



2024 Medical, Dental and Vision Premiums



Medical****

Cost per Weekly Paycheck, before the Discount for LiveWell Participation is Applied**

	Premium PPO*	Basic PPO	Core Choice	Core Value	Essential
Partner Only	\$50.35	\$38.35	\$30.70	\$21.90	\$15.00
Partner + Spouse	\$118.70	\$93.40	\$77.80	\$53.45	\$40.80
Partner + Child(ren)	\$89.20	\$65.60	\$51.85	\$29.40	\$21.50
Partner + Family	\$157.50	\$120.65	\$99.00	\$60.95	\$47.30

*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 7/15/23, will receive the discount outlined above in 2024.

Spouses who were not enrolled in a Cintas medical plan before 7/15/23 will automatically receive the discount if enrolled in a Cintas medical plan in 2024.

Partners on Military leave at any point between 7/15/23 and 8/18/23 will automatically receive the discount if enrolled in a Cintas medical plan in 2024.

Dental

Cost

	Basic	Comprehensive
Weekly Plan Price		
Partner Only	\$2.86	\$5.98
Partner + Spouse	\$7.44	\$15.54
Partner + Child(ren)	\$7.30	\$15.24
Partner + Family	\$8.45	\$17.64

Vision

Cost

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