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Patrick Benefits

1. What are the advantages of your Patrick benefits?

- At Patrick, we want to offer you choices which are **best for you and your family**. We know we are all unique with unique needs.
- With our benefits, you have **lots of choices!** You can choose between 5 coverage levels, a variety of insurance carriers, at varying rates.
- By offering **multiple insurance carriers**, the insurance carriers are competing for your business. So, they offer their best prices.
- Finally, by making insurance carriers compete directly for your business, we are helping to minimize the impact of rising healthcare costs and providing you **affordable high-quality options**.
- In addition, you have the option to enroll in other valuable benefits being offered by MetLife, including critical illness insurance, hospital indemnity insurance, accident insurance, short-term disability, voluntary life insurance, pet insurance, legal services, and identity theft protection. You will also have the option to enroll in Allstate Whole Life insurance with Long Term Care. Please see the 2026 Benefit Guide for more details.

2. Where can I get help to make my decision?

At Patrick, we are providing a lot of resources:

- **The Alight Patrick Benefits Portal and Alight Mobile App**

When it's time to enroll, log on to the Alight Patrick Benefits Portal at digital.alight.com/patrick or the Alight Mobile app (available through the [Apple App Store](#) or [Google Play](#)) to compare your options and prices, use helpful decision support tools like Help Me Choose, and enroll.

Once you have logged in to the Alight Patrick Benefits Portal, look for the "Need Help?" icon to ask your virtual assistant any questions you may have. It can also connect you with a web chat representative and other helpful resources. This site is available in English and Spanish.

- **Help Me Choose Tool**

The Help Me Choose Tool is an interactive tool that generates a personalized score that identifies how well the options fit your needs. Simply answer questions regarding your medical/prescription needs, and the Help Me Choose Tool will provide you with direction on which plans are best suited for you and your family.

- **Call Center**

Patrick has a call center available to you for additional support! You can call the Patrick Benefits Center at **1.844.816.6796** from 11:00 a.m. to 8:00 p.m. ET, Monday through Friday. The call center is available in over 200 languages!

- **Human Resources**

As always, please reach out to your HR Representative for additional information on where to find enrollment assistance.

Enrollment

3. What will I need to do?

You **must** enroll or you will not have medical, dental, vision, critical illness insurance, hospital indemnity insurance, accident insurance, legal services, or identity theft protection through Patrick. Keep in mind, if you don't select medical coverage, you won't have prescription drug coverage either. To contribute to a Health Savings Account (HSA) (if eligible) or to a Flexible Spending Account (FSA), you must make an active election.

If you are enrolling as a new hire, log on to the Alight Patrick Benefits Portal at digital.alight.com/patrick or the Alight Mobile app during the enrollment period.

Over the course of the enrollment process, you will need to:

- Enroll the eligible dependents you want to cover.
- Choose the insurance carrier and choose the coverage level you want for your medical, dental, and vision benefits. (Remember you can get help with these choices through a variety of options (Question #2).
- Enroll in the rest of your benefits.

4. How do I check and see what my benefits are today?

Simply log into the Alight Patrick Benefits Portal and click on “Health Insurance” on the top of the page. Under Coverage Details, click on “Your Coverage” and you will see a summary of all your current benefits.

5. What if my address is wrong in the Alight Patrick Benefits Portal?

Simply let your HR representative know and they will work with the Benefits Team to get it updated quickly.

6. What are my options for medical and prescription drug coverage?

You have **5 coverage levels** to choose from:

- Bronze
- Bronze Plus (HSA Option)
- Silver
- Gold
- Platinum

Each coverage level is available from multiple insurance carriers at different costs. When you enroll, you will be able to compare benefits and features across your medical options.

7. What happens if I enroll in the Bronze Plus medical option and have expenses shortly after my coverage begins?

If you enroll in a high-deductible medical option, you should be prepared to pay up to the cost of your deductible in case you have significant medical expenses shortly after your coverage begins. Even if you start contributing to an HSA right away, your HSA may not yet have enough money to cover costly services. One option is to pay for those early expenses out of pocket and then, when your account balance grows enough to cover the qualified expense, reimburse yourself from your HSA. This is a good reason to make sure you are saving enough in an HSA.

8. Will I be able to use the same providers (doctors, hospitals etc.) as I do today?

Each insurance carrier has its own network of preferred providers (e.g., doctors, specialists, hospitals). If you want to keep seeing your current doctors, select an insurance carrier that includes your preferred providers in its network. The **Help Me Choose** tool will assist you with this.

If you are comfortable changing doctors, select an insurance carrier whose network includes providers critical to your care.

Keep in mind, you should always check the provider directories before making a decision.

We recommend you do not rely on your provider’s office to know the carriers’ network(s).

To see whether your doctor is in network:

- Contact your insurance carrier – See attached [appendix](#) for complete carrier listing.
- When you enroll, check the networks of each insurance carrier you’re considering on the Alight Patrick Benefits Portal. You can access this information by using the Help Me Choose tool’s provider search or clicking **Find Doctors** when you’re selecting your medical plan. For the best results:
 - Search for your provider by name, not medical practice.
 - Check only the office location(s) you are willing to visit.

- When searching for a facility, use the complete facility name and confirm whether the specialty of the facility is covered in-network.

Important! If you have any uncertainty (for instance, covering out-of-area dependents) or you need the network name, you need to call the insurance carrier.

9. Why should I use in-network providers?

Seeing out-of-network providers will cost you substantially more than seeing in-network providers. For example, you will pay more through a higher deductible and higher coinsurance. You'll also have to pay the entire amount of the out-of-network provider's charge that exceeds the maximum allowed amount, even after you've reached your annual out-of-network out-of-pocket maximum.

10. How should I choose a medical insurance carrier if my dependents and I live in different states?

- **National Insurance Carriers:** Opt for a national insurance carrier that offers a broad provider network. This ensures that your dependents have access to in-network providers regardless of their location.
- **Network Availability:** Confirm whether the insurance carrier has in-network coverage for the states where you and your dependents reside. Regional carriers may have partnerships with other carriers that could extend coverage, so inquire about those options.
- **Provider Search:** During the enrollment period, use the insurance carrier's online tools to search for doctors by name and location. This will help you ensure that your preferred providers are in-network.
- **Direct Verification:** Always verify with the insurance carrier whether an out-of-area provider is part of their network. Don't solely rely on the provider's office for this information, as they may not be fully aware of the carrier's network details.
- **Compare Plans:** Look at the benefits and coverage options of different plans, especially regarding out-of-network care, to ensure you select a plan that meets the needs of your family members in various locations.

By taking these steps, you can make a well-informed decision about your medical insurance carrier that accommodates your family's diverse needs across different states.

11. How do I decide which medical option is right for me and my family?

You'll have access to a number of resources to help you make the best decisions.

Log into the Alight Patrick Benefits Portal at digital.alight.com/patrick and start your enrollment process. The Help Me Choose tool will display on the screen and you can either click "Start Now", or "Explore on my own". The Help Me Choose tool will ask you to answer a series of questions that will ultimately help find your best plan match while at the same time provide you with a checklist of things you should consider when selecting health insurance.

Then, when you enroll, you'll be able to see the employer contribution/credit amount from Patrick and your price options on the Alight Patrick Benefits Portal at digital.alight.com/patrick or the Alight Mobile app.

If you need additional help:

In the Alight Patrick Benefits Portal, look for the "Need Help?" icon to **ask your virtual assistant**, any questions you may have. It can also connect you with a web chat representative and other helpful resources.

You can also call the Alight Patrick Benefits Center at **1.844.816.6796** from 11:00 a.m. to 8:00 p.m. ET, Monday through Friday.

12. Will pre-existing conditions be covered?

Yes. When you enroll in medical coverage through Patrick, coverage is guaranteed, regardless of whether you and/or your eligible dependents have pre-existing conditions.

13. How will my prescription drugs be covered?

Your prescription drug coverage will be provided through your pharmacy benefit manager which could be a separate prescription drug company. Each pharmacy benefit manager has its own rules about how prescription drugs are covered. That's why you need to do your homework to determine how your medications will be covered before choosing an insurance carrier.

If you or a covered family member regularly takes medication, it is strongly recommended that you call the medical insurance carrier before you enroll to better understand how your particular prescription drug(s) will be covered. Do not assume that your generic or brand name medication will be covered the same way by each carrier each year. See [appendix](#) for a complete carrier listing and contact information. When you enroll, you can use the prescription drug search tool to look up your medication and see how it will be covered.

14. What is “prior review” and when it is required?

Before getting certain types of care, you or your doctor may be required to run it by your insurance carrier first. Getting “prior review” (also referred to as prior authorization or precertification) allows the carrier to make sure you're eligible for the services, ensure you're getting care that makes sense for your condition, and confirm how the bill is going to be paid.

Who completes the process depends on where you get care:

- When you stay in network, your doctor usually completes the process on your behalf when it's required. Always confirm with your doctor to be sure they are managing it.
- If you go out of network, you are usually responsible for completing the process. You may have to work with your doctor or directly with your insurance carrier to fill out paperwork and receive the appropriate approval before getting care.

When prior review is required and you don't get preapproved, you could get stuck paying most or all of the bill or a penalty. For that reason, it's always in your best interest to ask your doctor whether you need to do anything in advance and confirm the services you need will be covered by your insurance carrier.

15. Will I receive a new ID card for medical and prescription drug coverage?

You'll receive a new ID card, in the mail or electronically via the carrier's member site or mobile app, when you enroll for the first time. You'll use your ID card for medical and prescription drug needs.

You should receive ID cards before your benefits take effect. If you need an ID card immediately, reach out to your carrier by registering online and print a temporary ID card. See [appendix](#) for complete carrier listing and contact information.

16. What do I need to know about dental networks?

Just like the medical insurance carriers, each dental carrier has its own provider networks that can vary by the coverage level you choose. If it's important that you continue using the same dentist, you should check to see whether your dentist is in the network before you choose a carrier.

Do not rely on your provider's office to know the carriers' networks. To see whether your dentist is in network:

- Contact your carrier and ask if your dentist is in-network. See [appendix](#) for complete carrier listing and contact information.
- When you enroll, check the networks of each insurance carrier you're considering on the Alight Patrick Benefits Portal.

17. What do I need to know about vision networks?

Each vision insurance carrier has its own provider network. If it's important that you continue using the same eye doctor or retail store, you should check to see whether your eye doctor or retail store is in the network before you choose a carrier.

Do not rely on your provider's office to know the carriers' networks. To see whether your eye doctor or retail store is in network:

- Contact your carrier and ask if your vision provider is in-network. See [appendix](#) for complete carrier listing and contact information.
- When you enroll, check the network of each insurance carrier you're considering on the Alight Patrick Benefits Portal.

18. Can I have a different carrier for Medical, Dental and Vision?

Yes, you can choose whichever carrier you want.

19. What other benefit options are available to me?

You can choose to supplement your medical coverage with:

- **Critical illness insurance:** Pays a benefit if you or a covered family member is treated for a major medical event (such as a heart attack or stroke) or diagnosed with a critical illness (such as cancer or end-stage kidney disease).
- **Hospital indemnity insurance:** Pays a benefit in the event you or a covered family member is hospitalized.
- **Accident insurance:** Pays a benefit in the event you or a covered family member is in an accident.
- **Short-Term Disability insurance:** Pays 60% of your income up to \$1,250 per week if you are unable to work due to an accident or injury that occurred outside of work.
- **Whole Life Insurance with Long Term Care:** Provides life insurance with an accelerated death benefit for long-term care.

You can also choose to enroll in:

- **Legal services:** Covers attorney fees for things like wills, real estate matters, and more.
- **Identity theft protection:** Monitors your personal information and takes steps to protect you from fraud.

20. If I experience a qualifying life event, can I drop Allstate Whole Life coverage?

Yes.

21. What else is available to me?

We are able to take advantage of group negotiated discounts for:

- **Pet insurance:** Helps pay veterinary expenses for your sick or injured pet. Coverage for more than just cats and dogs! Rabbits, hamsters, reptiles, birds, etc. can be covered.

To get a free personalized quote and/or to enroll in MetLife Pet Insurance, visit www.metlife.com/getpetquote and complete the required steps. Pet rates may vary based on pet age, breed, location, and the chosen deductible, reimbursement rate, and annual limit. Pet insurance premiums will not be payroll deducted. You will set up direct billing options to pay the premiums on a monthly basis. Enrollment in Pet Insurance is open all year.

22. What if I move?

Since Patrick offers several National carriers, the benefits would follow and there would be no need to re-enroll. If you move to a different state and need to change carriers, you will receive notice that you can make changes on the Alight Patrick Benefits Portal at digital.alight.com/patrick or the Alight Mobile app. Remember to update your address in Success Factors to ensure the Alight team receives confirmation that you have moved.

23. How long will it take me to complete my enrollment?

Time will vary with each Team Member, but please allow up to 30 minutes to enroll as that is the average time period for enrollment completion.

Paying for Coverage

24. When will I find out the cost of coverage?

When you enroll, you'll be able to see your costs on a per pay period basis in addition to what Patrick is contributing to your benefit coverage on digital.alight.com/patrick or the Alight Mobile app. You will be able to review all your plan options and prices before you choose which plan you want to enroll in.

25. What's a deductible and how does it work?

The deductible is what you pay out of your own pocket before your insurance carrier begins to pay a share of your costs. If you have a deductible, you pay the full "negotiated" costs of all in-network services until you meet your deductible. The "negotiated" costs are the payments providers (doctors, hospitals, labs, etc.) have agreed to accept from the insurance carrier for providing a particular service.

How the medical deductible works depends on your coverage level:

- **The Bronze, Silver, Gold, and Platinum medical coverage levels have a traditional deductible.** Once a covered family member meets the *individual* deductible, your insurance will begin paying benefits for that family member. Charges for all other covered family members will continue to count toward the family deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members.
- **The Bronze Plus medical coverage level has a "true family deductible."**¹ This means that the entire family deductible must be met before your insurance will pay benefits for any covered family members. There is no "individual deductible" in this coverage level when you have family coverage.

To clarify, if you choose a Bronze Plus coverage level, the individual deductible only applies if you cover just yourself. If you choose to cover dependents, you must satisfy the family deductible before coinsurance will kick in, even if only one family member has expenses.

¹ The annual deductible doesn't include copays or amounts taken out of your paycheck for health coverage.

Do you use out-of-network providers? Out-of-network charges do not count toward your in-network annual deductible; they only count toward your out-of-network deductible.

26. What's an out-of-pocket maximum and how does it work?

The annual out-of-pocket maximum is the most you and your covered family members would have to pay in a year for health care costs. The annual out-of-pocket maximum doesn't include amounts taken out of your paycheck for health coverage. How the medical out-of-pocket maximum works depends on your coverage level.

The Bronze, Silver, Gold, and Platinum coverage levels have a traditional out-of-pocket maximum. Once a covered family member meets the *individual* out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, your insurance will pay the full cost of covered charges for all covered family members.

The Bronze Plus coverage level has a "true family out-of-pocket maximum."² This means that the entire family out-of-pocket maximum must be met before your insurance will pay the full cost of covered charges for any covered family member. There is no "individual out-of-pocket maximum" in these options when you have family coverage.

Do you use out-of-network providers? Out-of-network charges do not count toward your in-network annual out-of-pocket maximum; they only count toward your out-of-network out-of-pocket maximum.

²Exception: If you live in California, cover dependents, and enroll under Health Net or Kaiser Permanente at the Bronze Plus coverage level, you will have a *traditional* annual out-of-pocket maximum.

27. What's a Health Savings Account (HSA)?

An HSA is a special bank account that you can use when you enroll in the Bronze Plus plan level. It allows you to set aside tax-free money to pay for qualified health care expenses, like your medical, dental, and vision copays, deductibles, and coinsurance. Because you'll be responsible for 100% of your medical and prescription drug expenses until you meet your deductible in the Bronze Plus plan, an HSA is a great way to pay less for those out-of-pocket expenses because you're using tax-free money.

Just make sure you use money in your HSA only for qualified health care expenses. If you use money in your HSA for unqualified expenses, you'll pay income taxes on that money and an additional 20% penalty tax if you're under age 65. Keep careful records of your health care expenses and withdrawals from your HSA, in case you ever need to provide proof that your expenses were qualified.

You can decide whether to enroll in an HSA and how much (if any) money you want to contribute. If you don't have a lot of health care expenses, your money can stay in your account year to year and earn tax-free interest. Also, the money is yours to keep even after you no longer work for the company. If you have questions about the use and appropriateness of an HSA as it applies to your specific situation, you should consult a tax professional.

28. Why would I want to use an HSA?

An HSA lets you set aside money to pay for qualified health care expenses, like your medical, dental, and vision copays, deductibles, and coinsurance. You decide how much money you want to contribute, and you can change your contribution election at any time. If you don't have a lot of health care expenses, your money can stay in your account year to year.

The HSA has the following tax advantages:

- Your contributions to an HSA are tax-free, meaning that they are deducted from your paycheck before taxes are taken out.
- Interest earnings on your HSA balance are not taxed.
- You are not taxed on the HSA dollars when you use them to pay qualified expenses.

29. Can I contribute to an HSA if I am covered under my spouse's general purpose Health Care FSA?

No. If your spouse's general purpose Health Care FSA covers your medical expenses, it would be considered other health coverage and you would not be eligible to contribute to an HSA.

30. Can I contribute to an HSA?

In order to contribute to an HSA, you need to select the Bronze Plus plan with a carrier of your choice. Additionally

- You cannot be enrolled in Medicare or a veteran's medical plan (TRICARE);
- You cannot be claimed as a dependent on someone else's tax return; and
- You cannot be covered by any other health insurance plan, such as a spouse's plan, which is not a high-deductible option.

You can use money from your HSA to pay your dependents' health care expenses as long as you claim them as dependents on your federal income taxes (generally children up to age 19 or under age 24 if they are full-time students).

31. Who will be my HSA administrator?

Patrick partners with Bank of America for all new health savings accounts.

32. If I leave Patrick and want to keep my benefits, which plans can I port and continue to pay on my own?

The following plans are portable: MetLife Legal, MetLife Aura Identity Theft Protection, MetLife Voluntary Life, Allstate Whole Life, MetLife Critical Illness, MetLife Accident Insurance and MetLife Hospital Indemnity Insurance.

Access: User ID & Passwords

33. How do I create my user ID and password for the Alight Patrick Benefits Portal?

If you are a new user, you will need to set up your user ID and password, which are needed to access your account through the Alight Mobile app (available through the [Apple App Store](#) or [Google Play](#)).

- Go to the Alight Patrick Benefits Portal at digital.alight.com/patrick or the Alight Mobile app and select **New User**;
- Enter the last four digits of your Social Security number and your date of birth to authenticate your account;
- Create your user ID and password; and
- Create answers to security questions to verify your identity if you forget your user ID or password in the future.

34. Where can I find the Patrick Benefit Guide and Patrick Benefit Video?

Both items are hosted in the Alight Patrick Benefits Portal.

35. How do I reset my password for the Alight Patrick Benefits Portal?

To reset your password, go to the Alight Patrick Benefits Portal at digital.alight.com/patrick, click “**Forgot User ID or Password?**”, and follow the prompts to reset your password. You will need your user ID and password to access your account on the Alight Mobile app (available through the [Apple App Store](#) or [Google Play](#)).

36. How do I get information about each carriers’ programs?

Simply reach out to your specific carrier to find out about the programs offered and apps available to download. Please see the [appendix](#) at the end of this document.

APPENDIX

Health Care and Insurance Carrier Resources

Your specific medical carrier options are based on where you live (so it's important to make sure your address on record is correct before you enroll). You'll be able to see the options available to you when you enroll.

National Insurance Carriers

Note: Except where noted below, these insurance carriers are offered nationally.

Aetna	<p>Areas we serve: Offered in all states except AK, ID, MT, WY, MO and SD. Availability in some states may be limited.</p> <p>Before you're a member (preview site): https://www.aetna.com/microsites/aon/fibroad/index.html</p> <p>Once you're a member (website): https://www.aetna.com</p> <p>Customer Service Hours: Monday – Friday: 8:00 a.m. – 6:00 p.m. local time</p> <p>Phone Number: 1-855-496-6289</p>
Anthem BCBS	<p>Areas we serve: Offered in all states</p> <p>Before you're a member (preview site): https://www.anthem.com/learnmore</p> <p>Once you're a member (website): https://www.anthem.com/</p> <p>Customer Service Hours: Monday – Friday: 8:00 a.m. – 8:00 p.m. EST</p> <p>Phone Number: 1-844-404-2165</p>
Cigna	<p>Areas we serve: Generally offered in all states except MN and ND. Availability in some states may be limited.</p> <p>Before you're a member (preview site): https://connections.cigna.com/carrierbenefits-fi2026/</p> <p>Once you're a member (website): https://my.cigna.com</p> <p>Customer Service Hours: Cigna One Guides are available Monday – Friday: 8:00 a.m. – 9:00 p.m. (all U.S. continental time zones)</p> <p>Outside of the standard hours, customer service advocates are available 24 hours a day, 7 days a week.</p> <p>Phone Number: 1-855-694-9638</p>
UnitedHealthcare	<p>Areas we serve: Generally offered in all states, but availability in some states may be limited.</p> <p>Before you're a member (preview site): https://www.whyuhc.com/aon11</p> <p>Once you're a member (website): http://myuhc.com</p> <p>Customer Service Hours: Monday – Friday: 7:00 a.m. – 7:00 p.m. ET</p> <p>Transaction Center: Monday – Friday: 8:00 a.m. – 5:00 p.m. PT</p> <p>Phone Number: 1-888-297-0878</p>

Regional Insurance Carriers

Note: As noted below, these insurance carriers are offered in select regions. These insurance carriers may offer in-network coverage outside of their regional service area through partnerships with other carriers. Please contact the insurance carrier for additional details.

Dean/Prevea360	<p>Areas we serve: South Central and Northeastern Wisconsin</p> <p>Before you're a member (preview site): http://aon.deanhealthplan.com/</p> <p>Once you're a member (website): http://aon.deanhealthplan.com/</p> <p>Customer Service Hours: Monday – Thursday: 7:30 a.m. – 5:00 p.m. CT; Friday: 8:00 a.m. – 4:30 p.m. CT</p> <p>Phone Number: 1-877-357-3164</p>																								
Health Net	<p>Areas we serve: Select markets in California</p> <p>Before you're a member (preview site): https://www.healthnet.com/myaon</p> <p>Once you're a member (website): https://www.healthnet.com/myaon</p> <p>Customer Service Hours: Monday – Friday: 8:00 a.m. – 6:00 p.m. PT</p> <p>Phone Number: 1-888-926-1692</p>																								
Kaiser Permanente	<p>Areas we serve: Generally available in CA, CO, GA, MAS, NW, WA</p> <p>Before you're a member (preview site): https://kp.org/aon</p> <p>Once you're a member (website): https://www.kp.org</p> <table> <tr> <th data-bbox="474 1003 818 1045">Customer Service Hours:</th><th data-bbox="818 1003 1529 1045">Phone Numbers:</th></tr> <tr> <td data-bbox="474 1056 818 1129">CA: Monday – Friday 8:00 a.m. – 5:00 p.m. CT</td><td data-bbox="818 1056 1529 1087">CA: Pre-Enrollment 1-877-580-6125</td></tr> <tr> <td data-bbox="474 1098 818 1129"></td><td data-bbox="818 1098 1529 1129">CA Post-Enrollment: 1-800-464-4000</td></tr> <tr> <td data-bbox="474 1140 818 1213">CO: Monday – Friday 8:00 a.m. – 5:00 p.m. CT</td><td data-bbox="818 1140 1529 1171">CO: Pre-Enrollment 1-877-580-6125</td></tr> <tr> <td data-bbox="474 1182 818 1213"></td><td data-bbox="818 1182 1529 1213">CO: Post-Enrollment HMO: 1-800-632-9700</td></tr> <tr> <td data-bbox="474 1224 818 1255"></td><td data-bbox="818 1224 1529 1255">CO: Post-Enrollment Added Choice: 1-855-364-3185</td></tr> <tr> <td data-bbox="474 1266 818 1381">GA: Monday – Friday: 7:00 a.m. – 9:00 p.m. ET; Saturday – Sunday: 8:00 a.m. – 2:00 p.m. ET;</td><td data-bbox="818 1266 1529 1297">GA: Pre-Enrollment 1-877-580-6125</td></tr> <tr> <td data-bbox="474 1308 818 1339"></td><td data-bbox="818 1308 1529 1339">GA: Post-Enrollment HMO: 1-888-865-5813</td></tr> <tr> <td data-bbox="474 1350 818 1381"></td><td data-bbox="818 1350 1529 1381">GA: Post-Enrollment Added Choice: 1-855-364-3185</td></tr> <tr> <td data-bbox="474 1392 818 1539">MAS: Monday – Friday: 7:30 a.m. – 5:30 p.m. ET</td><td data-bbox="818 1434 1529 1465">MAS: Pre-Enrollment 1-877-580-6125</td></tr> <tr> <td data-bbox="474 1476 818 1507"></td><td data-bbox="818 1476 1529 1507">MAS: Post-Enrollment HMO: 1-800-777-7904</td></tr> <tr> <td data-bbox="474 1518 818 1549"></td><td data-bbox="818 1518 1529 1549">MAS: Post-Enrollment Added Choice: 1-888-225-7202</td></tr> </table>	Customer Service Hours:	Phone Numbers:	CA: Monday – Friday 8:00 a.m. – 5:00 p.m. CT	CA: Pre-Enrollment 1-877-580-6125		CA Post-Enrollment: 1-800-464-4000	CO: Monday – Friday 8:00 a.m. – 5:00 p.m. CT	CO: Pre-Enrollment 1-877-580-6125		CO: Post-Enrollment HMO: 1-800-632-9700		CO: Post-Enrollment Added Choice: 1-855-364-3185	GA: Monday – Friday: 7:00 a.m. – 9:00 p.m. ET; Saturday – Sunday: 8:00 a.m. – 2:00 p.m. ET;	GA: Pre-Enrollment 1-877-580-6125		GA: Post-Enrollment HMO: 1-888-865-5813		GA: Post-Enrollment Added Choice: 1-855-364-3185	MAS: Monday – Friday: 7:30 a.m. – 5:30 p.m. ET	MAS: Pre-Enrollment 1-877-580-6125		MAS: Post-Enrollment HMO: 1-800-777-7904		MAS: Post-Enrollment Added Choice: 1-888-225-7202
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	MAS: Post-Enrollment Added Choice: 1-888-225-7202																								

Kaiser Permanente (cont.)	NW: Monday – Friday: 7:30 a.m. – 5:30 p.m. ET WA: Monday – Friday: 8:00 a.m. – 6:00 p.m. PT	NW: Pre-Enrollment 1-877-580-6125 NW: Post-Enrollment HMO: 1-800-813-2000 NW: Post-Enrollment Added Choice: 1-866-616-0047 WA: Pre & Post Enrollment 1-855-407-0900
Medical Mutual	Areas we serve: Generally available in OH Before you're a member (preview site): http://www.medmutual.com/aon Once you're a member (website): https://member.medmutual.com Customer Service Hours: Monday – Thursday: 7:30 a.m. – 7:30 p.m. ET; Friday: 7:30 a.m. – 6:00 p.m. ET; Saturday: 9:00 a.m. – 1:00 p.m. ET Phone Numbers: Pre-enrollment: 1-800-677-8028 Post-enrollment: 1-800-541-2770	
Priority Health	Areas we serve: Available in the lower peninsula of MI; Outside of MI, Priority Health utilizes the Cigna national network. Before you're a member (preview site): https://priorityhealth.com/aon Once you're a member (website): https://member.priorityhealth.com/login Customer Service Hours: Monday – Thursday 7:30 a.m. – 7:00 p.m. ET; Friday 9:00 a.m. – 5:00 p.m. ET; Saturday 8:30 a.m. – noon ET Phone Number: 1-833-207-3211	
UPMC Health Plan	Areas we serve: Generally available in PA Before you're a member (preview site): https://www.upmchealthplan.com/aon Once you're a member (website): https://www.upmchealthplan.com/members Customer Service Hours: Monday – Friday: 7:00 a.m. – 7:00 p.m. ET; Saturday: 8:00 a.m. – 3:00 p.m. ET Phone Number: 1-844-252-0690	

Dental Insurance Carriers

Aetna	<p>Areas we serve: Generally offered in all states, but availability in some states may be limited.</p> <p>Before you're a member (preview site): https://www.aetna.com/microsites/aon/fibroad/index.html</p> <p>Once you're a member (website): https://www.aetna.com</p> <p>Customer Service Hours: Monday – Friday: 8:00 a.m. – 6:00 p.m. local time</p> <p>Phone Number: 1-855-496-6289</p>
Cigna	<p>Areas we serve: Generally offered in all states except MN and ND. Availability in some states may be limited.</p> <p>Before you're a member (preview site): https://connections.cigna.com/carrierbenefits-fi2026/</p> <p>Once you're a member (website): https://my.cigna.com</p> <p>Customer Service Hours: Cigna One Guides are available Monday – Friday: 8:00 a.m. – 9:00 p.m. (all U.S. continental time zones). Outside of the standard hours, customer service advocates are available 24 hours a day, 7 days a week.</p> <p>Phone Number: 1-855-694-9638</p>
Delta Dental	<p>Areas we serve: Generally offered in all states, but availability in some states may be limited.</p> <p>Before you're a member (preview site): https://www.deltadental.com/us/en/aon/indiana.html</p> <p>Once you're a member (website): http://www.deltadentalin.com</p> <p>Customer Service Hours: Monday – Friday: 8:30 a.m. – 8:00 p.m. ET To supplement that service, our DASI (Delta Dental Automated Service Inquiry) system can provide callers with answers to many routine inquiries via the same number 24 hours a day, seven days a week.</p> <p>Phone Number: 1-877-380-2051</p>
MetLife	<p>Areas we serve: Generally offered in all states, but availability in some states may be limited.</p> <p>Before you're a member (preview site): https://www.metlife.com/info/aon-benefit-experience/</p> <p>Once you're a member (website): https://www.metlife.com/mybenefits</p> <p>Customer Service Hours: Monday – Friday: 8:00 a.m. – 11:00 p.m. ET</p> <p>Phone Number: 1-888-309-5526</p>
UnitedHealthcare	<p>Areas we serve: Generally offered in all states, but availability in some states may be limited.</p> <p>Before you're a member (preview site): https://www.whyuhc.com/aon11</p> <p>Once you're a member (website): https://www.myuhc.com</p> <p>Customer Service Hours: Monday – Friday: 7:00 a.m. – 10:00 p.m. CT</p> <p>Phone Number: 1-888-571-5218</p>

Vision Insurance Carriers

EyeMed	<p>Areas we serve: Available nationally</p> <p>Before you're a member (preview site): https://eyemed.com/en-us/benx-aon</p> <p>Once you're a member (website): https://member.eyemedvisioncare.com/member/en</p> <p>Customer Service Hours: Monday – Saturday: 7:30 a.m. – 11:00 p.m. ET; Sundays: 11:00 a.m. – 8:00 p.m. ET</p> <p>Closed: Easter, Thanksgiving and Christmas</p> <p>Phone Number: 1-844-739-9837</p>
MetLife	<p>Areas we serve: Generally offered in all states, but availability in some states may be limited.</p> <p>Before you're a member (preview site): https://www.metlife.com/aon-benefit-experience</p> <p>Once you're a member (website): https://www.metlife.com/mybenefits</p> <p>Customer Service Hours: Monday – Friday: 8:00 a.m. – 11:00 p.m. ET; Saturday: 10:00 a.m. – 11:00 p.m., ET; Sunday: 10:00 a.m. – 10:00 p.m. ET</p> <p>Phone Number: 1-888-309-5526</p>
UnitedHealthcare	<p>Areas we serve: Generally offered in all states, but availability in some states may be limited.</p> <p>Before you're a member (preview site): https://www.whyuhc.com/aon11</p> <p>Once you're a member (website): https://www.myuhcvision.com</p> <p>Customer Service Hours: Monday – Friday: 7:00 a.m. – 10:00 p.m. CT; Saturday: 8:00 a.m. – 5:30 p.m. CT IVR and website is available 24 hours a day, seven days a week.</p> <p>Phone Number: 1-888-571-5218</p>
VSP	<p>Areas we serve: Generally offered in all states, but availability in some states may be limited.</p> <p>Before you're a member (preview site): https://www.vsp.com/aon</p> <p>Once you're a member (website): https://www.vsp.com/signon.html</p> <p>Customer Service Hours: Monday – Friday: 5:00 a.m. – 8:00 p.m. PT; Saturday: 7:00 a.m. – 8:00 p.m. PT; Sunday: 7:00 a.m. – 7:00 p.m. PT</p> <p>Phone Number: 1-877-478-7559</p>

Benefits Contact Information

Allstate Whole Life with Long Term Care	Website: allstatevoluntary.com/patrickindustries/ Customer Service: 888-282-2550 Policy Number: E1386
Supportline EAP	Website: www.patrick.mysupportportal.com Company Code: patrick Customer Service: 888-881-5462
Bank of America HSA	Website: https://myhealth.bankofamerica.com/ Customer Service: 800-992-3200 Policy Number: Your HSA Bank Account Number
Fidelity 401(K)	Website: www.401k.com Customer Service: 800-835-5097 Policy Number: Patrick Industries
MetLife Legal	Website: www.legalplans.com Customer Service: 800-821-6400 Policy Number: Patrick Industries
MetLife Aura Identity Theft	Website: www.metlife.com/identity-and-fraud-protection Customer Service: 833-552-2123 Policy Number: Patrick Industries
MetLife Pet Insurance	Website: www.metlife.com/getpetquote Customer Service: 844-616-2343 Policy Number: Patrick Industries
MetLife Voluntary Plans	Accident, Critical Illness, Hospital Indemnity, Short Term Disability, Life and AD&D Website: www.mybenefits.metlife.com Customer Service: 800-438-6388 Policy Number: 243081-1
Medicare Choice Group	Website: visit.medicarechoicegroup.com/patrickindustries Customer Service: 855-944-3719 Policy Number: Patrick Industries