



# Benefits Resource Guide

2022  
2023

MI Based  
EMPLOYEES

# Introduction

Job.com-QCI strives to provide a comprehensive benefit package to its employees and their families. This benefits booklet is designed as a quick resource and outlines each benefit available during the 2022-2023 benefit period. Job.com-QCI offers a selection of benefits including; Medical, Dental, Vision, Short-Term/Long-Term Disability, and Voluntary Life and AD&D Insurance.

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**•Online Enrollment/Benefits Portal**

Job.com-QCI provides an online benefit portal system that allows employees 24-hour access to benefits information. [360 Connect](#)

**• Making Changes**

You may log on to the 360 Connect portal at any time to make changes such as an address change, beneficiary change, etc.

**• New Employees**

If you are a new employee, you will receive information regarding benefit enrollment during your new hire orientation. Job.com-QCI provides some benefits at no cost to you therefore you must go online to enroll even if you do not plan to participate in other offered benefits.

**• Open Enrollment**

During the annual open enrollment period, you will be provided instructions to add, update, delete, and confirm your benefits as well as update any personal information.

\*For complete details on coverage exclusions, limitations and the terms under which coverage may continue, please refer to your plan benefit booklet or contact your Human Resources Department. If there is a discrepancy between this summary and the plan benefit booklet, the benefit booklet will govern.

# Eligibility

## Who is eligible?

Employees scheduled to work at least 30 hours per week are eligible for benefits.

**Employees in Open Enrollment:** All changes for open enrollment are effective July 1, 2022.

## Who in my family is eligible for benefits?

- Your lawful spouse
- Dependent children from birth to age 26 are eligible. "Children" includes your child by birth, legal adoption, legal guardianship, stepchildren, and a child born to an insured dependent until such child is 18 months old.
- Your children ages 26 years or older who are incapable of self-support (because of mental or physical incapacity which occurred prior to age 26) are also eligible for benefits subject to carrier approval.

**Once you make your benefit selection during an open enrollment or as a new hire, you will not be able to make changes to your benefits until next year's open enrollment or a qualified event.**

## What is a Qualified Life Event?

Due to the medical, dental, and vision being deducted from your paycheck before taxes, the IRS imposes restrictions on when you can make changes to these benefit plans. The only way to make a change during the plan year (July 1, 2022 through June 30, 2023) is if you experience a "change in status" event:

- Marriage or divorce
- Death of your spouse or dependent
- Birth or adoption of a child
- Loss of coverage
- You or your spouse switching employment status from full-time to part-time or vice versa
- Your dependent no longer qualifies as an eligible dependent

You must notify and submit any applicable forms and documentation to HR within 30 days of the event. HR will review your request and determine whether the change you are requesting is allowable according to section 125 regulation. Only benefit changes which are consistent with the qualified life event are permitted.

# Enroll Instructions

**Job.com-QCI** has an online Benefit Enrollment system. You will be able to enroll, view, and make changes to your benefits through this system. If you have any questions during the enrollment process, please contact your benefits team, 360 Wealth & Benefits!

**Brandi Schlichting: [Brandi@360wealthbenefits.com](mailto:Brandi@360wealthbenefits.com) P: 813.540.9143**

1. To login and enroll, use this link (<https://360wealthbenefits.employeenavigator.com/benefits/Account/Login>) and click "Register as a new user"
2. After clicking "Register as new user", you will need to "Create Your Account".
  - Enter your personal information
  - The Company Identifier is: **QCIHealthcare**
  - Once validated, create a username and password.
  - We recommend using your company email address
3. From your portal home page, you will have the option to "Begin Enrollment." If you choose to logout and log back in, use the following link to log back into the system using your login information you created above:  
<https://360wealthbenefits.employeenavigator.com/benefits/Account/Login>

**\*\*If you did not receive an email, please contact 360 Wealth & Benefits.**

## Example: Benefit Selection


The screenshot shows a web interface for selecting medical benefits. It includes a progress bar at the top right showing 'Progress: 3 of 6'. The main section is titled 'Medical' and contains the following elements:

- Who am I enrolling?**: Radio buttons for 'Myself', 'Select All', 'Spouse Demo (Spouse)', and 'Child Demo (Child)'. An annotation points to this section: "Select the dependents (if applicable) for each benefit".
- Which plan do I want?**: A list of plans. One plan is highlighted with a cost of '\$115.38 Cost per pay period' and is 'Effective on 05/01/19 Employee'. An annotation points to this section: "The payroll deduction will adjust based on dependent selections".
- Buttons**: 'Compare', 'Details', 'Select', 'Save & Continue', and 'Don't want this benefit?'. An annotation points to the 'Select' button: "Use the 'select' button to choose the".
- My Selections**: A box on the right showing 'Open Enrollment: No election yet' and 'Current: No election on file'.

Additional annotations at the bottom point to the 'Compare' and 'Details' buttons: "Compare the plan options for this" and "Details for each plan can be found here". An annotation points to the 'Don't want this benefit?' button: "If you would like to decline the benefit, select this option".

## Medical Plans Comparison


QCI Healthcare understands each person's healthcare needs are different. Below you'll find brief summaries of the four plan offerings available to eligible employees and dependents.

	Option 1:	Option 2:	Option 3:	Option 4:
	Blue Care Network HMO HSA \$6,350 (Must name PCP)	Blue Cross Blue Shield PPO \$4,000 (only in-network benefits shown)	Blue Cross Blue Shield PPO \$1,500 (only in-network benefits shown)	Blue Care Network HMO 10% (Must name PCP)
<b>Deductible Individual/Two or More</b>	\$6,350 / \$12,700	\$4,000 / \$8,000	\$1,500 / \$3,000	\$0
<b>Coinsurance (Percentage YOU pay)</b>	0% after deductible	20% after deductible	20% after deductible	10% after deductible
<b>Embedded Coinsurance Maximum</b>	None	None	\$2,500/\$5,000	\$1,000 / \$2,000
<b>Out-of-Pocket Maximum</b>	\$6,350 / \$12,700	\$8,150 / \$16,300	\$8,150 / \$16,300	\$5,000 / \$10,000
<b>Office Visit/Specialist/Urgent Care/ER Copays</b>	Deductible then covered in full	\$40 / \$60 / \$60 / \$250	\$30 / \$50 / \$60 / \$250	\$20 / \$30 / \$35 / \$150
<b>Prescription Drugs</b>	Deductible then covered in full	\$15 / \$50 / \$70 or 50% max \$100	\$15 / \$50 / \$70 or 50% max \$100	\$10 / \$30 / \$60 / \$80 / 20% max \$200 / 20% max \$300

Pre-Tax <b>WEEKLY</b> Payroll Deductions	Single	Double	Family
Option 1: Blue Care Network HMO HSA \$6,350	\$19.45	\$143.60	\$196.81
Option 2: Blue Cross Blue Shield PPO \$4,000	\$58.53	\$237.38	\$314.03
Option 3: Blue Cross Blue Shield PPO \$1,500	\$78.61	\$285.58	\$374.29
Option 4: Blue Care Network HMO 10%	\$83.64	\$297.65	\$389.36


*This is intended as an easy-to-read summary, not a certificate of coverage or proof of eligibility. For additional information, refer to the carrier benefit summaries.*

# Medical: Option 1

	BCN HMO HSA \$6,350	
Benefit	In-Network	Out-of-Network
Annual Deductible	\$6,350 / \$12,700	N/A
Coinsurance	0%	N/A
Annual Max Out-of-Pocket (OOP)	\$6,350 / \$12,700	N/A
<b>Physician Services</b>		
Virtual Visits	Covered 100% after deductible is met.	N/A
Primary Care Physician	Covered 100% after deductible is met.	N/A
Specialty Care Physician	Covered 100% after deductible is met.	N/A
<b>Facility Services</b>		
Urgent Care	Covered 100% after deductible is met.	N/A
Emergency Room	Covered 100% after deductible is met.	
Major Diagnostic- Outpatient (CT, PET, & MRI)	Covered 100% after deductible is met.	N/A
Inpatient Hospital	Covered 100% after deductible is met.	N/A
Outpatient Surgery	Covered 100% after deductible is met.	N/A
<b>Prescription Drug Program</b>		
Tier 1	Covered 100% after deductible is met.	N/A
Tier 2	Covered 100% after deductible is met.	N/A
Tier 3	Covered 100% after deductible is met.	N/A
Tier 4	Covered 100% after deductible is met.	N/A
Tier 5	Covered 100% after deductible is met.	N/A
Mail Order	Covered 100% after deductible is met.	N/A


Medical Rates	
Coverage Tier	Per Check (52)
Employee	\$19.45
Employee + One	\$143.60
Employee + Family	\$196.81

## Medical: Option 2

		BCBSM PPO \$4,000	
Benefit	In-Network	Out-of-Network	
Annual Deductible	\$4,000 / \$8,000	\$4,000 / \$8,000	
Coinsurance	30%	50%	
Annual Max Out-of-Pocket (OOP)	\$8,150 / \$16,300	\$16,300 / \$32,600	
<b>Physician Services</b>			
Virtual Visits	\$40 co-pay (BCBSM vendors only)	50% after deductible	
Primary Care Physician	\$40 co-pay	50% after deductible	
Specialty Care Physician	\$60 co-pay	50% after deductible	
<b>Facility Services</b>			
Urgent Care	\$60 co-pay	50% after deductible	
Emergency Room	\$250 co-pay (co-pay waived if admitted)		
Major Diagnostic- Outpatient (CT, PET, & MRI)	30% after deductible is met.	50% after deductible	
Inpatient Hospital	30% after deductible is met.	50% after deductible	
Outpatient Surgery	30% after deductible is met.	50% after deductible	
<b>Prescription Drug Program</b>			
Tier 1	\$15	In-Network cost + an additional 25% of BCBSM approved amount for drug.	
Tier 2	\$50		
Tier 3	\$70 + 50% of the approved amount (whichever is greater), but no more than \$100		
Mail Order	2X co-pay for 90-day supply	N/A	

Medical Rates	
Coverage Tier	Per Check (52)
Employee	\$58.53
Employee + One	\$237.38
Employee + Family	\$314.03


## Medical: Option 3

		BCBSM PPO \$1,500	
Benefit	In-Network	Out-of-Network	
Annual Deductible	\$1,500 / \$3,000	\$3,000 / \$6,000	
Coinsurance	20%	40%	
Annual Max Out-of-Pocket (OOP)	\$8,150 / \$16,300	\$16,300 / \$32,600	
<b>Physician Services</b>			
Virtual Visits	\$30 co-pay (BCBSM vendors only)	40% after deductible	
Primary Care Physician	\$30 co-pay	40% after deductible	
Specialty Care Physician	\$50 co-pay	40% after deductible	
<b>Facility Services</b>			
Urgent Care	\$60 co-pay	40% after deductible	
Emergency Room	\$250 co-pay (co-pay waived if admitted)		
Major Diagnostic- Outpatient (CT, PET, & MRI)	20% after deductible is met.	40% after deductible	
Inpatient Hospital	20% after deductible is met.	40% after deductible	
Outpatient Surgery	20% after deductible is met.	40% after deductible	
<b>Prescription Drug Program</b>			
Tier 1	\$15	In-Network cost + an additional 25% of BCBSM approved amount for drug.	
Tier 2	\$50		
Tier 3	\$70 + 50% of the approved amount (whichever is greater), but no more than \$100		
Mail Order	2X co-pay for 90-day supply	N/A	

Medical Rates	
Coverage Tier	Per Check (52)
Employee	\$78.61
Employee + One	\$285.58
Employee + Family	\$374.29



## Medical: Option 4

	BCN HMO 10%	
Benefit	In-Network	Out-of-Network
Annual Deductible	\$0 / \$0	N/A
Coinsurance	10%	N/A
Annual Max Out-of-Pocket (OOP)	\$5,000 / \$10,000	N/A
<b>Physician Services</b>		
Virtual Visits	\$20 co-pay	N/A
Primary Care Physician	\$20 co-pay	N/A
Specialty Care Physician	\$30 co-pay	N/A
<b>Facility Services</b>		
Urgent Care	\$35 co-pay	N/A
Emergency Room	\$150 co-pay	
Major Diagnostic- Outpatient (CT, PET, & MRI)	\$150 co-pay	N/A
Inpatient Hospital	10% after deductible is met.	N/A
Outpatient Surgery	10% after deductible is met.	N/A
<b>Prescription Drug Program</b>		
Tier 1A / 1B	\$10 / \$30	N/A
Tier 2	\$60	N/A
Tier 3	\$80	N/A
Tier 4	20% after deductible is met.	N/A
Tier 5	20% after deductible is met.	N/A
Mail Order	3X co-pay minus \$10 for 90-day supply.	N/A

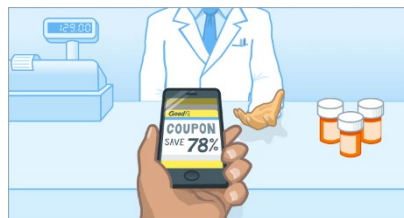
Medical Rates	
Coverage Tier	Per Check (52)
Employee	\$83.64
Employee + One	\$297.65
Employee + Family	\$389.36

# Discount Prescriptions

In your area, several stores offer a wide range of generic drugs to help treat a variety of conditions and diseases. We encourage you to take advantage of these programs for two reasons: you will save money out of your own pocket and the claims are not processed

through your health insurance, thus helping to control plan costs.

Brand Name	Generic Name
Buspar	Bupirone
Celexa	Citalopram
Deltasone	Prednisone
DiaBeta	Glyburide
Estrace	Estradiol
Flexeril	Cyclobenzaprine
Keftab	Cephalexin
Lidex	Fluocinonide
Mobicox	Meloxicam
Mycogen II	Nystatin/Triamcinolone
Prinivil	Lisinopril
Prozac	Fluxetine
Sinequan	Doxepin
Synthroid	Levothyroxine
Tenormin	Atenolol



\*Please check with your doctor or pharmacy to make sure generic is right for you.

# Good Rx App

# GoodRx

Find the lowest local prices  
on your prescriptions



**NEVER OVER-PAY FOR YOUR  
PRESCRIPTIONS AGAIN!**

**GoodRx is a great way to help save money on your prescriptions and the best thing is that it's completely FREE to use for your whole family. GoodRx compiles discount coupons that enable you to take advantage of the best pricing on your medications. You'll be surprised at how inexpensive you might be able to get your medications. Check GoodRx every time you get a prescription to see your possible savings.**

Follow these **five EASY steps** to get started:

- Step 1:** Download the the **GoodRx** app on the iTunes and Google Play App stores or enter your mobile number at <https://www.goodrx.com/mobile> to have the app texted to you.
- Step 2:** Price your medication.
- Step 3:** Select your savings voucher at your preferred pharmacy.
- Step 4:** Show the voucher to your pharmacist to receive the discounted price and have them sign your ESI claim form ([https://www.express-scripts.com/art/BOB\\_ClaimForm.pdf?t1=t1](https://www.express-scripts.com/art/BOB_ClaimForm.pdf?t1=t1)).
- Step 5:** Submit your claim form to ESI to apply to your deductible.

# Preventive Care



## Both Men and Women:

### Ages 18-29:

- Body mass index. Height/weight ration indicates overall health. Normal = 18.5-24.9. Yearly, from age 18.
- Blood pressure test. Exam using arm cuff. Indicates heart health. Ideal = 120/80. Yearly, from age 18.
- STD screening. Blood test or cell swab. Yearly, depending on sexual activity.

### Ages 30-39:

- Cholesterol test. Blood test. Indicates heart health. Regularly, from age 35.\*

### Ages 40-49:

- Blood sugar test. Screens for Type II diabetes. Regularly, from age 45.
- Colonoscopy. Imaging of the colon via scope. Detects cancer. Every 10 years, from age 45.\*

## For Men:

### Ages 18-29:

- Testicular exam. Checks for changes in appearance and feel. Screens for cancer. Yearly, from age 18.

### Ages 30-39:

- Cholesterol test. Blood test. Indicates heart health. Regularly, from age 35.\*

### Ages 40-49:

- Blood sugar test. Screens for Type II diabetes. Regularly, from age 45.
- Colonoscopy. Imaging of the colon via scope. Detects cancer. Every 10 years, from age 45.\*

## For Women:

### Ages 18-29:

- Pap smear. Microscopic cell exam screens for cervical cancer. Every 3 years, from age 21.

### Ages 30-39:

- Cholesterol test. Blood test. Indicates heart health. Regularly, from age 35.\*

### Ages 40-49:

- Mammogram. Breast X-ray to detect abnormal lumps. Every 1 or 2 years, as early as age 40.\*
- Cholesterol test. Blood test. Indicates heart health. Regularly, from age 45.\*

# Health Savings Account (H.S.A)

If you enrolled in the **BCN HMO HSA \$6,350** you have the option to open an HSA. The account acts like a regular checking account with a debit card. You own the account and the money contributed. The funds are contributed pre-tax and can be used for qualified expense. See below Q&A for link to IRS site. Any funds left in your HSA at the end of the year will roll over to the next year for you to use.

## Frequently Asked Questions

### **Q: How do I open an HSA?**

**A:** *Contact our benefits broker for detailed options. Their contact information is on the last page of this booklet.*

### **Q: What is an eligible healthcare expense?**

**A:** Visit <http://www.irs.gov/publications/p502/ar02.html> for a list of eligible expenses

### **Q. Who is eligible to open an HSA?**

**A.** *Employees can open an HSA but you must meet the following criteria:*

- *Must be covered by an IRS defined high deductible health plan*
- *Must not be covered by another (non HDHP) health plan*
- *Must not be eligible to be claimed as a dependent on other's tax return*
- *Must not be enrolled in Medicare benefits*

### **Q. Is my HSA portable?**


**A.** *You own the HSA and if you leave employment, the funds follow you.*

Calendar Year Maximum	2022 Contribution Maximum
Individual	\$3,650
Individual + 1 or more	\$7,300
Catch up contribution (Over age 55)	\$1,000

# Dental

The online member portal lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards and more.

**To find a dentist:** visit [www.deltadental.com/us/en/member/find-a-dentist.html](http://www.deltadental.com/us/en/member/find-a-dentist.html)


 <b>DELTA DENTAL®</b>		Dental PPO
Benefit	In-Network	
<b>Annual Calendar Year Max:</b>	\$2,000	
<b>Calendar Year Deductible: (Individual/Family)</b>	\$0 / \$0	
<b>Preventive Services</b> (Exams/Cleanings/X-Rays, etc.)	0%	
<b>Basic Services</b> (Restorations: fillings, simple extractions, general anesthesia, etc.)	20%	
<b>Major Services</b> (complex restorations: crowns, bridges, dentures) Root Canal, Complex Oral Surgery	50%	
<b>Orthodontia (Annual Max: \$1,000)</b>	0%	
Out of Network		
<b>Annual Calendar Year Max:</b>	\$2,000	
<b>Calendar Year Deductible: (Individual/Family)</b>	\$0 / \$0	
<b>Preventive Services</b>	0%	
<b>Basic Services</b>	20%	
<b>Major Services</b>	50%	

Dental Rates	
Per Pay Period (52)	
<b>Employee</b>	\$9.03
<b>Employee + Spouse</b>	\$18.07
<b>Employee + Child(ren)</b>	\$20.68
<b>Family</b>	\$32.67

# Vision

VSP members receive great care and more value at a Premier Program location, which is part of our incredible network of highly knowledgeable doctors. All members can see a Premier Program provider, at no extra cost including thousands of private practice doctors and over 700 Visionworks locations nationwide.

**To find an eye doctor:** visit [www.vsp.com/eye-doctor](http://www.vsp.com/eye-doctor)

	Benefit Frequency	Vision	
		In-Network	Out-of-Network
<b>Comprehensive Eye Exam</b>	Once 12 months	\$10 co-pay	Covered up to \$50
<b>Standard Corrective Lenses</b>			
<b>Single Vision</b>	One pair every 12 months	Covered after eyewear \$25 co-pay	Covered up to \$50
<b>Lined Bifocal</b>			Covered up to \$75
<b>Lined Trifocal</b>			Covered up to \$100
<b>Lenticular</b>			Covered up to \$125
<b>Frames</b>	Once every 12 months	\$130 allowance	Covered up to \$70
<b>Contact Lenses</b>			
<b>Elective</b>	Once every 12 months	\$130 allowance	Covered up to \$105
<b>Necessary</b>		Covered in full after \$25 co-pay	Covered up to \$210

Vision Rates	
Per Pay Period (52)	
<b>Employee</b>	\$3.57
<b>Employee + One</b>	\$5.45
<b>Employee + Family</b>	\$9.78

## Voluntary Life and AD&D

You also have the option to elect additional life insurance for yourself, your spouse and/or your child(ren) through Guardian. You must elect coverage for yourself in order to elect coverage for your spouse and/or child(ren). Only if you are newly eligible are you eligible for the Guaranteed Issue Life Insurance maximums.

You pay the full cost of your Voluntary Life and AD&D coverage through after-tax payroll deductions. The cost is determined by age and the amount of coverage you elect. The Guaranteed Issue Amount (GIA) is \$100,000. The GIA is the amount of coverage you may elect without having to provide an Evidence of Insurability (EOI) form (medical questionnaire) to Guardian. The amount of coverage elected in excess of the GIA will not go into effect until your application is approved. If Guardian were to deny your application, you would still have coverage up to the GIA level.

Job.com-QCI also provides an opportunity for you to purchase Life and AD&D insurance coverage on your spouse and/or dependent children. **However, you must purchase coverage on yourself in order to purchase coverage on your family members.** You may purchase \$10,000 of coverage for each child. For your spouse, you may purchase coverage in increments of \$5,000 up to a maximum of your life benefit or \$250,000, whichever is less. The GIA for a spouse is \$25,000.

**Beneficiary Information:** Make sure to assign a beneficiary for your life insurance through the Job.com-QCI 360 Connect benefits portal. Provide the name of your primary beneficiary, their date of birth and his/her relationship to you for all your life insurance policies.

It is suggested that you name a contingent beneficiary in the event something happens to your primary. You will automatically be the beneficiary for any voluntary life insurance coverage elected on your dependents.





# Disability Insurance

## **Voluntary Short-Term Disability**

The Short-term Disability plan with Guardian provides a continuation of a portion of your income if you become disabled and unable to work due to a non-work-related injury or illness. You pay 100% of the cost of this insurance through payroll deductions.

Short-Term Disability benefits provide you with coverage that supplements your lost wages. On the 9th day of your inability to work due to injury or illness, the plan will pay you in weekly benefit amounts of \$100 up to \$750, but not to exceed 60% of your weekly earnings. The maximum benefit period is 26 weeks. If your disability lasts longer than 26 weeks and you have elected Long-Term Disability coverage, the claim will automatically be referred for review.

## **Voluntary Long-Term Disability**

The Long-Term Disability plan with Guardian provides income protection for extended disabilities if you are unable to work due to a non-work-related injury or illness. You pay 100% of the cost of this insurance through payroll deductions.

Long-Term Disability benefits provide income protection for extended disabilities. Benefits begin after you have been disabled for 180 days which coincides with the termination of the Short-Term Disability benefit. The plan will pay you 60% of your basic monthly earnings up to a maximum benefit of \$5,000 per month. Long-Term Disability benefits can last up to normal social security retirement age. Long-Term Disability benefits are paid monthly.



\*Please refer to benefit summary for specific details.

# Need help with your benefits?

Need help finding an in network provider? Maybe you're having an issue with filing a claim or even an incorrect bill from the doctor? If so, please contact 360 Wealth & Benefits, your designated support team.

Resources	Name	Phone Number	Website or Email
Medical	Blue Cross Blue Shield Blue Care Network of MI	313-225-9000	<a href="http://www.BCBSM.com">www.BCBSM.com</a>
Dental	Delta Dental of Michigan	800-524-0149	<a href="http://www.DeltaDentalMI.com">www.DeltaDentalMI.com</a>
Vision	VSP	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Life	Guardian	212-598-8000	<a href="http://www.guardianlife.com">www.guardianlife.com</a>
Disability	Guardian	STD 800-268-2525 LTD 800-538-4583	<a href="http://www.guardianlife.com">www.guardianlife.com</a>
Amber Hornecker	HR Administrator	616-365-8839	<a href="mailto:amberh@qcihealthcare.com">amberh@qcihealthcare.com</a>
Operations Manager	Brandi Schlichting	813-540-9143	<a href="mailto:Brandi@360wealthbenefits.com">Brandi@360wealthbenefits.com</a>



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