



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at <http://hrworkways.com/cintas> or by calling **1-866-256-6559**.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$3,000 Individual applies to Single coverage only; and \$6,000 Family applies to those covering any combination of a spouse and/or child.	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. \$3,000 Individual/ \$6,000 Family.	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billed charges, services not deemed medically necessary, charges over the allowed amount and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network of providers</u> ?	No.	This plan treats <u>providers</u> the same in determining payment for the same services.
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about <u>excluded services</u> .

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Cintas Corporation: Core Value Plan

Coverage Period: 01/01/2015 - 12/31/2015

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual/Family | Plan Type: Indemnity



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- Your cost sharing does not depend on whether a provider is in a network.

Common Medical Event	Services You May Need	Your Cost If You Use any Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No Charges	—————none—————
	Specialist visit	No Charges	—————none—————
	Other practitioner office visit	No Charges for Acupuncture and Chiropractor	Coverage is limited to 30 visits maximum per calendar year for Chiropractor.
	Preventive care/screening/immunization	No Charges	—————none—————
If you have a test	Diagnostic test (x-ray, blood work)	No Charges	—————none—————
	Imaging (CT/PET scans, MRIs)	No Charges	—————none—————
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.caremark.com .	Generic drugs	No Charges	Retail: 30-day supply Mail Order: 90-day supply
	Preferred brand drugs	No Charges	Retail: 30-day supply Mail Order: 90-day supply
	Non-preferred brand drugs	No Charges	Retail: 30-day supply Mail Order: 90-day supply
	Specialty drugs	Covered as above per generic/formulary/non-formulary status of each drug.	Call 1-800-237-2767 for details.

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Common Medical Event	Services You May Need	Your Cost If You Use any Provider	Limitations & Exceptions
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charges	—————none—————
	Physician/surgeon fees	No Charges	—————none—————
If you need immediate medical attention	Emergency room services	No Charges	—————none—————
	Emergency medical transportation	No Charges	—————none—————
	Urgent care	No Charges	—————none—————
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charges	—————none—————
	Physician/surgeon fee	No Charges	—————none—————
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	No Charges	—————none—————
	Mental/Behavioral health inpatient services	No Charges	—————none—————
	Substance abuse disorder outpatient services	No Charges	—————none—————
	Substance abuse disorder inpatient services	No Charges	—————none—————
If you are pregnant	Prenatal and postnatal care	No Charges	—————none—————
	Delivery and all inpatient services	No Charges	—————none—————
If you need help recovering or have other special health needs	Home health care	No Charges	—————none—————
	Rehabilitation services	No Charges for Occupational, Physical and Speech therapies.	Coverage is limited to 30 visits per calendar year for Occupational, Physical and Speech therapy.
	Habilitation services	No Charges for Occupational, Physical and Speech therapies.	Coverage is limited to 30 visits per calendar year for Occupational, Physical and Speech therapy.
	Skilled nursing care	No Charges	—————none—————
	Durable medical equipment	No Charges	—————none—————
	Hospice service	No Charges	—————none—————
If your child needs dental or eye care	Eye exam	No Charges	—————none—————
	Glasses	No Charges	Limited to services following cataract surgery only.
	Dental check-up	Not Covered by Anthem Blue Cross Blue Shield	Limited to services following accidental injury to teeth or surgical removals.

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Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Cosmetic surgery
- Dental care
- Hearing aids
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine foot care
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Acupuncture
- Bariatric surgery
- Chiropractic care
- Most coverage provided outside the United States. See www.bcbs.com/bluecardworldwide.
- Non-emergency care when traveling outside the U.S.
- Routine eye care(Adult)

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Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at **1-866-256-6559**. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at **1-866-444-3272** or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at **1-877-267-2323 x61565** or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

Anthem Blue Cross and Blue Shield
PO Box 105568, Atlanta, GA 30348

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-256-6559.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-256-6559.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-866-256-6559.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-866-256-6559.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

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About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$4,390
- Patient pays \$3,150

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$3,000
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$150
Total	\$3,150

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$2,300
- Patient pays \$3,100

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$3,000
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$100
Total	\$3,100

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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✗ No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✗ No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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