2024 Part-time Medical Plan Summary

Plan Facts

Carrier	Anthem
Website	anthem.com
Phone Number	800.514.4538

Cost per Weekly Paycheck

	Core Value
Partner Only	$23.00
Partner + Spouse	$170.00
Partner + Child(ren)	$138.80
Partner + Family	$285.80

**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.

General Medical Expenses	
Annual Deductible	**In Network:** $3,250 Individual, applies to Single coverage only; $6,500 Family, for coverage if any combination of a spouse and/or child **Out of Network:** $6,500/$13,000
Primary doctor office visit	**In Network** 100% covered after deductible is met **Out of Network** 60% covered after deductible is met
Specialist office visit	**In Network** 100% covered after deductible is met **Out of Network** 60% covered after deductible is met
Out-of-pocket maximum	**In Network:** $3,250 Individual, applies to Single coverage only; $6,500 Family, for coverage if any combination of a spouse and/or child; includes dedictible **Out of Network:** $8,500 Individual; $17,000 Family; as above and includes deductible
Lifetime Limit	Unlimited

Inpatient Hospital Care	
Hospital copay	Not applicable
Hospital semi-private room	**In Network** 100% covered after deductible is met **Out of Network** 60% covered after deductible is met
Inpatient lab and X-ray	**In Network** 100% covered after deductible is met **Out of Network** 60% covered after deductible is met
Inpatient physician and surgeon services	**In Network** 100% covered after deductible is met **Out of Network** 60% covered after deductible is met

Outpatient Care	
Hospital copay	Not applicable
Outpatient surgery	**In Network** 100% covered after deductible is met **Out of Network** 60% covered after deductible is met
Outpatient laboratory services	**In Network** 100% covered after deductible is met; check with Plan for details **Out of Network** 60% covered after deductible is met
Outpatient X-ray	**In Network** 100% covered after deductible is met **Out of Network** 60% covered after deductible is met
Emergency room (not followed by admission)	**In Network** 100% covered after deductible is met **Out of Network** 100% covered after plan deductible met (in-network deductible applies)
Urgent care clinic visit	**In Network** 100% covered after deductible is met **Out of Network** 60% covered after plan deductible

Prescription Drug Expenses	
Vendor	CarelonRx
Website	www.anthem.com
Phone Number	844-721-1899
Retail generic	**In Network** 100% covered after deductible is met; 30 day supply **Out of Network** Not covered
Retail formulary brand	**In Network** 100% covered after deductible is met; 30 day supply **Out of Network** Not covered
Retail nonformulary brand	**In Network** 100% covered after deductible is met; 30 day supply **Out of Network** Not covered
Mail order	100% covered after deductible is met 90 day supply
Oral contraceptives	**In Network** Retail and mail order available **Out of Network** Not covered
Rx subject to overall medical deductible & OOP	Yes
Annual prescription out-of-pocket maximum	Not applicable

Coverage

Adult Preventive Care	
Annual Physical Exam	**In Network:** 100% covered **Out of Network:** 60% covered after deductible is met
Well-woman exam (includes pap)	**In Network:** 100% covered **Out of Network:** 60% covered after deductible is met
Mammogram	**In Network:** 100% covered **Out of Network:** 60% covered after deductible is met
Cancer screenings	**In Network:** Routine, 100% covered; if diagnosis, 100% covered after deductible is met **Out of Network:** 60% covered after deductible is met
Cardiovascular screenings	**In Network:** 100% covered; 100% covered lab work **Out of Network:** 60% covered after deductible is met
Family Planning	
Fertility drugs	Covered under Prescription Drug Coverage; excluded under Medical
Fertility Services	**In Network:** 100% covered after deductible is met; limited to diagnosis and treatment of underlying cause of infertility **Out of Network:** 60% covered; limited to diagnosis and treatment of underlying cause of infertility
Artificial insemination	Not covered
In vitro fertilization	Not covered
Female tubal ligation	**In Network:** 100% covered after deductible is met; reversals not covered **Out of Network:** 60% covered after deductible, reversals not covered
Male vasectomy	**In Network:** 100% covered after deductible is met; reversals not covered **Out of Network:** 60% covered after deductible, reversals not covered
Maternity Care	
Office visit: Pre/postnatal	**In Network** 100% covered after deductible is met **Out of Network** 60% covered after deductible met
In-hospital delivery services	**In Network** 100% covered after deductible is met **Out of Network** 60% covered after deductible is met

Newborn nursery services	**In Network** 100% covered if baby not admitted; if admitted then 100% covered after deductible **Out of Network** 100% covered if baby not admitted; if admitted then 60% covered after deductible
Prenatal care management	Yes; Future Moms Program

Well-Baby/Well-Child Preventive Care

Pediatric exams	**In Network:** 100% covered **Out of Network:** 60% covered after deductible is met
Immunizations (child)	**In Network:** 100% covered **Out of Network:** 60% covered after deductible is met

Mental Health Care

Mental Health: Outpatient coverage	**In Network:** 100% covered after deductible is met **Out of Network:** 60% covered after deductible is met; out-of-pocket applies
Mental Health: Inpatient coverage	**In Network:** 100% covered after deductible is met **Out of Network:** 60% covered after deductible is met; out-of-pocket applies

Substance Abuse Care

Detox: Outpatient coverage	**In Network** 100% covered after deductible is met **Out of Network** 60% covered after deductible is met
Detox: Inpatient coverage	**In Network** 100% covered after deductible is met **Out of Network** 60% covered after deductible is met
Rehab: Outpatient coverage	**In Network** 100% covered after deductible is met **Out of Network** 60% covered after deductible is met
Rehab: Inpatient coverage	**In Network** 100% covered after deductible is met **Out of Network** 60% covered after deductible is met

Dental Care

Implants	Not covered
Accidental injury to teeth	**In Network** 100% covered after deductible is met; limited to emergency care **Out of Network** 60% covered after deductible is met; limited to emergency care

Surgical removal of tumors, cysts, and impacted teeth	**In Network** 100% covered after deductible is met; includes bony and tissue impactions **Out of Network** 60% covered after deductible is met; includes bony and tissue impactions

Vision Care

Routine vision exams	**In Network** 100% covered **Out of Network** 60% covered under Wellness, out-of-network coinsurance applies, no deductible
Regular lenses and frames	**In Network** 100% covered after deductible is met; limited to services following cataract surgery **Out of Network** 60% covered; limited to services following cataract surgery
Contact lenses	**In Network** 100% covered after deductible is met; limited to services following cataract surgery **Out of Network** 60% covered; limited to services following cataract surgery

Other Services

Ambulance services	100% covered after deductible is met
Allergy tests and treatments	**In Network** 100% covered after deductible is met **Out of Network** 60% covered after deductible is met
Durable medical equipment	**In Network** 100% covered after deductible is met **Out of Network** 60% covered after deductible is met
Smoking cessation services	Available through quit for life at 866.784.8454 or quitnow.net/Cintas
Weight control program	Not covered; discounts are available through WW at ww.com/cintas

Hearing Care

Hearing evaluations	**In Network** 100% covered after deductible is met **Out of Network** 60% covered; deductible does not apply
Hearing aids	Not covered; discounts are available through Special Offers at www.anthem.com

Medical Therapy

Acupuncture	**In Network** 100% covered after deductible; coverage based on Anthem medical policy guidelines **Out of Network** 60% covered after deductible; coverage based on Anthem medical policy guidelines

Chiropractic	**In Network** 100% covered after deductible is met; 30 visit annual maximum for spinal manipulation **Out of Network** 60% covered after deductible is met; 30 visit annual maximum for spinal manipulation
Outpatient physical therapy	**In Network** 100% covered after deductible; limited to 30 visits per year; in and out-of-network combined **Out of Network** 60% covered after deductible; limited to 30 visits per year; in and out-of-network combined
Outpatient speech therapy	**In Network** 100% covered after deductible; limited to 30 visits per year; in and out-of-network combined **Out of Network** 60% covered after deductible; limited to 30 visits per year; in and out-of-network combined
Outpatient occupational therapy	**In Network** 100% covered after deductible; limited to 30 visits per year; in and out-of-network combined **Out of Network** 60% covered after deductible; limited to 30 visits per year; in and out-of-network combined

Care at Alternate Sites	
Noncustodial home health care	**In Network** 100% covered after deductible; limited to 120 visits per calendar year; in and out-of-network combined **Out of Network** 60% covered after deductible; limited to 120 visits per calendar year; in and out-of-network combined
Prescribes care in noncustodial skilled nursing facility	**In Network** 100% covered after deductible is met **Out of Network** 60% covered after deductible is met
Hospice care	**In Network** 100% covered after deductible is met **Out of Network** 100% covered after deductible is met (in-network deductible applies)
LiveHealth Online Visit	$55 per visit, subject to deductible and out-of-pocket maximum

The comparison charts are compiled using information that applies to a large number of health plan users and is commonly reported by the health plans. Depending on the chart type, such as charts for dental and vision plans, certain information and/or sections won't appear because the necessary data isn't available. If you have questions about a topic that isn't covered in the charts, contact the plan's member services department for additional information. Cintas Corporation is not responsible for the accuracy of this information. If there is a discrepancy between the information displayed on these charts and the official plan documents, the official plan documents will control. Cintas Corporation reserves the right to amend, suspend, or terminate the plan(s) or program(s) at any time.