



## **HEALTH FUND**

### **UNION TRUSTEES**

Michael F. Sabitoni  
*Chairman*

Christopher Sabitoni

Raymond Coia

Joseph A. Vitullo, Jr.

### **EMPLOYER TRUSTEES**

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*Secretary*

Michael A. Gammino, III

Armand T. Lusi

Leo K. Marshall

### **ADMINISTRATOR**

Valerie E. Campana

## **SUMMARY ANNUAL REPORT FOR THE RHODE ISLAND LABORERS' HEALTH FUND**

This is a summary of the annual report of the Rhode Island Laborers' Health Fund, ID 05-0368200, for the year ended December 31, 2023. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees of the Fund has committed itself to pay certain medical, life, accidental death and dismemberment and weekly accident and sickness benefits incurred under the terms of the plan.

### **INSURANCE INFORMATION**

The plan has contracts with Blue Cross & Blue Shield and Union Labor Life Insurance Company to pay certain medical, dental, life and accidental death and dismemberment claims incurred under the terms of the plan. Because the contract with Blue Cross Blue Shield of RI is a so called "experience-rated" contract, the premium costs are affected by, among other things, the number and size of claims. The total premiums paid for the plan year ended December 31, 2023 was \$35,445,414. The premiums paid under such "experience-rated" contract was \$33,598,002. The total of all benefit claims paid under this contract during the plan year was \$31,868,847.

### **BASIC FINANCIAL STATEMENT**

The value of net assets of the plan available for benefits was \$84,046,246 as of December 31, 2023 compared to \$77,578,605 as of January 1, 2023. During the plan year the plan experienced an increase in its net assets of \$6,467,641. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year.

During the period, the plan had total income of \$42,994,792, including employer contributions of \$34,818,549 employee contributions of \$82,082, earnings from investments of \$7,299,471 and other income of \$794,690. Plan expenses were \$36,527,151. These expenses included \$42,232 in accounting fees, \$211,200 in administration fees, \$218,072 in consulting fees, \$56,528 in collection fees, \$69,902 in investment fees, \$1,175,069 in ASO fees and \$66,514 in other expenses, and \$34,687,634 in benefits paid to or for participants and beneficiaries.

### **YOUR RIGHTS TO ADDITIONAL INFORMATION**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Financial Information
3. Assets held for investment
4. Insurance information including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Board of Trustees of the Rhode Island Laborers' Health Fund, 200 Midway Road, Suite 177, Cranston, RI 02920, (401) 942-8690 who is the plan administrator. The charge to cover copying costs will be \$4.00 for the full annual report, or \$.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan at 200 Midway Road, Suite 177, Cranston, RI and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to Public Disclosure Room, N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W. Washington, D.C. 20230.

### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13)(PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20230 or email [DOL\\_PRA\\_PUBLIC@dol.gov](mailto:DOL_PRA_PUBLIC@dol.gov) and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 03/31/2026)