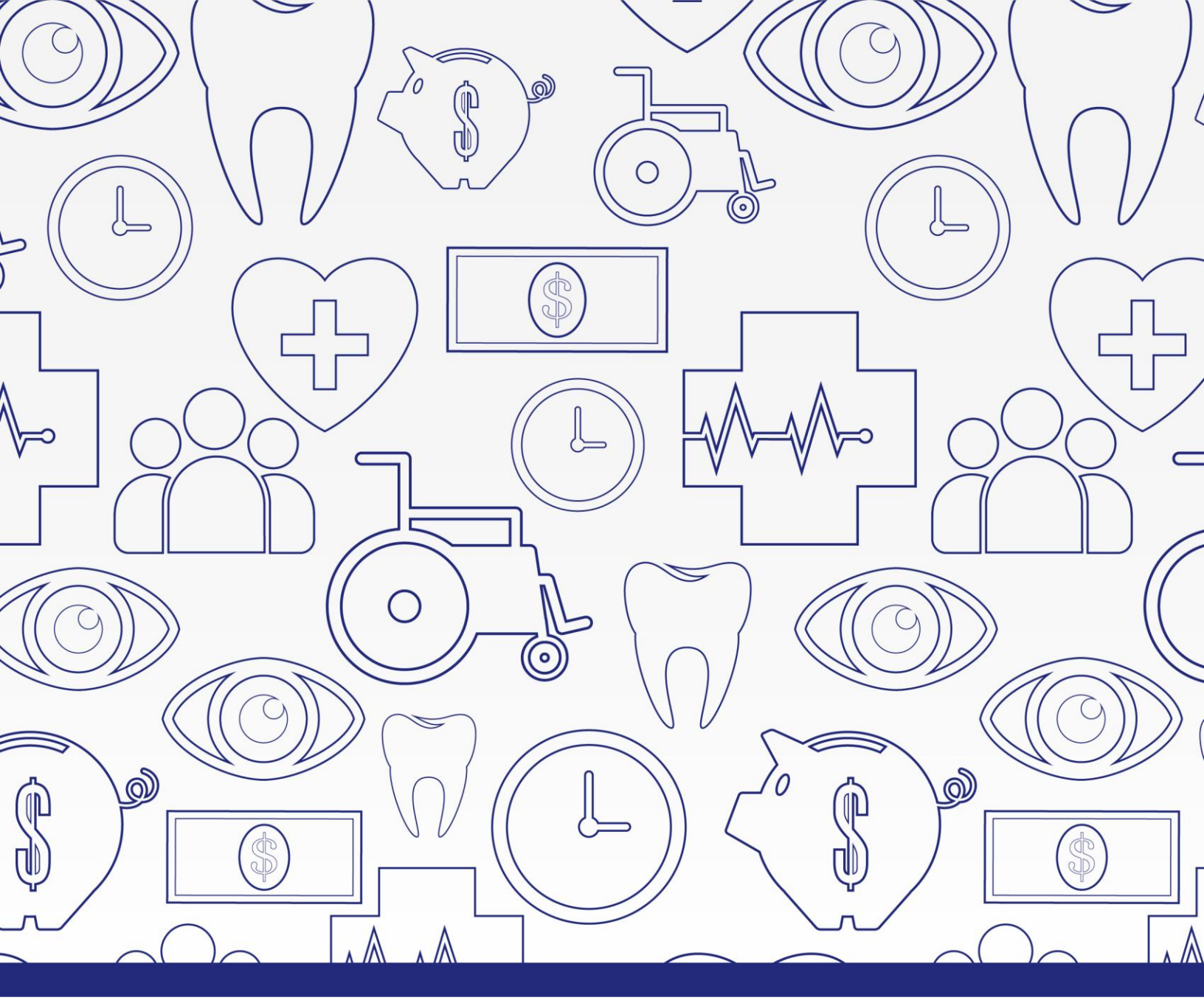

WELCOME TO OPEN ENROLLMENT

Plan Year: 2025

BAY STATE LINEN

Presented By:

WB & ASSOCIATES INC.

PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY

Bay State Linen strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Open Enrollment Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all of the different benefits Bay State Linen offers, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on October 1st, 2025. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.

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WHO IS ELIGIBLE

If you're a full-time employee at Bay State Linen, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. In addition, family members are eligible for medical coverage.

HOW TO ENROLL

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

WHEN TO ENROLL

Open enrollment begins now and runs through September 26th. The benefits you choose during open enrollment will become effective on October 1st, 2025.

HOW TO MAKE CHANGES

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence (under certain circumstances)
- Change in employment status or a change in coverage under another employer-sponsored plan

HEALTH INSURANCE FOR 2025

In 2025, Bay State Linen is offering employees a Health Plan from Trustmark.

Bay State Linen understands the importance of health care and will continue to make contributions to ensure its affordability.

The Healthy Choice 2500 from Trustmark is an EPO Network Plan:

EPO (Exclusive Provider Organization): which allows you to visit any In-Network national provider without first requiring a referral from your PCP. This Plan does not offer Out-of-Network benefits. Please confirm the provider is In-Network before seeking services.

YOUR COST IN 2025

EMPLOYEE WEEKLY DEDUCTIONS	
	Healthy Choices 2500
Employee Only	$76.88
Employee & Spouse	$176.83
Employee & Children	$148.91
Employee & Family	$248.86

If you make below $28.41 per hour, please see Lys for your employee ACA Rate

YOUR HEALTH PLAN

Medical Plans 2025	Trustmark Healthy Choices 2500
In Network Services (Non-Hospital Based)	No Referrals Required
Primary Care	$35 copay
Specialist	$35 copay
Chiropractic	$35 copay
Rehab Services, Physical Therapy	$35 copay
Diagnostic Lab	$0 ^ $250, then ded. + co-ins.
Diagnostic X-Ray	$0 ^ $250, then ded. + co-ins.
Major Machine: MRI, CAT Scan, PET Scan, etc.	50% after ded.
Urgent Care	$100 copay
Emergency Room	$500 copay
Telemedicine: at Designated Virtual Provider	No Charge
Inpatient Services	
Inpatient Hospital Co-Insurance	50% after ded.
Inpatient Hospital Co-Pay	N/A
Outpatient Services	
Outpatient Co-Insurance	50% after ded.
Per Occurrence Co-Pay	N/A
Hospital Based O/P Co-Pay	N/A
Free Standing O/P Co-Pay	N/A
RX Plan	
Retail (30 Day Supply)	$20/$65/$95/$0 or $200 or 30%
Mail Order (90 Day Supply)	$40/$160/$285
Deductible / Co-Insurance	Embedded
Network Deductible	$2,500pp ; $5,000pf
Network Co-Insurance	50% after ded.
Network Physician Co-Insurance	N/A
Premium Designated Physician Co-Insurance	N/A
Network Max out of pocket	$6,000pp ; $12,000pf
Out of Network	
Deductible	*N/C*
Co-Insurance	*N/C*
Max out of pocket	*N/C*

This is a summary of the plan description only, see full benefit summaries for details

N/C = Not Covered

N/A = Not Applicable

Deductible = The Amount you Pay before the Carrier Starts to Pay

Coinsurance = The Percentage you Pay of a Claim after you've Paid the Deductible

Copays Do Not Count Towards the Deductible

Everything Counts Towards the Max Out of Pocket

Non-Embedded Deductible = The Total Family Deductible Must be Paid Before the Carrier Pays

Embedded Deductible = Each Family Member Pays the Single Deductible Before the Carrier Pays

ADDITIONAL WDA SERVICES

We understand insurance can be confusing that's why as an employee of Bay State Linen you are provided the following services at No Charge. We have industry specific experts that are here to help you and your family.

CORE BENEFITS GROUP

- Claim Analysis
  - Health/Dental/Vision
- Life Changing Events
- Explanation of Coverage

RISK MANAGEMENT CO.

- No Obligation Policy Review
  - Homeowners Insurance
  - Auto Insurance
  - Recreational Vehicle Insurance

WEALTH ADVISORS

- No Obligation Policy Review
  - Life Insurance
- Free Retirement Audit
- Tax-Free Retirement Planning

Schedule an Appointment
Visit us online: www.wdandassociates.com
Call us: 401-400-3788

MEDICARE

Medicare can be confusing.
That's why WDA is here to help.

WD & Associates has collaborated with a resource that can help you navigate the process for choosing the right Medicare plan to suit your medical and financial needs

- Curious if Medicare is more affordable than your current plan?
- Are you turning 65 and have questions about Medicare?
- Are you thinking about retiring?
- Are you already enrolled in Medicare and want to review your options?
- Want to avoid penalties?
- Easily compare plans across multiple carriers
- Want to make sure your prescriptions and doctors are covered?

Meet your Medicare Advisor:

William Delmage

WD & ASSOCIATES INC.

Call or Email WDA to make an Appointment!
Phone: 401-400-3755
Email: info@wdandassoicates.com
Website: www.wdandassociates.com/medicare

WELCOME TO THE WDA REWARDS SITE!

Enjoy discounts, rewards and perks on thousands of the brands you love in a variety of categories:

- Travel
- Entertainment
- Auto
- Restaurants
- Electronics
- Health & Wellness
- Apparel
- Beauty & Spa
- Local Deals
- Tickets
- Education
- Sports & Outdoors

IT'S EASY TO ACCESS AND START SAVING:

1. Go to: wdarewards.benefithub.com

2. Create an Account (Referral Code 5V3781)

3. Click on any deal

5. Complete Registration

Questions? Call 1-866-664-4621 or email customercare@benefithub.com

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction

You are receiving this notice because you have recently become covered under the Bay State Linen group health plan(s), collectively known as the "Plan." This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;

- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

When the qualifying event is the end of employment or reduction of hours of employment, death of the employee or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide written notice to: The Plan Administrator.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. A copy of the Social Security

Administration determination notice must be provided within 60 days of the date of the determination and prior to the end of the 18th month on continuation coverage and sent to: The Plan Administrator.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Plan Administrator:

Lys Decious- 45 Industrial Blvd, Brockton MA 02301 (617) 364-8040

ADDITIONAL INFORMATION FOR ALL EMPLOYEES

Premium assistance under Medicaid and the children's health insurance program (chip)

If you or your children are eligible for Medicaid or chip and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or chip programs. If you or your dependents are already enrolled in Medicaid or chip and you live in a state listed below, contact your state Medicaid or chip office to find out if premium assistance is available.

If you or your dependents are not currently enrolled in Medicaid or chip, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or chip office or dial 1-877-kids now or www.insurekidsnow.gov to find out How to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or chip, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the department of labor at www.askebsa.dol.gov or call 1-866-444-ebsa (3272).
To see if any more states have added a premium assistance program since January 31, 2016, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor Employee Benefits Security Administration www.dol.gov/ebsa Phone: 1.866.444.EBSA (3272)	U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov Phone: 1.877.267.2323, Ext. 61565

ALABAMA – Medicaid Website: www.myalhipp.com Phone: 1-855-692-5447	**KANSAS - Medicaid** Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	**NEW HAMPSHIRE - Medicaid** Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218	**TEXAS - Medicaid** Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493
ALASKA - Medicaid Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269- 6529	**KENTUCKY - Medicaid** Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	**NEW JERSEY - Medicaid and CHIP** Medicaid Website: www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: www.njfamilycare.org/index.htm CHIP Phone: 1-800-701-0710	**UTAH - Medicaid and CHIP** Website: http://health.utah.gov/upp Phone: 1-866-435-7414
ARIZONA - CHIP Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	**LOUISIANA - Medicaid** Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	**NEW YORK - Medicaid** Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831	**OREGON - Medicaid and CHIP** Website: www.oregonhealthykids.gov www.hijossaludablesoregon.gov Phone: 1-800-699-9075
COLORADO - Medicaid Medicaid Website: http://www.colorado.gov/hcpf Medicaid Phone: 1-800-221-3943	**MAINE - Medicaid** Website: http://www.maine.gov/dhhs/ofi/publicassistance/index.html Phone: 1-800-977-6003 TTY: Maine relay 711	**NORTH CAROLINA - Medicaid** Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100	**VIRGINIA - Medicaid and CHIP** Medicaid & CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
COLORADO - Medicaid Medicaid Website: http://www.colorado.gov/hcpf Medicaid Phone: 1-800-221-3943	**MASSACHUSETTS - Medicaid and CHIP** Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	**NORTH DAKOTA - Medicaid** Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	**WASHINGTON - Medicaid** Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/ index.aspx Phone: 1-800-562-3022 ext. 15473
FLORIDA - Medicaid Website: https://www.flmedicaidtplrecovery.com/ Phone: 1-877-357-3268	**MINNESOTA - Medicaid** Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	**OKLAHOMA – Medicaid and CHIP** Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	**WEST VIRGINIA - Medicaid** Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
GEORGIA - Medicaid Website: http://dch.georgia.gov/ Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	**MISSOURI - Medicaid** Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	**PENNSYLVANIA – Medicaid** Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	**WISCONSIN - Medicaid** Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
IDAHO - Medicaid and CHIP Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	**MONTANA - Medicaid** Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	**RHODE ISLAND – Medicaid** Website: www.ohhs.ri.gov Phone: 401-462-5300	**WYOMING - Medicaid** Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
INDIANA - Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0964	**NEBRASKA - Medicaid** Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	**South Carolina - Medicaid** Website: http://www.scdhhs.gov Phone: 1-888-549-0820	
IOWA - Medicaid Website: www.dhs.state.ia.us/hipp/ Phone: 1-785-296-3512	**NEVADA - Medicaid** Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	**SOUTH DAKOTA - Medicaid** Website: http://dss.sd.gov Phone: 1-888-828-0059	

ADDITIONAL INFORMATION FOR ALL EMPLOYEES

HIPAA Privacy Rights
The Health Insurance Portability and Accountability Act (HIPAA) provides you certain rights to privacy concerning your health information. The regulations designate certain types of information as Protected Health Information (PHI).

Healthcare providers (medical professionals) and health plans, including Bay State Linen health plan representatives, are restricted in their use of PHI to purposes of treatment, payment, and healthcare operations and as required by national public health activities. Written authorization is required to use or disclose your PHI pertaining to your medical, dental, prescription drug, employee assistance program and healthcare spending accounts outside of these purposes.

You may receive a form requesting your authorization to use your PHI for another purpose. Should you grant this authorization, your PHI is still protected from use and disclosure by any party other than the one(s) to whom you grant written authorization, and from use and disclosure by authorized parties for any purpose other than the one you specifically authorized.

Protected Health Information
PHI includes information that could be used to identify you as an individual in electronic, printed or spoken forms that relates to (1) past, present or future health, physical or mental condition, (2) provision of healthcare, or (3) past, present or future payment for the provision of healthcare.

HIPAA gives you the right to:
- Receive notice of the health plan's uses and disclosures of your PHI, your privacy rights and the health plan's legal duties regarding your PHI;
- Obtain access to your own PHI; Amend your PHI;
- Request restriction of the uses and disclosures of your PHI;
- Receive an accounting of non-exempt uses and disclosures of your PHI over the past six years upon request; and
- Receive communications by an alternative means or at an alternate location upon request.

For more information regarding the HIPAA privacy rules, refer to your Summary Plan Description.

HIPAA Privacy Notice Update
HIPAA requires Bay State Linen to notify you that a Privacy Notice is available from the Benefits Department. To request a copy of Bay State Linen' Privacy Notice or for additional information, please contact your Human Resources Team.

Newborns and Mothers Health Protection Act Rights
Under federal law, group health plans offering group health coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse, midwife, or physician assistant), after consultation with the mother discharges the mother or newborn earlier. Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96- hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that you, your physician, or other healthcare provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours).

However, you may be required to obtain pre-certification for any days of confinement that exceeded 48 hours (or 96 hours). For information on pre-certification, please refer to your Summary Plan Description.

Women's Health and Cancer Rights Act of 1998 (WHCRA)
Bay State Linen' medical plans cover mastectomy-related services. In the case of a participant or beneficiary who receives benefits in connection with a mastectomy, coverage will be provided in a manner determined by the attending physician and the patient for:
- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

These services are subject to the same copay/deductible provisions that apply to other benefits under Bay State Linen' medical plan (as described in this guide).

Summary Plan Description (SPD) Access
This guide does not provide all of the details about the benefits programs. More information is available in each program's Summary Plan Description (SPD). In addition to receiving your SPDs after enrolling, they are available from your Human Resources Department.

Summary of Benefits and Coverage (SBC)
Effective for plan renewals after January 1, 2012, the Patient Protection and Affordable Care Act requires employers that offer health coverage to provide a uniform Summary of Benefits and Coverage (SBC) to people who apply for and enroll in the health plan. This document contains the following:
- Four-page overview of plan benefits, cost sharing and limitations
- Required set of examples of how the plan works
- Phone number and internet address for obtaining copies of plan documents
- A Standard glossary of medical and insurance terms must also be available

The SBC will be updated each plan renewal to reflect applicable plan changes.

Individual Coverage Mandate
Effective January 1, 2014, Federal law requires that you have Health Care coverage or you may be subject to an income tax penalty. You can enroll in Bay State Linen' health plan, or you may want to consider visiting www.healthcare.gov for information on health plans available through the Healthcare Marketplace in your area.

Various Federal and State laws have been enacted that require you to have healthcare coverage. Failure to maintain such coverage may result in you incurring income tax and other penalties. You can enroll in the company sponsored health plan or visit www.healthcare.gov for information on health plans available through the Healthcare Marketplace in your area.

CONTACTS

HUMAN RESOURCES

Lys Decious

Phone: (617) 364-8040

Email: L@BayStateLinen.com

MEDICAL

Trustmark Customer Service Number: (800) 277-0670

Website: www.trustmarkbenefits.com

WD & ASSOCIATES SERVICE TEAM

Main Phone: (401) 400-3788

Holly
Extension: 111
Email: holly@wdandassociates.com

Melissa
Extension: 113
Email: mmr@wdandassociates.com

NOTES


&
ASSOCIATES INC.


HR
IMPACT


CORE
BENEFITS
GROUP


WEALTH
ADVISORS


RETIREMENT
SERVICES


RISK
MANAGEMENT
CO.