

# 2019 STATUTORY DISABILITY AND PAID FAMILY LEAVE PLANS

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)	<b>Effective 1/1/19</b> 8-8-52 60% or 70% to \$1,252/week	<b>Effective 1/1/19</b> 1.0% of taxable wages up to \$118,371/yr. (\$1,183.71 max/yr.) Employee pays full cost in State Fund	<b>Effective 1/1/19</b> 1.0% of taxable wages up to \$118,371/yr. per employee Employee pays full cost	<ul style="list-style-type: none"> <li>State Fund</li> <li>Self Fund</li> </ul>
Hawaii	Temporary Disability Insurance Law (TDI)	<b>Effective 1/1/19</b> 8-8-26 58% to \$632/week	<b>Effective 1/1/19</b> 0.5% of taxable wages not to exceed 50% of total cost up to \$56,580.16/yr. (\$282.88 max/yr.)	<b>None - No State Fund in HI</b> Cost variable through insurance companies or TPA's	<ul style="list-style-type: none"> <li>Insurance Company or TPA</li> <li>Self Fund</li> </ul>
New Jersey	Temporary Disability Benefit (TDB)	<b>Effective 1/1/19</b> 8-8-26 66 ⅔ % to \$650/week	<b>Effective 1/1/19</b> 0.17% of taxable wages up to \$34,400/yr. (\$58.48 max/yr.)	<b>Effective 1/1/18</b> Employers pay between 0.10% (\$34.40/ER/yr.) up to 0.75% (\$258.00/ER/yr.). Total Rate = employee (0.17%) + employer (0.75%) = \$316.48/ee/yr	<ul style="list-style-type: none"> <li>State Fund</li> <li>Insurance Company or TPA</li> <li>Self Fund</li> </ul>
New York	Disability Benefits Law (DBL)	<b>Effective 1/1/19</b> 8-8-26* 50% to \$170/week * DBL and PFL share a combined 26 weeks in 52 week period	0.5% of covered wages but contribution cannot exceed \$.60/week (\$31.20 max/yr)	Employers with < 50 Lives* <b>NY SIF Rate:</b> \$0.14/\$100 of pay up to \$17,680/yr. (\$24.75 max/ee/yr.) <b>Employers with 50+ Lives</b> Plan cost is experience-rated	<ul style="list-style-type: none"> <li>State Fund</li> <li>Insurance Company or TPA</li> <li>Self Fund</li> </ul>
Puerto Rico	Disability Benefits Act (DBA)	8-8-26 Industrial: 65% to \$113/wk Agricultural: 65% to \$55/wk	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"> <li>State Fund</li> <li>Insurance Company or TPA</li> <li>Self Fund</li> </ul>
Rhode Island	Temporary Disability Insurance Law (TDI)	<b>Effective 7/1/19</b> 1-1-30* 60% to \$867/week** * Must be disabled 7 consecutive days to receive benefits payable from the 1st day of disability ** If dependents: the greater of 7% of the weekly max or \$10 per dependent up to max of \$1,170.00 (5 dependent max)	<b>Effective 1/1/19*</b> 1.1% of first \$71,000/year of Taxable Wages (\$781.00 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	<b>Effective 1/1/19</b> 1.1% of first \$71,000/year of taxable wages per employee Employee pays full cost	<ul style="list-style-type: none"> <li>State Fund</li> </ul>

For more information, contact your representative from The DBL Center - (631) 293-5100.



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><b>Effective 1/1/20</b> 8-8-12*</p> <p>Earnings &lt;50% of SWAWW = 90% to \$1,000/week Earnings &gt;50% of SWAWW = 90% up to 50% of SWAWW, then 50% up to \$1,000/week</p> <p>* May be extended 2 weeks for serious health condition w/pregnancy results in incapacity</p> <p>** Combined PML/PFL not to exceed 16 weeks in 52-week period (18 weeks if pregnancy complication is extended)</p>	<p><b>Effective 1/1/19</b> .4% of Wages**</p> <p>ER*: 37% EE: 63%</p> <p>* Employers with fewer than 50 employees in WA do not pay the ER share</p> <p>** Combined rate for both PML and PFL</p>	<p><b>Effective 1/1/19</b> .4% of Wages**</p> <p>ER*: 37% EE: 63%</p> <p>* Employers with fewer than 50 employees in WA do not pay the ER share</p> <p>** Combined rate for both PML and PFL</p>	<ul style="list-style-type: none"> <li>• State Fund</li> <li>• Self Fund</li> </ul>
Washington, DC	Universal Paid Leave Amendment Act (PFL)	<p><b>Effective 7/1/20</b> 8-8-2**</p> <p>Earnings =/ x 40 = 90% of average weekly wage Earnings &gt; 150% of minimum wage x 40 = 90% for earnings &lt;150% of minimum x 40 then 50% of excess earnings to maximum \$1,000 per week</p> <p>* 2-week maximum for disability 8-week maximum for parental leave 6-week maximum for family member care not to exceed 8 weeks combined in a 52-week period</p> <p>** 7-day waiting period occurs 1 time in 52-week period regardless of number of qualifying events</p>	<p><b>\$0</b> <b>100% employer paid</b></p>	<p><b>.62% of employees' gross wages</b></p>	<p>District Fund only</p>
Massachusetts	Paid Medical Leave (PML)	<p><b>Effective 1/1/21*</b> <b>8-8-20**</b></p> <p>80% AWW to 50% SWAWW, then 50% AWW to \$850/week</p> <p>* Benefits for all leaves other than family member with serious health condition which becomes effective 7/1/21</p> <p>** Combined PML/PFL not to exceed 26 weeks in 52-week period</p>	<p><b>Effective 10/1/2019</b> .62% of Gross Wages</p> <p>ER*: 60% EE: 40%</p> <p>*ER with &lt;25 employees: ER: 0% EE: 40%</p>	<p><b>Effective 10/1/2019</b> .62% of Gross Wages</p> <p>ER*: 60% EE: 40%</p> <p>*ER with &lt;25 employees: ER: 0% EE: 40%</p>	<ul style="list-style-type: none"> <li>• State Fund</li> <li>• Self Fund</li> <li>• Fully Insured</li> </ul>

For more information, contact your representative from The DBL Center - (631) 293-5100.

STATE	STATUTORY DISABILITY PLAN NAME	BENEFITS	MAXIMUM EMPLOYEE COST (State Fund, Insurance Company or Self Funded)	MAXIMUM PLAN COST (State Fund)	EMPLOYER ADMINISTRATION CHOICES
Connecticut	Family Medical Leave Insurance Program (MLI)	<p><b>Effective 1/1/22</b>  <b>1-1-12*</b>            95% AWW up to 40 x state minimum wage then 60% to 60 x state minimum wage \$825/week maximum benefit</p> <p>* Combined FMLI benefit maximum in 52-week period unless incapacitated due to serious health condition in pregnancy, then 14-week maximum</p>	<p><b>Effective 1/1/21</b>            Up to .5%* of gross earnings to social security maximum (\$132,900). EE cost max: \$664.50/year</p> <p>* Subject to change annually</p>	<p><b>100% employee paid</b></p>	<p>State Fund            Self Fund            Fully Insured**</p> <p>**Fully Insured or Self Funded private options require a majority employee election</p>
Oregon	Paid Medical Leave (PML)	<p><b>Effective 1/1/23</b>  <b>1-1-12*</b>            If AWW is = / &lt; 65% of SWAWW then 100% of AWW is paid If AWW is &gt; 65% of SWAWW, then 65% of SWAWW, then 50% of remaining wages to maximum of 120% of SWAWW (2019 SWAWW is \$1,044.40 x 120% = \$1,253.28)</p> <p>* Combined PML/PFL not to exceed 12 weeks in 52-week period except when limitations from pregnancy may add 2 additional weeks</p>	<p><b>Effective 1/1/22</b>            60% of total rate</p> <p>Rate up to 1% (capped at 1%) of wages to \$132,900 maximum</p>	<p><b>Effective 1/1/22</b>            40% of total rate if ER has 25 or more employees</p> <p>0 if employer has less than 25 employees</p> <p>Rate up to 1% (capped at 1%) of wages to \$132,900 maximum</p>	<p>State Fund            Self Fund            Fully Insured</p>

# 2019 STATUTORY DISABILITY AND PAID FAMILY LEAVE PLANS STATE FAMILY LEAVE

California, New Jersey, New York, Washington, Massachusetts and Rhode Island Paid Family Leave Plans are subsets of each respective statutory disability plan.

Paid Family Leave Plans:

- Are separate and apart from Federal Family Medical Leave Act (FMLA) and State Family Medical Leave Act (SMLA).
- Eligible full-time and part-time employees covered under the Statutory Disability 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 Plan, Unemployment Insurance, or full Workers Comp benefits.

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)	<b>Effective 1/1/19</b> Up to 6 weeks of benefits in any 12-month period 60% or 70% of weekly pay ranging between \$50 - \$1,252/week No waiting period	<b>Combined with CA SDI see page 1</b> Employee pays full cost in State Fund	<b>Effective 1/1/19</b> Combined with CA SDI see page 1 Employee pays full cost	<ul style="list-style-type: none"> <li>• State Fund</li> <li>• Self Fund</li> </ul>
New Jersey	Family Leave Insurance (FLI)	<b>Effective 1/1/19</b> Up to 6 weeks of benefits in a 12-month period beginning with first date of claim 66 ⅔% of weekly pay up to \$650 per week	<b>Effective 1/1/19</b> 0.08% of taxable wages up to \$34,400/yr. (\$27.52 max/yr.) Employee pays full cost.	<b>Effective 1/1/19</b> 0.08% of taxable wages up to \$34,400/yr. (\$27.52 max/yr.) Employee pays full cost	<ul style="list-style-type: none"> <li>• State Fund</li> <li>• Insurance Company or TPA</li> <li>• Self Fund</li> </ul>
Rhode Island	Temporary Care Giver Insurance Program (TCI)	<b>Effective 7/1/19</b> Up to 4 weeks of benefits in a 12-month period beginning with first date of claim 60% to \$867/week* * If dependents: the greater of 7% of the weekly max or \$10 per dependent up to max of \$1,170.00 (5 dependent max)	<b>Effective 1/1/19*</b> 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	<b>Effective 1/1/19</b> Combined with Disability Payment Employee pays full cost	<ul style="list-style-type: none"> <li>• State Fund only</li> </ul>
New York	Paid Family Leave (PFL)	<b>Effective 1/1/19</b> 1st day of leave 55% to \$746.41/week 10 week duration ( or 50 intermittent days)	<b>.153% of covered wages</b> <b>Covered wage cap: \$1357.11/week</b> <b>\$70,569.72/year</b> Employee pays full cost	Same for all carriers including state. Rate will be announced 9/1 each year by NY State Department of Financial Services	<ul style="list-style-type: none"> <li>• State Fund</li> <li>• Insurance Company or TPA</li> <li>• Self Fund</li> </ul>

For more information, contact your representative from The DBL Center - (631) 293-5100.

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><b>Effective 1/1/20*</b> 8-8-12**</p> <p>Earnings &lt;50% of SWAWW = 90% to \$1,000/week Earnings &gt;50% of SWAWW = 90% up to 50% of SWAWW, then 50% up to \$1,000/week **pays 1st day if PFL taken for birth or placement of child.</p> <p>**Combined PML/PFL not to exceed 16 weeks in 52-week period (18 weeks if pregnancy complication is extended)</p>	<p><b>Effective 1/1/19</b> .4% of Gross Wages**</p> <p>ER*: 37% EE: 63%</p> <p>*Employers with fewer than 50 employees in WA do not pay the ER share. **Combined rate for both PML and PFL</p>	<p><b>Effective 1/1/19</b> .4% of Gross Wages**</p> <p>ER*: 37% EE: 63%</p> <p>*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"> <li>• State Fund</li> <li>• Self Fund</li> </ul>
Washington, DC	Paid Family Leave (PFL)	<p><b>Effective 7/1/20</b> 8-8-8*</p> <p>Earnings = /&lt; 150% of minimum wage x 40 = 90% of average weekly wage Earnings &gt; 150% of minimum wage x 40 = 90% up to 150% of minimum wage x 40; then 50% of excess earnings to maximum \$1,000 per week.</p> <p>* 8 week maximum for parental leave 6 week maximum for family member care</p> <p>Maximum combined medical and family leave cannot exceed 8 weeks in 52-week period</p> <p>7-day waiting period occurs 1 time in 52-week period regardless of number of qualifying events</p>	<p><b>\$0</b> <b>100% employer paid</b></p>	<p><b>Combined coverage with medical leave</b></p>	<p>District Fund only</p>
Massachusetts	Paid Family Leave (PFL)	<p><b>Effective 1/1/21*</b> 8-8-12**</p> <p>80% AWW to 50% SWAWW, then 50% AWW to \$850/week</p> <p>*Benefits for all leaves other than family member with serious health condition which becomes effective 7/1/21</p> <p>**Combined PML/PFL not to exceed 26 weeks in 52-week period</p> <p>***PFL to care for family member injured or ill due to line of duty gets 26 weeks</p>	<p><b>Effective 10/1/2019</b> .13% of Gross Wages</p> <p>ER: 0% EE: 100%</p> <p>(all size businesses)</p>	<p><b>Effective 10/1/2019</b> .13% of Gross Wages</p> <p>ER: 0% EE: 100%</p> <p>(all size businesses)</p>	<ul style="list-style-type: none"> <li>• State Fund</li> <li>• Self Fund</li> <li>• Fully-Insured</li> </ul>

For more information, contact your representative from The DBL Center - (631) 293-5100.

STATE	FAMILY LEAVE PLAN NAME	BENEFITS	MAXIMUM EMPLOYEE COST (State Fund, Insurance Company or Self Funded)	MAXIMUM PLAN COST (State Fund)	EMPLOYER ADMINISTRATION CHOICES
Connecticut	FMLI	<p><b>Effective 1/1/22</b> <b>1-1-12*</b></p> <p>95% AWW up to 40 x state minimum wage then 60% to 60 x state minimum wage \$840/week maximum benefit</p> <p>* Combined FMLI benefit maximum in 52-week period unless incapacitated due to serious health condition in pregnancy, then 14-week maximum</p>	<b>Note: combined with FMLI employee cost</b>	<b>100% employee paid</b>	<p>State Fund Self Fund Fully Insured**</p> <p>**Fully Insured or Self Funded private options require a majority employee election</p>
Oregon	Paid Family Leave (PFL)	<p><b>Effective 1/1/23</b> <b>1-1-12*</b></p> <p>If AWW is = / &lt; 65% of SWAWW then 100% of AWW is paid If AWW is &gt; 65% of SWAWW, then 65% of SWAWW, then 50% of remaining wages to maximum of 120% of SWAWW (2019 SWAWW is \$1,044.40 x 120% = \$1,253.28)</p> <p>* Combined PML/PFL not to exceed 12 weeks in 52-week period except when limitations from pregnancy may add 2 additional weeks</p>	<p><b>Effective 1/1/22</b> <b>Note: combined with PML employee cost</b></p>	<p><b>Effective 1/1/22</b> <b>Note: combined with PML employee cost</b></p>	<p>State Fund Self Fund private Fully Insured private</p>

For more information, contact your representative from The DBL Center - (631) 293-5100.



**THE D.B.L. CENTER LTD.**  
NICHE INSURANCE SPECIALIST