, you and your spouse, if covered by a Cintas medical plan, will both automatically receive the annual premium discount. To receive the discount for the 2027 plan year, you and your spouse will be required to complete a Biometric Screening AND Health Assessment in 2026. You are eligible to participate whether you are enrolled in a Cintas medical plan or not. If you do not participate and later enroll in medical coverage, you will not receive the premium discount. Spouses must be enrolled in a Cintas medical plan to participate.

On or After July 18, 2026
You and your spouse, if covered by a Cintas medical plan, will automatically receive the annual premium discounts for 2026 and 2027.

If you have questions regarding the Cintas LiveWell Program, please contact WebMD at **800.926.5455** or click **Contact Us** at the bottom of the **WebMD ONE** site and send a message to WebMD Customer Service.

WebMD — In addition to scheduling your Biometric Screening and completing a Health Assessment, Cintas partners as well as spouses on a Cintas medical plan can take advantage of additional tools and resources available through WebMD. WebMD offers one-on-one health coaching, online health trackers, self-guided courses that encourage long-term behavior change, and a media library of articles and videos. All resources are offered at no cost.

Visit **webmdhealth.com/cintas**.

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 and make a diagnosis and may be able to prescribe basic medications depending on the state for common health concerns.
- Costs less than visiting your doctor or an urgent care center.

Visit **livehealthonline.com**.

WeightWatchers® — 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**.

Quit For Life® Program — Our tobacco cessation program includes coaching support, text support, trackers and more, all at your fingertips. Any Cintas partner or spouse and their eligible dependents over age 18 can participate. Upon successful completion, partners and spouses will have the tobacco surcharge refunded back to the date they enrolled in the program. Call **866.784.8454** or visit **quitnow.net/cintas**.

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

WAYS TO SAVE MONEY

We know it's hard to save your hard-earned dollars. That's why Cintas offers benefits that can help take the sting out of certain expenses.

FLEXIBLE SPENDING AND HEALTH SAVINGS ACCOUNTS

A smart way to budget for out-of-pocket medical expenses is to participate in either the Health Care Flexible Spending Account (HCFSA) or Health Savings Account (HSA). The medical plan you choose determines the correct account for you. Contributions aren't taxed now or later when you withdraw them to pay for eligible health expenses.

IF YOU ENROLL IN A HIGH-DEDUCTIBLE HEALTH PLAN, ENROLL IN THE HSA.

- The money in your HSA rolls over from year to year and is yours to keep when you leave Cintas.
- Some people set up an HSA and don't take withdrawals from it now. Instead, they use it as another way to save for health care costs during retirement.
- You can set aside up to $4,400 in the HSA if you enroll in Partner Only coverage. This amount increases to $8,750 if you enroll in coverage for you and any of your dependents. If you are 55 or older, you can set aside an additional catch-up contribution of $1,000.
- You can change your contributions at any time during the year. Any changes to your HSA elections are always effective on the first of the following month.
- After your account reaches $1,000, it can be invested. You can log on to your HSA, open the Investment tab and invest your HSA balance above $1,000. The tools available through the HSA Investment platform make it easy to navigate and breakdown your investment options. Use the Tools & Education page to review data and performance stats from Morningstar to make informed decisions. Then, navigate over to the Investment page to take control of your portfolio. From here, you can purchase more of a specific holding, sell holdings or even schedule monthly automatic investments.
- It is your responsibility to evaluate whether or not you are HSA eligible. For example, certain types of non-high-deductible health plans (HDHPs) may impact eligibility.

IF YOU CHOOSE A PPO PLAN, ENROLL IN THE HCFSA.

- You can set aside up to $3,400 in the HCFSA.
- You can change your contributions when you enroll in benefits for the year or you can increase your contribution if you have a Qualified Status Change (such as getting married or divorced, having a baby, etc.).
- IRS regulations require that any money left in this account at the end of the year is forfeited. Estimate your expenses carefully! Cintas provides an online tool, Estimate Your Flexible Spending Account Needs, to help calculate your out-of-pocket health care costs.

TRAVEL ASSISTANCE PROGRAM

This benefit, which is provided to you by MetLife at no cost, offers a broad range of emergency travel services when you or a family member becomes ill or has an accident while traveling. Learn more about the benefit 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**.

INCOME PROTECTION BENEFITS

We care about your peace of mind if something unexpected happens. We offer a variety of benefits that could replace a portion of your income if you become disabled or provide a benefit if you or a loved one dies.

- **Short-Term Disability —** Receive a percentage of your eligible pay for up to 13 weeks if you are unable to work due to illness or injury.
- **Maternity Leave —** Partners with an approved Short-Term Disability Leave are eligible to receive 100% of pay for the first six weeks of their Maternity Leave. Maternity Leave runs concurrently with FMLA (Family Medical Leave Act). Short-Term Disability eligibility as outlined in Cintas Policy C-159 still applies.
- **Long-Term Disability —** If purchased, you could receive additional disability insurance (continuation of pay) for ongoing disabilities lasting longer than 13 weeks.
- **Basic Life Insurance —** Your beneficiary will receive company-provided life insurance in the event of your death.
- **Basic Accidental Death and Dismemberment (AD&D) —** Your beneficiary is protected with company-provided AD&D insurance in case of your accidental death or loss of limbs.
- **Partner, Spouse and Child Voluntary Life and AD&D —** Additional life insurance and AD&D coverage is available for you to purchase so you and your family members have extra peace of mind.

Learn more about these benefits and whether you must elect them to be covered. Visit **mycintasbenefits.com** or **PartnerConnect.cintas.com**, or call the Cintas Service Center at **866.256.6559**.