



2025 Annual Open Enrollment Guide

REDISCOVER BENEFITS

This is your opportunity to find the value in our programs and see new opportunities to be your best—at work and at home.

Let the Discovery Begin!


DEAR PARTNERS,

Welcome to 2025 Annual Open Enrollment! This is your opportunity to review your current coverage, evaluate your benefit needs and make changes for the year ahead.

At Cintas, we are focused on offering comprehensive benefits that are competitive in the market and ensuring you have the flexibility to choose what's right for you.

Like many other employers, we continue to be faced with rising healthcare costs. However, rather than passing along the full amount of these increased costs, we remain committed to paying the majority of healthcare premiums (on average 80%). For 2025, you will see an increase in Medical and Dental Plan premiums. But rest assured, the Company is invested in your healthcare and doing our part to keep premium increases as low as possible.

During an Annual Open Enrollment period like this one, where there are minimal changes, it's easy for benefit programs and resources to go unnoticed. Knowing that partners' needs change over time, I invite you to "rediscover benefits" and actively enroll. You might just be surprised about all the choices available to you.



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.



Take a Fresh Look at Your Benefits

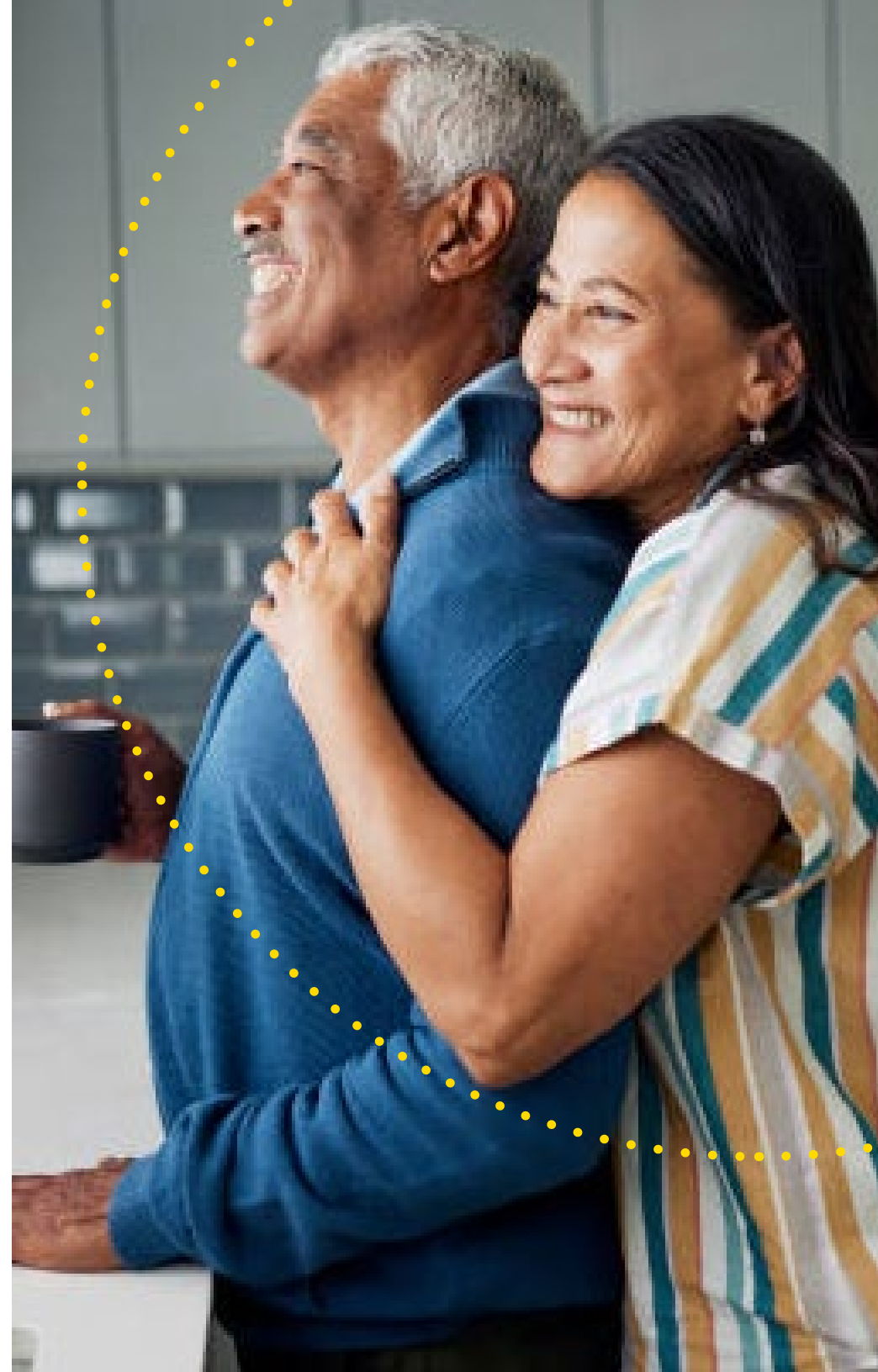
There are minimal changes for 2025, but we encourage you to review everything that's available so you can get the most out of the benefits Cintas offers.

Remember, you can only make changes to your benefits during Annual Open Enrollment (unless you experience a Qualified Status Change, such as marriage or birth of a child) so now's your chance to explore your options and determine if you'd like to make any changes for the coming year.

CHANGES FOR 2025:

- Medical Plan and Dental Plan premium increases that are lower than the national average
- Slightly higher deductibles for the Core Choice Medical Plan option, as a result of increased IRS limits
- Spousal surcharge is increasing from \$15 to \$20 per week
- Increased IRS contribution limits for both the Health Savings Account (HSA) and the Health Care Flexible Spending Account (HCFSA)

Check out the Annual Open Enrollment presentation for more information on changes for 2025 and important reminders. Scan the QR code below or visit mycintasbenefits.com.



Review Your Medical Plan Options

Partners generally have four Medical Plan options to choose from. And, while premiums have increased for 2025, keep in mind that Cintas continues to offer you a no-cost option; the Essential Medical Plan option remains \$0 if you elect Partner Only coverage and earned the full LiveWell premium discount. See below for premiums for all Medical Plan options with and without the LiveWell premium discount. In addition to comparing premiums, be sure to consider in-network care costs shown on the next page.

2025 MEDICAL PLAN PREMIUMS FOR FULL-TIME PARTNERS

You and your spouse will save up to **\$30 per week** on your Medical Plan premiums if you both completed the Biometric Screening AND Health Assessment by August 30, 2024. **Note:** If you were hired on or after July 13, 2024, or you added your spouse on your coverage on or after July 13, 2024, you will automatically get this LiveWell premium discount for 2025.

WEEKLY PREMIUMS WITH PREMIUM DISCOUNT					
	PREMIUM PPO*	BASIC PPO	CORE CHOICE	CORE VALUE	ESSENTIAL
Partner Only	\$36.75	\$24.30	\$16.35	\$7.20	\$0.00
Partner + Spouse	\$92.25	\$65.95	\$49.70	\$24.40	\$11.25
Partner + Child(ren)	\$77.15	\$52.60	\$38.30	\$15.00	\$6.75
Partner + Family	\$132.60	\$94.30	\$71.75	\$32.20	\$18.00

WEEKLY PREMIUMS WITHOUT PREMIUM DISCOUNT					
	PREMIUM PPO*	BASIC PPO	CORE CHOICE	CORE VALUE	ESSENTIAL
Partner Only	\$51.75	\$39.30	\$31.35	\$22.20	\$15.00
Partner + Spouse	\$122.25	\$95.95	\$79.70	\$54.40	\$41.25
Partner + Child(ren)	\$92.15	\$67.60	\$53.30	\$30.00	\$21.75
Partner + Family	\$162.60	\$124.30	\$101.75	\$62.20	\$48.00

*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: 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 in 2025.

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, usually when you receive the 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.

IN-NETWORK HEALTH CARE COSTS

This chart details the costs for in-network care. For out-of-network care, there are higher deductibles, higher out-of-pocket maximums, higher co-pays and reduced coinsurance for all Cintas health insurance plans.

	PREMIUM PPO*	BASIC PPO	CORE CHOICE	CORE VALUE	ESSENTIAL
Preventive Care	\$0				
Annual Deductible (Individual/Family)	\$350/\$700**	\$700/\$1,400**	\$1,650/\$3,300***	\$3,250/\$6,500***	\$5,850/\$11,700****
Coinsurance	20% after deductible			Nothing after deductible	
Office Visit (Primary or Specialist)	\$15	\$30	Subject to deductible and coinsurance		
LiveHealth Online	\$10	\$20	Subject to deductible and coinsurance; cost begins at \$55		
Urgent Care	\$35	\$50	Subject to deductible and coinsurance		
Emergency Room	\$175	\$250	Subject to deductible and coinsurance		
Annual Medical Out-of-Pocket Maximum	\$2,300/\$4,600	\$3,400/\$6,800	\$2,400/\$4,800***	\$3,250/\$6,500***	\$5,850/\$11,700****
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 - Required for ongoing medications after two 30-day fills of a prescription; can be filled at your local CVS Pharmacy OR Anthem CarelonRx's Mail Pharmacy)	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		

* 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.

** 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 \$9,100.

***** 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.

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

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.



TAKE ANOTHER GLANCE AT VISION COVERAGE

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. **There are no changes to coverage or premiums for 2025.**

You should use a provider that is in-network to make the most of your vision benefits and save money. You may 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**.

2025 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

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 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 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*		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 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** 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***: 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

* 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 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 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.



Brush Up on Your Dental Options

Cintas continues to offer you a choice of Dental Plan options provided by Delta Dental. **While there are increases in premiums for 2025, there are no coverage changes for 2025.** Delta Dental has two tiers of network providers (PPO and Premier providers) and your out-of-pocket costs will be lowest if you choose a Delta Dental PPO provider.

2025 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

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.

PROVIDER TYPE	DENTAL BASIC		DENTAL COMPREHENSIVE	
	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%



Discover More Savings

If you're looking for easy ways to save, consider the following benefits.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HCFSA) WITH SMART-CHOICE

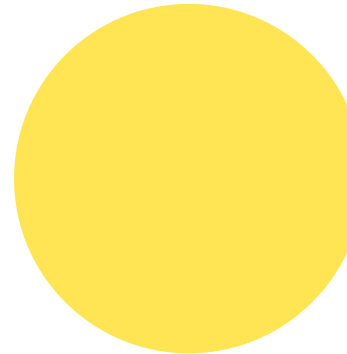
If you choose a PPO Medical Plan option, you may enroll in an HCFSA and set aside money for your out-of-pocket health care costs. The money is not taxed when it comes out of your paycheck or when you get it back as a reimbursement for a qualified expense. For 2025, you can set aside up to \$3,200 in the HCFSA. You must enroll each year and can change your contributions only during Annual Open Enrollment or if you have a Qualified Status Change. IRS regulations require that any money left in this account at the end of the year is forfeited.

HEALTH SAVINGS ACCOUNT (HSA) WITH SMART-CHOICE

If you enroll in a Core Medical Plan option or the Essential Medical Plan option, you can also choose to enroll in the HSA. The money in your HSA rolls over from year to year and is yours to keep if you leave Cintas. You can use it to pay for health care services now or after you retire. In addition, you can choose to invest the money in your account once it reaches \$1,000. The amount you can contribute in 2025 is \$4,300 in the HSA if you enroll in Partner Only coverage. This amount increases to \$8,550 if you enroll in coverage for you and any of your dependents. Partners age 55 or older may contribute an additional catch-up contribution of \$1,000. You can change your contributions at any time during the year, effective the first of the following month after you make the change.

DEPENDENT DAY CARE FLEXIBLE SPENDING ACCOUNT (DCFSA) WITH SMART-CHOICE

Set aside money to pay for day care with the DCFSA and pay less in taxes. Much like the HCFSA, money is deducted from your paycheck before taxes to pay eligible expenses, such as the cost of day-care and after-school programs. You must enroll each year to continue coverage. Also, like the HCFSA, IRS regulations require that any money left in this account at the end of the year is forfeited. In 2025, you can contribute up to \$5,000 to a DCFSA.



Protect Against the Unexpected

The following benefits help protect you and your family.

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

Cintas provides partners Basic Life and AD&D Insurance coverage. Additional Voluntary Life and AD&D Insurance coverage may be purchased to help protect your family financially. Be sure to review your designated beneficiaries during the enrollment process if you enroll online. Ask about beneficiaries if you choose to enroll by phone.

SHORT-TERM DISABILITY (STD) COVERAGE

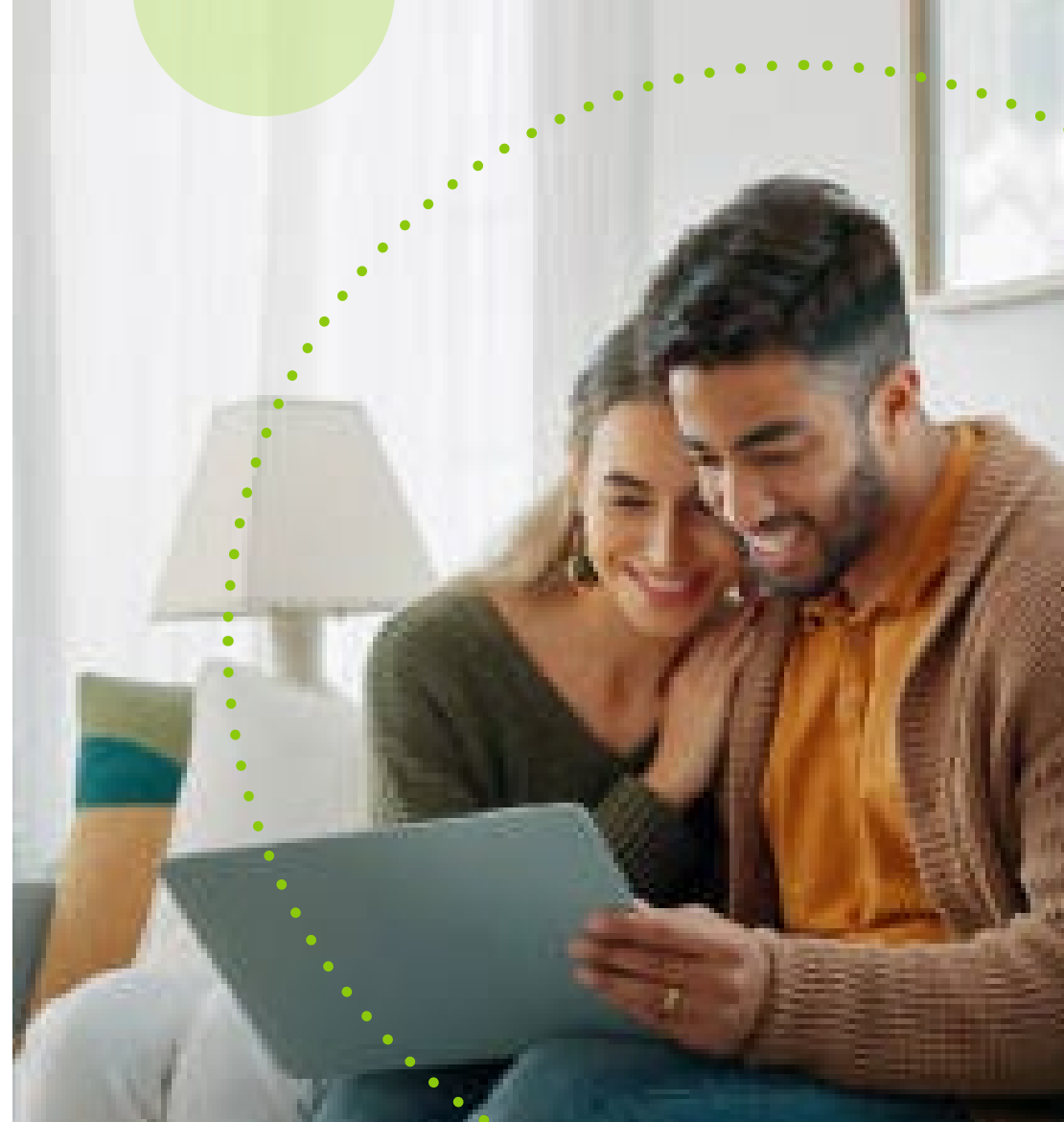
Short-term Disability coverage is provided at no cost to eligible partners. It provides eligible partners a percentage of their eligible pay for up to 13 weeks if unable to work due to illness or injury.

LONG-TERM DISABILITY (LTD) COVERAGE

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.

Enrolling Is Easy

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** banner.
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 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.

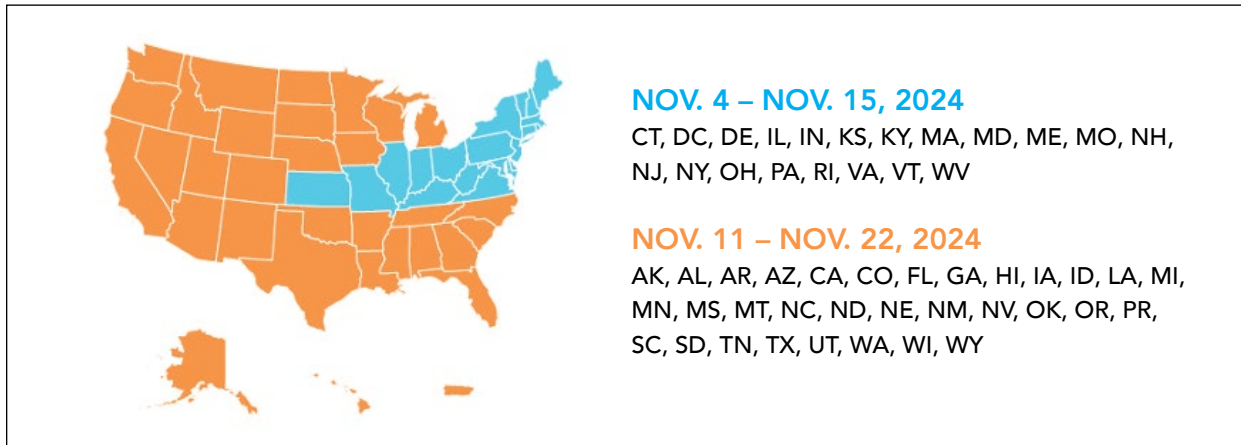
More information on the Dependent Verification process will be provided to you once you enroll your dependent.

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 and more when you're on the go

REDISCOVER BENEFITS AND ENROLL DURING ANNUAL OPEN ENROLLMENT

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



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

For 2025, you will be automatically re-enrolled for most of the benefits you currently receive in 2024, but that doesn't mean those benefits are the best fit for you in 2025. Be sure to consider all of your benefit options and your needs for 2025. **Remember: You must re-enroll in the Health Care Flexible Spending Account (HCFSAs) and/or Dependent Day Care Flexible Spending Account (DCFSA) if you wish to participate.** All other elections, including Health Savings Account (HSA) elections will roll over to 2025 if you do not make changes.