

Paid Family Leave Plans Table Guide



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My father used to say,

"Nickels, Dimes and Quarters make Dollars." This wise phrase reminds me that small savings can add up to significant amounts over time. " It's not about how much money you make but how much you can keep." To build a successful business, my father advised me to "expand and scale out like Los Angeles, rather than up like New York. Instead focus on broadening the business horizons while maintaining the core values of what we do best."

He also reminded me to "stay true to our expertise, as we have been providing required state disability, paid family leave, and ancillary employee benefits since 1976. " His words of wisdom have always inspired me to stay grounded and work towards achieving long-term success.

David J. Cohen

Founder

2024 STATUTORY DISABILITY AND PAID FAMILY LEAVE PLANS

GROUP BENEFITS
DISABILITY AND PAID FAMILY LEAVE

STATE	STATUTORY DISABILITY PLAN NAME	BENEFITS	MAXIMUM EMPLOYEE COST (State Fund, Insurance Company or Self-Funded)	MAXIMUM PLAN COST (State Fund)	EMPLOYER ADMINISTRATION CHOICES
California	California State Disability Insurance (SDI)	Effective 1/1/24 8-8-52 60% or 70% to \$1620/week	Effective 1/1/24 1.1% of taxable wages up to NO CAP Employee pays full cost in State Fund	Effective 1/1/24 1.1% of taxable wages up to NO CAP year per employee. Employee pays full cost	<ul style="list-style-type: none"> State Fund Self-Fund
Colorado	Paid Medical Leave Insurance Program (PML)	Effective 1/1/24 1-1-12* If Weekly Earnings ≤ 50% State AWW (\$710.58): 90% Base Weekly Earnings If Weekly Earnings > 50% State AWW: 90% Weekly Earnings up to 50% of State AWW; then 50% of remaining Weekly Earnings to maximum benefit \$1100/week maximum benefit Statewide AWW: \$1,421.16 * Combined PFML benefit maximum in 52-week period plus 4 additional weeks if serious health condition during pregnancy or childbirth complications for total of 16 weeks.	Effective 1/1/24 .45%* of gross earnings to social security maximum (\$168,600). EE cost max: \$758.70/year *Subject to change annually	Effective 1/1/24 .45%* of employee gross earnings to social security maximum (\$168,600). ER maximum cost \$758.70/year/employee *Subject to change annually	<ul style="list-style-type: none"> State Fund Self-Insured Fully Insured
Connecticut	Family Medical Leave Insurance Program (CT PL)	Effective 1/1/24 1-1-12* If Weekly Earnings ≤ 40 x state minimum wage**: 95% Base Weekly Earnings up to 40 x state minimum wage (\$627.60) If Weekly Earnings > 40 x state minimum wage: 95% of Base Weekly Earnings to 40 x state minimum wage; then 60% of remaining earnings > 40 x state minimum wage (\$627.60), to maximum 60 x state minimum wage - \$941.40/week maximum benefit * Combined FMLI benefit maximum in 52-week period plus two additional weeks during pregnancy in the case of incapacity or certain treatment **State Minimum Wage 1/1/24: \$15.69/hour	Effective 1/1/24 Up to .5%* of gross earnings to social security maximum (\$168,600). EE cost max: \$843.00/ year * Subject to change annually	100% employee paid	<ul style="list-style-type: none"> State Fund Self-insured Fully Insured** **Fully Insured or Self-Insured private options require a majority employee election

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STATE	STATUTORY DISABILITY PLAN NAME	BENEFITS	MAXIMUM EMPLOYEE COST (State Fund, Insurance Company or Self-Funded)	MAXIMUM PLAN COST (State Fund)	EMPLOYER ADMINISTRATION CHOICES
Delaware	Delaware Family and Medical Leave Insurance (MLI)	<p>Effective 1/1/26</p> <p>1-6</p> <p>80% of average weekly wage to maximum \$900 per week.</p> <p>6 weeks for one's own condition</p> <p>12-week combined entitlement all FMLI</p> <p>Employers with 25 employees or more: 6 weeks for medical leave reason above can be taken <u>once in a 24-month period</u>. Employers with 10-24 employees subject only to parental leave benefit (see Family Leave section) Small business can opt in.</p>	<p>Effective 1/1/25</p> <p>.4% of gross wages up to social security maximum \$168,600</p>	<p>Effective 1/1/25</p> <p>.4% of gross wages up to social security maximum \$168,600</p>	<ul style="list-style-type: none"> • State Fund • Self-Fund • Insurance Company or TPA
Hawaii	Temporary Disability Insurance Law (TDI)	<p>Effective 1/1/24</p> <p>8-8-26</p> <p>58% to \$798/week</p>	<p>Effective 1/1/24</p> <p>0.5% of taxable wages not to exceed 50% of total cost up to \$71,488.56/yr. (\$357.44max/yr.)</p>	<p>None – No State Fund in HI</p> <p>Cost variable through insurance companies or TPA's</p>	<ul style="list-style-type: none"> • Insurance Company or TPA • Self-Fund
Maine	Paid Medical Leave (PML)	<p>Effective 5/1/26</p> <p>8-12*</p> <p>12 weeks for one's own condition</p> <p>90% up to 50% of SAWW then 66% up to maximum benefit</p> <p>Maximum benefit: SAWW</p> <p>*Combined entitlement with PFL utilization.</p>	<p>Effective 1/1/25</p> <p>Up to 1% of wages to Social Security Wage Maximum (actual rate TBD)</p> <p>50/50 split between Employer and Employee*</p> <p>*Employers with less than 15 employees will contribute only the employee's share (state plan only).</p>	<p>Effective 1/1/25</p> <p>Up to 1% of wages to Social Security Wage Maximum (actual rate TBD)</p> <p>Example using current SS Wage Max – \$160,200 – based on this – total cost would be \$1620/year</p>	<ul style="list-style-type: none"> • State Fund • Insurance Company or TPA • Self-Fund
Maryland	Family and Medical Leave Insurance (MLI)	<p>Effective 1/1/26</p> <p>1-1-12*</p> <p>If EE's AWW is ≤ 65% of SAWW (869.70) then 90% of AWW; or if EE's AWW is > 65% of SAWW, then 90% of AWW up to 65% SAWW then 50% of remaining wages to maximum \$1000 per week.</p> <p>*plus 12 additional weeks for certain leaves for one's own serious health condition and bonding in the same application year.</p>	<p>Effective 10/1/24</p> <p>.90% of wages to Social Security Wage Maximum</p> <p>Employer pays ½ of total rate .45%</p> <p>Employee pays ½ of total rate .45%</p>	<p>Effective 10/1/24*</p> <p>.90 of wages to Social Security Wage Maximum</p> <p>Employer pays ½ of total rate - .45%</p> <p>Employee pays ½ of total rate - .45%</p> <p>*for employers with <15 employees – no contributions are required, employee will pay .45%.</p>	<ul style="list-style-type: none"> • State Fund • Insurance Company or TPA • Self-Fund

2024 STATUTORY DISABILITY AND PAID FAMILY LEAVE PLANS

GROUP BENEFITS
DISABILITY AND PAID FAMILY LEAVE

STATE	STATUTORY DISABILITY PLAN NAME	BENEFITS	MAXIMUM EMPLOYEE COST (State Fund, Insurance Company or Self-Funded)	MAXIMUM PLAN COST (State Fund)	EMPLOYER ADMINISTRATION CHOICES
Massachusetts	Paid Medical Leave (PML)	<p>Effective 1/1/24*</p> <p>8-8-20**</p> <p>If EE's AWW \leq 50% SAWW (\$898.36***), then 80% to \$1149.90/week; or</p> <p>If EE's AWW > 50% SAWW (\$898.36), then 80% of one-half SAWW; and 50% of the difference of EE's AWW and 50% of SAWW to \$1149.90/week</p> <p>** Combined PML/PFL not to exceed 26 weeks in 52-week period</p> <p>***SAWW = \$1796.72</p>	<p>Effective 1/1/24*</p> <p>.70% of Gross Wages up to social security maximum \$168,600</p> <p>ER*: 60% or balance of premium</p> <p>EE: 40% (.28/100 taxable wages max)</p> <p>*ER with <25 employees: ER: 0%</p> <p>EE: 40%</p>	<p>Effective 1/1/24*</p> <p>.70% of Gross Wages up to social security maximum \$168,600</p> <p>ER*: 60% or balance of premium</p> <p>EE: 40% (.28/100 taxable wages max)</p> <p>*ER with <25 employees: ER: 0%</p> <p>EE: 40%</p>	<ul style="list-style-type: none"> • State Fund • Self-Fund • Fully Insured
Minnesota	Paid Medical Leave (PML)	<p>Effective 1/1/26</p> <p>1-1-12*</p> <p>90% of AWW \leq 50% of SAWW; plus</p> <p>66% of earnings \geq 50% of SAWW but not 100% SAWW; plus 55% of earnings > 100% SAWW to maximum \$1287/week</p> <p>*Combined PML/PFL not to exceed 20 weeks in 52-week period.</p>	<p>Effective 1/1/26</p> <p>.7% of gross wage to social security maximum</p> <p>EE: .35% (50% of total rate)</p>	<p>Effective 1/1/26</p> <p>.7% of gross wage to social security maximum</p> <p>ER: .35% (50% of total rate)</p>	<ul style="list-style-type: none"> • State Fund • Self-Fund • Fully Insured

2024 STATUTORY DISABILITY AND PAID FAMILY LEAVE PLANS

GROUP BENEFITS
DISABILITY AND PAID FAMILY LEAVE

STATE	STATUTORY DISABILITY PLAN NAME	BENEFITS	MAXIMUM EMPLOYEE COST (State Fund, Insurance Company or Self-Funded)	MAXIMUM PLAN COST (State Fund)	EMPLOYER ADMINISTRATION CHOICES
New Jersey	Temporary Disability Benefits (TDB)	Effective 1/1/24 8-8-26 85% of AWW to maximum \$1055/week	Effective 1/1/24 0.0% of taxable wages up to maximum \$161,400 (\$0.00 max/yr)	Effective 1/1/24 Employer taxable wage cap: \$42,300. Employers pay between 0.10% (\$42.30 max/EE/yr.) up to 0.75% (\$317.25 max/EE/yr.). Total Max Rate = employee (0.0%) + employer (0.75%) = \$317.25/year	State Fund Self-Fund Fully Insured
New York	Disability Benefits Law (DBL)	Effective 1/1/24 8-8-26* 50% to \$170/week * DBL and PFL share a combined 26 weeks in 52-week period	0.5% of covered wages up to but contribution cannot exceed \$.60/week (\$31.20 max/yr)	Employers with < 50 Lives* NY SIF Rate: \$0.14/\$100 of pay up to \$17,680/yr. (\$24.75 max/ee/yr.) Employers with 50+ Lives Plan cost is experience-rated	<ul style="list-style-type: none"> State Fund Insurance Company or TPA Self-Fund
Oregon	Paid Medical Leave (PML)	Effective 9/3/23 1-1-12* If AWW is < 65% of SWAWW then 100% of AWW is paid. If AWW is > 65% of SWAWW, then 65% of SWAWW, then 50% of remaining wages to maximum of 120% of SWAWW (2023 SWAWW is \$1,269.69 x 120% = \$1523.63) * Combined PML/PFL not to exceed 12 weeks in 52-week period except when limitations from pregnancy may add 2 additional weeks	Effective 1/1/23 60% of total rate - .6% Rate: 1% of wages to maximum \$132,900 (adjusted annually)	Effective 1/1/23 40% of total rate if ER has 25 or more employees - .4% 0 if employer has less than 25 employees Rate: 1% of wages to \$132,900 maximum (adjusted annually)	<ul style="list-style-type: none"> State Fund Insurance Company or TPA Self-Fund
Puerto Rico	Disability Benefits Act (DBA)	8-8-26 Industrial: 65% to \$113/week Agricultural: 65% to \$55/week	50% of premium cost but not more than 0.3% of covered wages up to \$9,000 (Industrial employees only) Industrial employee: \$27.00 max/yr.	0.6% of covered wages up to \$9,000/yr. per employee	<ul style="list-style-type: none"> State Fund Insurance Company or TPA Self-Fund
Rhode Island	Temporary Disability Insurance Law (TDI)	Effective 7/1/23 1-1-30* 60% to \$1043/week** * Must be disabled 7 consecutive days to receive benefits payable from the 1st day of disability. Combined TDI/TCI 30 weeks in 52-week period. ** If dependents: the greater of 7% of the weekly max benefit or \$10 per dependent up to max of \$1,408.00 (5 dependent max)	Effective 1/1/24* 1.2% of first \$87,000/year of Taxable Wages (\$1044.00 max/yr.) Employee pays full cost in State Fund * State of RI changes cost on 1/1 and changes benefit amount on 7/1 each year.	Effective 1/1/24 1.2% of first \$87,000/year of taxable wages per employee Employee pays full cost	<ul style="list-style-type: none"> State Fund Only

2024 STATUTORY DISABILITY AND PAID FAMILY LEAVE PLANS

GROUP BENEFITS
DISABILITY AND PAID FAMILY LEAVE

STATE	STATUTORY DISABILITY PLAN NAME	BENEFITS	MAXIMUM EMPLOYEE COST (State Fund, Insurance Company or Self-Funded)	MAXIMUM PLAN COST (State Fund)	EMPLOYER ADMINISTRATION CHOICES
Washington	Paid Medical Leave (PML)	<p>Effective 1/1/24 8-8-12* If EE's AWW ≤ 50% of SAWW (\$809***), then 90% to max \$1,456/week; or If EE's AWW > 50% SAWW (\$809), then 90% of one-half SAWW; and 50% of the difference of EE's AWW and 50% of SAWW to \$1,456/week</p> <p>*May be extended 2 weeks for serious health condition w/pregnancy results in incapacity **Combined PML/PFL not to exceed 16 weeks in 52-week period (18 weeks if pregnancy complication is extended) ***SAWW = \$1618.00</p>	<p>Effective 1/1/24 .74% of Wages** up to social security maximum wages \$168,600 ER*: .212% (28.57% of rate) EE: .529% (71.43% of rate) * Employers with fewer than 50 employees in WA do not pay the ER share ** Combined rate for both PML and PFL</p>	<p>Effective 1/1/24 .74% of Wages** up to social security maximum wages \$168,600 ER*: .2120% EE: .5290% * Employers with fewer than 50 employees in WA do not pay the ER share ** Combined rate for both PML and PFL</p>	<ul style="list-style-type: none"> • State Fund • Self-Fund
Washington, DC	Universal Paid Leave Amendment Act (PFL)	<p>Effective 10/1/2023 8-8-12** If EE's AWW < 150% of minimum wage x 40 = 90% of average weekly wage to \$1,118/week (eff 10/1/23) If EE's AWW > 150% of minimum wage x 40 = 90% for earnings ≤ 150% of minimum x 40 then 50% of excess earnings to \$1,118/week (eff 10/1/23)</p> <p>* 12-week maximum for disability 12-week maximum for parental leave 12-week maximum for family member care Not to exceed 12 weeks combined in a 52-week period (Note: 2 weeks for pre-natal care could extend combined maximum to 14 weeks in certain circumstances) ** 7-day waiting period occurs 1 time in 52-week period regardless of number of qualifying events (COVID-19 exceptions may apply)</p>	<p>\$0 100% employer paid</p>	<p>.62% of employees' gross wages 7/1/22: .26% of employees' gross wages</p>	<ul style="list-style-type: none"> • District Fund Only

2024 STATUTORY PAID FAMILY LEAVE PLANS

STATE	FAMILY LEAVE PLAN NAME	BENEFITS	MAXIMUM EMPLOYEE COST (State Fund, Insurance Company or Self-Funded)	MAXIMUM PLAN COST (State Fund)	EMPLOYER ADMINISTRATION CHOICES
California	Paid Family Leave (PFL)	Effective 1/1/24 Up to 8 weeks of benefits in any 12-month period 60% or 70% of weekly pay ranging between \$100 - \$1,620/week No waiting period	Combined with CA SDI see page 1 Employee pays full cost in State Fund	Effective 1/1/24 Combined with CA SDI see page 1 Employee pays full cost	<ul style="list-style-type: none"> • State Fund • Self-Fund
Colorado	Paid Family Leave (PFL)	Effective 1/1/24 1-1-12* If Weekly Earnings ≤ 50% State AWW (\$710.58): 90% Base Weekly Earnings If Weekly Earnings > 50% State AWW: 90% Weekly Earnings up to 50% of State AWW; then 50% of remaining Weekly Earnings to maximum benefit \$1100/week maximum benefit Statewide AWW: \$1421.16 *Combined PFML benefit maximum in 52-week period.	Note: combined with PML cost	Note: combined with PML cost	<ul style="list-style-type: none"> • State Fund • Self-Fund • Insurance Carrier or TPA

California, New Jersey, New York, Washington, Connecticut, Massachusetts, Washington DC, Oregon, Maryland, Delaware, and Rhode Island

Paid Family Leave Plans are subsets of each respective Statutory Disability or Paid Medical Leave plan. Paid Family Leave Plans:

Are separate and apart from Federal Family Medical Leave Act (FMLA) and State Family Medical Leave Act (SMLA).

Eligible employees covered under the Statutory Disability/Medical Leave plan may also qualify for Paid Family Leave plans.

Do NOT require employee to be disabled in order to receive benefit payments. Medical certification for affected family member is required.

Do NOT provide benefits if employee is collecting benefits under Statutory Disability or Paid Medical Leave Plan, Unemployment Insurance, or full Workers Comp benefits.

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Connecticut	CT PL	<p>Effective 1/1/24</p> <p>1-1-12*</p> <p>If Weekly Earnings \leq 40 x state minimum wage **: 95% Base Weekly Earnings up to 40 x state minimum wage (\$627.60)</p> <p>If Weekly Earnings > 40 x state minimum wage: 95% of Base Weekly Earnings to 40 x state minimum wage (\$627.60); then 60% of remaining earnings > 40 x state minimum wage to maximum 60 x state minimum wage - \$941.40/week maximum benefit</p> <p>* Combined FMLI benefit maximum in 52-week period plus two additional weeks during pregnancy in the case of incapacity or certain treatment</p> <p>**State Minimum Wage 1/1/24: \$15.69/hour</p>	Note: combined with FMLI employee cost	100% employee paid	<ul style="list-style-type: none"> • State Fund • Self-Fund** • Insurance Carrier or TPA** <p>**Fully Insured or Self-Funded private plan options require a majority employee election.</p>
Delaware	Delaware Family and Medical Leave Insurance (FLI)	<p>Effective 1/1/26</p> <p>1-6 or 12</p> <p>80% of AWW to \$900/week</p> <p>*12-week <u>parental leave</u> per application year</p> <p>6 weeks <u>once in 24-month period</u> for:</p> <p>Care of Family Member Qualifying Exigency</p> <p>*Employers with 10-24 employees subject only to <u>parental leave</u> benefit. Employers with 25 or more employees subject to <u>all leave provisions</u>. Small business can opt in.</p> <p>12-week combined entitlement all FMLI</p>	<p>Effective 1/1/25</p> <p>Combined with PML Cost</p>	<p>Effective 1/1/25</p> <p>Combined with PML Cost</p>	<ul style="list-style-type: none"> • State Fund • Self-Fund • Insurance Company or TPA
Maine	Paid Family Leave (PFL)	<p>Effective 5/1/26</p> <p>1-12*</p> <p>90% up to 50% of SAWW then 66% up to maximum benefit</p> <p>Maximum benefit: SAWW</p> <p>*Combined entitlement with PML utilization.</p>	<p>Effective 1/1/25</p> <p>Combined with PML Cost</p>	<p>Effective 1/1/25</p> <p>Combined with PML Cost</p>	<ul style="list-style-type: none"> • State Fund • Insurance Carrier/TPA • Self-Fund

2024 STATUTORY PAID FAMILY LEAVE PLANS

STATE	FAMILY LEAVE PLAN NAME	BENEFITS	MAXIMUM EMPLOYEE COST (State Fund, Insurance Company or Self-Funded)	MAXIMUM PLAN COST (State Fund)	EMPLOYER ADMINISTRATION CHOICES
Maryland	Family and Medical Leave Insurance (FLI)	<p>Effective 1/1/26 1-1-12*</p> <p>If EE's AWW is \leq 65% of SAWW (869.70) then 90% of AWW; or if EE's AWW is $>$ 65% of SAWW, then 90% of AWW up to 65% SAWW then 50% of remaining wages to maximum \$1000 per week.</p> <p>*plus 12 additional weeks for certain leaves for one's own serious health condition and bonding in the same application year.</p>	<p>Effective 1/1/26 Included with PML rate</p>	<p>Effective 1/1/26* Included with PML rate</p> <p>*for employers with $<$15 employees – no employer contributions are required.</p>	<ul style="list-style-type: none"> • State Fund • Insurance Carrier/TPA • Self-Fund
Massachusetts	Paid Family Leave (PFL)	<p>Effective 1/1/24* 8-8-12**</p> <p>If EE's AWW \leq 50% SAWW (\$898.36), then 80% to \$1149.90/week; or If EE's AWW $>$ 50% SAWW (\$898.36), then 80% of one-half SAWW; and 50% of the difference of EE's AWW and 50% of SAWW to \$1149.90/week</p> <p>**Combined PML/PFL not to exceed 26 weeks in 52-week period **PFL to care for family member injured or ill due to line of duty gets 26 weeks</p>	<p>Effective 1/1/24 .18% of Gross Wages up to social security maximum \$168,600 ER: 0% EE: 100% (All size businesses)</p>	<p>Effective 1/1/24 .18% of Gross Wages up to social security maximum \$168,600 ER: 0% EE: 100% (All size businesses)</p>	<ul style="list-style-type: none"> • State Fund • Self-Fund • Fully Insured
Minnesota	Paid Family Leave (PFL)	<p>Effective 1/1/26 1*-1-12***</p> <p>90% of AWW \leq 50% of SAWW; plus 66% of earnings \geq 50% of SAWW but not 100% SAWW; plus 55% of earnings $>$ 100% SAWW to maximum \$1287/week</p> <p>*Must be incapacitated 7 days before benefits begin **Combined PML/PFL not to exceed 20 weeks in 52-week period.</p>	<p>Effective 1/1/26 Combined with PML cost</p>	<p>1/1/26 Combined with PML cost</p>	<ul style="list-style-type: none"> • State Fund • Self-Fund • Fully Insured

2024 STATUTORY PAID FAMILY LEAVE PLANS

STATE	FAMILY LEAVE PLAN NAME	BENEFITS	MAXIMUM EMPLOYEE COST (State Fund, Insurance Company or Self-Funded)	MAXIMUM PLAN COST (State Fund)	EMPLOYER ADMINISTRATION CHOICES
New Jersey	Family Leave Insurance (FLI)	Effective 1/1/24 1st day of leave 85% to \$1055/week 12-week duration (or 56 intermittent days)	Effective 1/1/24 0.09% of taxable wages up to \$161,400/yr. (\$145.26 max/yr.) Employee pays full cost.	Effective 1/1/24 0.09% of taxable wages up to \$161,400/ yr. (\$145.26 max/yr.) Employee pays full cost	<ul style="list-style-type: none"> • State Fund • Insurance Company or TPA • Self-Fund
New York	Paid Family Leave (PFL)	Effective 1/1/24 1st day of leave 67% to \$1151.16/week 12-week duration (or 60 intermittent days)	Effective 1/1/24 .373% of covered wages (\$333.25 max/yr.) Covered Wage Cap: \$89,343.80/year Employee pays full cost	Same for all carriers including state. Rate is announced 9/1 each year by NY State Department of Financial Services	<ul style="list-style-type: none"> • State Fund • Insurance Company or TPA • Self-Fund
Oregon	Paid Family Leave (PFL)	Effective 9/3/23 1-1-12* If AWW is < 65% of SWAWW then 100% of AWW is paid; or If AWW is > 65% of SWAWW, then 65% of SWAWW, then 50% of remaining wages to maximum of 120% of SWAWW (2023 SWAWW is \$1,269.69 x 120% = \$1523.63) * Combined PML/PFL not to exceed 12 weeks in 52-week period except when limitations from pregnancy may add 2 additional weeks	Effective 1/1/23 Note: combined with PML employee cost	Effective 1/1/23 Note: combined with PML employee cost	<ul style="list-style-type: none"> • State Fund • Insurance Company or TPA • Self-Fund
Rhode Island	Temporary Care Giver Insurance Program (TCI)	Effective 7/1/23 Up to 5 weeks of benefits in a 12-month period beginning with first date of claim* 60% to \$1043/week* * If dependents: the greater of 7% of the weekly max or \$10 per dependent up to max of \$1,408.00 (5 dependent max) *Combined TDI/TCI not to exceed 30 weeks in 52-week period.	Effective 1/1/24* Combined with Disability Payment Employee pays full cost. * State of RI changes cost on 1/1 and changes benefit amount on 7/1 each year	Effective 1/1/24 Combined with Disability Payment Employee pays full cost	<ul style="list-style-type: none"> • State Fund only

2024 STATUTORY PAID FAMILY LEAVE PLANS

STATE	FAMILY LEAVE PLAN NAME	BENEFITS	MAXIMUM EMPLOYEE COST (State Fund, Insurance Company or Self-Funded)	MAXIMUM PLAN COST (State Fund)	EMPLOYER ADMINISTRATION CHOICES
Washington	Paid Family Leave (PFL)	<p>Effective 1/1/23 8-8-12*</p> <p>If EE's AWW \leq 50% of SAWW (\$809***), then 90% to max \$1,456/week; or If EE's AWW > 50% SAWW (\$809), then 90% of one-half SAWW; and 50% of the difference of EE's AWW and 50% of SAWW to \$1,456/week</p> <p>*May be extended 2 weeks for serious health condition w/pregnancy results in incapacity **Combined PML/PFL not to exceed 16 weeks in 52-week period (18 weeks if pregnancy complication is extended) ***SAWW = \$1618.00</p>	<p>Effective 1/1/23 Combined with PML employee/employer cost</p>	<p>Effective 1/1/23 Combined with PML employee/employer cost</p>	<ul style="list-style-type: none"> • State Fund • Self-Fund
Washington, DC	Paid Family Leave (PFL)	<p>Effective 10/1/22 8-8-8*</p> <p>If EE's AWW \leq 150% of minimum wage x 40 = 90% of average weekly wage to \$1,049/week (eff 10/1/22) If EE's AWW > 150% of minimum wage x 40 = 90% \leq 150% of minimum wage x 40; then 50% of excess earnings to maximum \$1,049 per week. (Eff 10/1/22) New Weekly Benefit Max Eff: 10/1/22</p> <p>* 12-week maximum for parental leave 12-week maximum for family member care Maximum combined medical and family leave cannot exceed 12 weeks in 52-week period (new leave reason: 2 weeks for pre-natal care could extend combined maximum to 14 weeks in certain circumstances)</p> <p>* 7-day waiting period occurs 1 time in 52-week period regardless of number of qualifying events (COVID-19 exceptions may apply)</p>	<p>\$0 100% employer paid based on ALL earnings</p>	<p>Combined coverage with medical leave</p>	<ul style="list-style-type: none"> • District Fund Only



Contact Us

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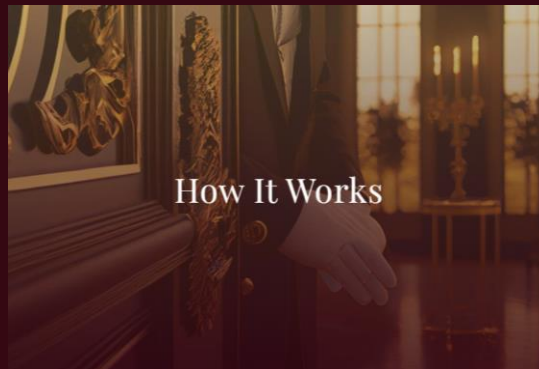
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The Benefits



How It Works



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