



## 2025 Medical, Dental and Vision Premiums



### Medical

**Cost\*\* per Weekly Paycheck, before the Discount for LiveWell Participation is Applied (Part-time rates are not listed)**

	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 Plan is only available to partners who were benefits-eligible before 1/1/12.

\*\*Tobacco-user surcharge applies to partners and their spouse who are tobacco users. Spousal surcharge applies to partners whose spouse has medical coverage available through his or her employer.

### LiveWell Participation Criteria \*\*\*

LiveWell Activity	Weekly Discount if Completed by:	Partner Only	Spouse Only	Partner + Spouse
Complete Biometric Screening Only		\$10	\$10	\$20
Complete Biometric Screening with Health Assessment		\$15	\$15	\$30

\*\*\*Partners who began working at Cintas on or after 7/13/24, will receive the discount outlined above in 2025.

Spouses who were not enrolled in a Cintas medical plan before 7/13/24 will automatically receive the discount if enrolled in a Cintas medical plan in 2025.

Partners on Military leave at any point between 7/13/24 and 8/30/24 will automatically receive the discount if enrolled in a Cintas medical plan in 2025.

### Dental

#### Cost

	Basic	Comprehensive
<b>Weekly Plan Price</b>		
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

### Vision

#### Cost

	Vision
<b>Weekly Plan Price</b>	
Partner Only	\$1.29
Partner + Spouse	\$3.33
Partner + Child(ren)	\$3.21
Partner + Family	\$3.72