

READY. SET. ENROLL.



WHAT YOU NEED TO KNOW ABOUT
2023 ANNUAL OPEN ENROLLMENT

WELCOME TO 2023 ANNUAL OPEN ENROLLMENT!



DEAR PARTNERS,

At Cintas, we believe being ready is important. Just as we help ensure our customers are Ready for the Workday®, we want to help ensure you're ready for yours and whatever life brings your way. Your benefits are an important way that we support you.

During Annual Open Enrollment, we encourage you to take the time to learn what's changing and consider all your options, so you can get the most out of your benefits.

Increasing medical costs continue to be a challenge for Cintas as well as other companies. We continue to do all we can to keep costs affordable for you. But there will be increases to Medical Plan premiums as well as out-of-pocket expenses (i.e., your deductibles and out-of-pocket maximums) for 2023. This means it's especially important to review your Medical Plan options and determine if your current election still works for you.

Remember, if you do not make changes to your current benefit elections during the Annual Open Enrollment period, you will be automatically re-enrolled in the same benefits you currently have for calendar year 2023. **Exception:** You must re-enroll in the Health Care Flexible Spending Account (HCFSA) and/or Dependent Day Care Flexible Spending Account (DCFSA) if you wish to participate. Health Savings Account (HSA) elections rollover each year if you do not make changes.

A handwritten signature in black ink that reads "Jennifer Mueller".

Jennifer Mueller
Vice President, Human Resources

GET READY: KNOW WHAT'S CHANGING FOR 2023

PREMIUMS

- Medical Plan premium increases
- No changes to dental or vision premiums

Remember: if you completed the Biometric Screening **AND** Health Assessment by August 19, 2022, you earned a \$15 weekly premium discount for 2023.



DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS

- Increases to certain Medical Plan deductibles and out-of-pocket maximums
- See page 7 for the 2023 amounts

HEALTH SAVINGS ACCOUNT (HSA) LIMITS

The HSA contribution maximum is increasing in 2023. If you are enrolled in the Core Choice, Core Value or Essential Plan, the maximum amount you can contribute to your HSA is **\$3,850 for an individual** and **\$7,750 for family**.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HCFS) LIMITS

If you are enrolled in the Premium PPO* or Basic PPO, the current maximum amount you can contribute to your HCFS is \$2,850.

New! If you enroll in the HCFS and elect the maximum amount (\$2,850), you have the option to automatically increase your election if the IRS increases the maximum contribution amount to more than \$2,850 for 2023.

STAY IN THE KNOW ON-THE-GO

Download the Alight mobile app at <https://alight.com/app> or scan the QR code below.



LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

MetLife will replace Prudential as the Life and AD&D Insurance carrier. Premiums are decreasing for optional partner Life and AD&D Insurance. There are no changes to premiums for optional spousal and child Life and AD&D Insurance. In addition, there are no changes to plan design. Your current elections, coverage amounts and beneficiaries will continue. Please be sure to review your beneficiary designations and ensure they are up-to-date.

*The Premium PPO Plan is only available to partners who were benefits-eligible before Jan. 1, 2012 or are grandfathered into the Plan.



GET SET: HELPFUL REMINDERS FOR 2023

WHEN BENEFITS ARE EFFECTIVE

The benefits you elect during Annual Open Enrollment will remain in effect for the entire plan year (Jan. 1 – Dec. 31, 2023).

WHEN YOU CAN MAKE CHANGES

You can only make changes during the year if you experience a Qualified Status Change, such as getting married, divorced or having a baby. See PartnerConnect for a list of Qualified Status Changes. You must report it on PartnerConnect or call the Cintas Service Center **within 30 days** of the event.

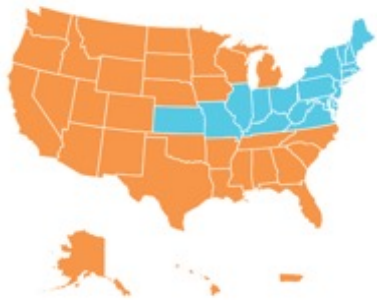
WHO YOU CAN COVER

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.

WHEN YOU CAN ENROLL

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



OCT. 31 – NOV. 11, 2022

CT, DC, DE, IL, IN, KS, KY, MA, MD, ME, MO, NH, NJ, NY, OH, PA, RI, VA, VT, WV

NOV. 7 – NOV. 18, 2022

AK, AL, AR, AZ, CA, CO, FL, GA, HI, IA, ID, LA, MI, MN, MS, MT, NC, ND, NE, NM, NV, OK, OR, PR, SC, SD, TN, TX, UT, WA, WI, WY

Note: Enrollment ends at 11:59 pm CST on the last day of your Annual Open Enrollment window.

WHAT HAPPENS IF YOU DON'T ENROLL

If you do not make changes to your benefits elections during the Annual Open Enrollment period, you will be automatically re-enrolled for the same benefits you currently receive for 2022. **Exception: You must re-enroll in the Health Care Flexible Spending Account (HCFSA) and/or Dependent Day Care Flexible Spending Account (DCFSA) if you wish to participate.** Health Savings Account (HSA) elections roll over each year if you do not make changes.

ENROLL

Choose from one of three easy ways to enroll:



ONLINE

1. Log in to **PartnerConnect.cintas.com** with your individual user ID.
2. Click the **Annual Enrollment** banner.
3. Click the **Research and Enroll** button to begin making your elections.



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 **Research and Enroll** 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.

MAKE SURE YOU CAN LOG ON TO PARTNERCONNECT TODAY

Passwords expire in 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.



DON'T FORGET TO COMPARE 2023 MEDICAL PREMIUM AND OUT-OF-POCKET COSTS

Since there are changes in Medical Plan costs for 2023, be sure to compare your options so you can choose the one that best fits your and your family's needs.

KEEP IN MIND, ALL CINTAS MEDICAL PLAN OPTIONS PROVIDE THE SAME QUALITY MEDICAL COVERAGE, WHICH INCLUDES:



100% coverage for preventive care (annual physicals, screenings and immunizations)



An out-of-pocket maximum to protect you by limiting the amount you have to pay out-of-pocket during a single year



Provider choice — you can choose from in-network and out-of-network providers but you'll save the most when you choose in-network providers



THE DIFFERENCE BETWEEN THE PLANS HAS TO DO WITH HOW MUCH YOU PAY

Weekly paycheck deductions

The amount taken from your weekly paycheck depends on the plan you choose and who you are covering.

- **PPO Plan** — Pay more out of every paycheck in exchange for paying less when you receive care.
- **High-deductible Plan** — Pay less out of every paycheck but pay more when you receive care.

In some cases, partners may need to pay the following 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 chose to cover them under Cintas' Medical Plan, you will pay a spousal surcharge of \$15 per week.

Out-of-pocket expenses

How much you pay depends on whether or not you use in-network providers, the plan you elect and the amount of medical care you receive.

In all plans:

- You pay more out-of-pocket if you use out-of-network care.
- When you reach your out-of-pocket maximum, the plans pay 100%.

In a PPO Plan: You know exactly how much you will pay when you visit an in-network doctor or an urgent care clinic or visit the emergency room because the PPO Plan has co-pays. You also have co-pays for prescription drugs.

In a high-deductible health plan: You must pay the full cost of health care services until you reach your deductible. This includes the cost of prescription drugs.

- **For Core Choice:** You pay 20% of the cost of in-network health care services after you reach your deductible, until you reach your out-of-pocket maximum.
- **For Core Value:** You pay nothing for in-network health care services after you reach your deductible.
- **For Essential:** You pay nothing for in-network health care services after you reach your deductible.



IN-NETWORK CARE COSTS

This chart details the costs you pay 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. Changes are shown in green.

IN-NETWORK CARE COSTS					
	PREMIUM PPO*	BASIC PPO	CORE CHOICE	CORE VALUE	ESSENTIAL
Preventive Care	\$0				
Annual Deductible (Individual/Family)	\$250/\$500**	\$550/\$1,100**	\$1,500/\$3,000***	\$3,100/\$6,200***	\$5,500/\$11,000****
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 \$59		
Urgent Care	\$35	\$50	Subject to deductible and coinsurance		
Emergency Room	\$175	\$250	Subject to deductible and coinsurance		
Annual Medical Out-of-Pocket Maximum (Individual/Family)	\$2,100/\$4,200	\$3,100/\$6,200	\$2,200/\$4,400***	\$3,100/\$6,200***	\$5,500/\$11,000****
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 Prudent Rx; 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 Prudent Rx; otherwise 30%)*****		Subject to deductible and coinsurance		

* The Premium PPO Plan is only available to partners who were benefits-eligible before Jan. 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 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 \$9,100.

***** Applies to Basic PPO and Premium PPO plans only — partners and eligible dependents will be automatically enrolled in the Prudent Rx program and will have a \$0 co-pay for specialty (only) drugs. Partners and dependents who opt out of the Prudent Rx program will pay a 30% co-pay for specialty drugs.

2023 MEDICAL RATES

See below for 2023 rates with and without the LiveWell premium discount.

WEEKLY RATES WITH PREMIUM DISCOUNT

	PREMIMUM PPO*	BASIC PPO	CORE CHOICE	CORE VALUE	ESSENTIAL
Partner Only	\$35.35	\$23.35	\$15.70	\$6.90	\$0.00
Partner + Spouse	\$88.70	\$63.40	\$47.80	\$23.45	\$10.80
Partner + Child(ren)	\$74.20	\$50.60	\$36.85	\$14.40	\$6.50
Partner + Family	\$127.50	\$90.65	\$69.00	\$30.95	\$17.30

WEEKLY RATES WITHOUT PREMIUM DISCOUNT

	PREMIMUM 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 Jan. 1, 2012 or are grandfathered into the Plan.

In addition to comparing your medical rates, be sure to consider the impact that changes to deductibles and out-of-pocket maximums may have on your out-of-pocket expenses in 2023.

KEEP IN MIND:

- 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 19, 2022. **Note:** If you were hired after July 15, 2022, or you added your spouse on your coverage after July 15, 2022, you will automatically get this LiveWell premium discount for 2023.
- Cintas remains focused on providing you with affordable medical coverage, including a no-cost option. The Essential Plan remains \$0 if you elect Partner Only coverage and earned the full LiveWell premium discount.
- The Tobacco or Smoker Surcharge and the Spousal Surcharge will increase your premiums if they apply to you. See page 6 to learn more.

SOMETHING TO MAKE YOU SMILE

Cintas continues to offer you a choice of Dental Plans provided by Delta Dental. **There are no rate changes for 2023.** 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.

2023 DENTAL RATES

	DELTA DENTAL BASIC	DELTA DENTAL COMPREHENSIVE
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

SEE THE SAVINGS

Cintas offers you and your family vision coverage provided by EyeMed Vision Care. **There are no rate changes for 2023.** You should use a provider that is in-network to make the most of your vision benefits and save money. If you are enrolled in a Cintas Vision Plan through EyeMed in 2023, you will also receive the Freedom pass, which offers free eyeglass frames at any price point from Target® Optical. You can access your Freedom Pass on PartnerConnect by clicking the **EyeMed Freedom Pass** quick link on the landing page after logging in.

2023 VISION RATES

EYEMED VISION CARE PLAN	
Partner Only	\$1.36
Partner + Spouse	\$3.50
Partner + Child(ren)	\$3.36
Partner + Family	\$3.90



MONEY SAVING BENEFITS

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 Plan, you may enroll in a 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. You can set aside up to **\$2,850** 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. **New!** If you enroll in the HCFSA and elect the maximum amount (\$2,850), you have the option to automatically increase your election if the IRS increases the maximum contribution amount to more than \$2,850 for 2023.

Health Savings Account (HSA) with Smart-Choice

If you enroll in a Core Plan or the Essential Plan, 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 is **\$3,850** in the HSA if you enroll in Partner Only coverage. This amount increases to **\$7,750** 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 2023, you can contribute up to **\$5,000** to a DCFSA.

Commuter Program

The commuter benefit allows partners who commute to work by public transit (bus, rail, train) or pay for parking to save money. Partners can purchase subway cards, parking garage permits, etc., with pre-tax dollars.

PROTECT YOURSELF

The following benefits protect you and your family from the unexpected.

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.

ON A PAID OR UNPAID LEAVE OF ABSENCE?

While on a leave of absence, you will not be able to elect or change your 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.

