



## Safeguard HMO Dental Plan

**Payrolling.com Corporation is pleased to offer you participation in the Safeguard Dental Plan. Below is some important information to know about the plan. If you have any questions, please do not hesitate to contact your Benefits Administrator at:**

**858.866.2615 or [benefits@payrollingcorp.com](mailto:benefits@payrollingcorp.com)**

### **Important Plan Information**

- The effective date for your coverage will be the first of the month after 30 days of employment. Late applications can be accepted up to 30 days after the effective date. However, retroactive deductions may occur.
- Employees working 20 or more hours per week are eligible.
- If you do not submit your application by the above deadline, you may not enroll until the next Open Enrollment period or if you experience a Family Status Change (marriage, divorce, birth of a child, spouse's job change, etc.). You have 30 days from the event to update your coverage. Documentation will be required.
- Changes or cancellation of your coverage can only occur during the annual Open Enrollment period or if you experience a Family Status Change. Adjustments relating to a Family Status Change must be made within 30 days of the event. Documentation will be required.
- Deductions for your coverage will be taken per paycheck on a pre-tax basis unless you notify us, in writing, otherwise.
- Please review the plan documents carefully. If you have any questions on the coverage, contact the Payrolling.com Benefits Department.

### **Rates\***

#### **Safeguard Dental HMO (California , Texas and Florida only)**

Employee	\$3.64 per week
Employee +1	\$7.11 per week
Family	\$9.54 per week

### **Instructions for completing the HMO application:**

- Complete the application labeled HMO. Be certain to include a Primary Care Dentist. You can search for a dentist at [www.safeguard.net](http://www.safeguard.net). Select plan Excel 2004.

**Fax completed application to the Payrolling.com Corporation Benefits Department at: 858.866.2657**

\*Amounts listed are based on a weekly pay cycle. If you are paid bi-weekly, semi-monthly, or monthly, your deductions will be adjusted accordingly.

#### Dental Assistance:

- \$25 Annual Deductible
- Covers 45 of the most common Preventative and Basic Procedures including x-rays, fillings, Periodontics, and Endodontics
- Can go to any licensed dentist
- [Click here for dental reimbursement schedule](#)

#### Vision Discounts

- Enrolled in Vision One network which has more than 6,500 locations nationally
- Save up to 60% on frames and lenses
- Save up to \$10 on eye examinations

#### How to enroll:

##### Group # 2097

- By phone: 1.877.552.5015
- On-line: Visit [www.starbridgeselect.com](http://www.starbridgeselect.com) - Enter Group # 2097

[For additional plan details or to download an application, click here.](#)

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