

2022 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)	Effective 1/1/22 8-8-52 60% or 70% to \$1,540/week	Effective 1/1/22 1.1% of taxable wages up to \$145,600/yr. (\$1,601.60 max/yr.) Employee pays full cost in State Fund	Effective 1/1/22 1.1% of taxable wages up to \$145,600/year per employee. Employee pays full cost	<ul style="list-style-type: none"> State Fund Self-Fund
Hawaii	Temporary Disability Insurance Law (TDI)	Effective 1/1/22 8-8-26 58% to \$697/week	Effective 1/1/22 0.5% of taxable wages not to exceed 50% of total cost up to \$51,582.77/yr. (\$312.00 max/yr.)	None – No State Fund in HI Cost variable through insurance companies or TPA's	<ul style="list-style-type: none"> Insurance Company or TPA Self-Fund
New Jersey	Temporary Disability Benefit (TDB)	Effective 1/1/22 8-8-26 85% to \$993/week	Effective 1/1/22 0.14% of taxable wages up to Employee taxable wage cap: \$151,900/yr. (\$212.66 max/yr.)	Effective 1/1/22 Employer taxable wage cap: \$39,800 Employers pay between 0.10% (\$39.80 max/EE/yr.) up to 0.75% (\$298.50 max/EE/yr.). Total Max Rate = employee (0.14%) + employer (0.75%) = \$511.16/ee/yr	<ul style="list-style-type: none"> State Fund Insurance Company or TPA Self-Fund
New York	Disability Benefits Law (DBL)	Effective 1/1/22 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
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 7/1/21 1-1-30* 60% to \$978/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 \$1,320.00 (5 dependent max)	Effective 1/1/22* 1.1% of first \$81,500/year of Taxable Wages (\$896.50 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 1/1/22 1.1% of first \$81,500/year of taxable wages per employee Employee pays full cost	<ul style="list-style-type: none"> State Fund



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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
Washington	Paid Medical Leave (PML)	<p>Effective 1/1/22 8-8-12* If EE's AWW \leq 50% of SAWW (\$737.50***), then 90% to max \$1,327/week; or If EE's AWW > 50% SAWW (\$737.50), then 90% of one-half SAWW; and 50% of the difference of EE's AWW and 50% of SAWW to \$1,327/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 = \$1475.00</p>	<p>Effective 1/1/22 .6% of Wages** up to social security maximum wages \$147,000 ER*: 26.78% EE: 73.22%</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>Effective 1/1/22 .6% of Wages** up to social security maximum wages \$147,000 ER*: 26.78% EE: 73.22%</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"> State Fund Self-Fund
Washington, DC	Universal Paid Leave Amendment Act (PFL)	<p>Effective 10/1/2021 8-8-8** If EE's AWW \leq 150% of minimum wage x 40 = 90% of average weekly wage to \$1,009/week (eff 9/26/21) If EE's AWW > 150% of minimum wage x 40 = 90% for earnings \leq 150% of minimum x 40 then 50% of excess earnings to \$1,009/week (eff 9/26/21)</p> <p>* 6-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 (New! 2 weeks for pre-natal care could extend combined maximum to 10 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</p>	<p>.62% of employees' gross wages</p>	<p>District Fund only</p>
Massachusetts	Paid Medical Leave (PML)	<p>Effective 1/1/22* 8-8-20** If EE's AWW \leq 50% SAWW (\$847.12***), then 80% to \$1084.31/week; or IF EE's AWW > 50% SAWW (\$847.12), then 80% of one-half SAWW; and 50% of the difference of EE's AWW and 50% of SAWW to \$1084.31/week ** Combined PML/PFL not to exceed 26 weeks in 52-week period ***SAWW = \$1694.24</p>	<p>Effective 1/1/22* .56% of Gross Wages up to social security maximum \$147,000 ER*: 60% or balance of premium EE: 40% (.224/100 taxable wages max) *ER with <25 employees: ER: 0% EE: 40%</p>	<p>Effective 1/1/22* .56% of Gross Wages up to social security maximum \$147,000 ER*: 60% or balance of premium EE: 40% (.224/100 taxable wages max) *ER with <25 employees: ER: 0% EE: 40%</p>	<ul style="list-style-type: none"> State Fund Self-Fund Fully Insured

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 (CT PL)	<p>Effective 1/1/22</p> <p>1-1-12*</p> <p>If Weekly Earnings ≤ 40 x state minimum wage**: 95% Base Weekly Earnings up to 40 x state minimum wage</p> <p>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 (\$520), to maximum 60 x state minimum wage \$780/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: \$13.00/hour</p>	<p>Effective 1/1/22</p> <p>Up to .5%* of gross earnings to social security maximum (\$147,000). EE cost max: \$735.00/ year * Subject to change annually</p>	100% employee paid	<p>State Fund</p> <p>Self-insured</p> <p>Fully Insured**</p> <p>**Fully Insured or Self-Insured private options require a majority employee election</p>
Colorado	Paid Medical Leave Insurance Program (PML)	<p>Effective 1/1/24</p> <p>1-1-12*</p> <p>If Weekly Earnings ≤ 50% State AWW: 90% Base Weekly Earnings</p> <p>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</p> <p>* 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.</p>	<p>Effective 1/1/23</p> <p>.45%* of gross earnings to social security maximum (\$147,000). EE cost max: \$661.50/year</p> <p>*Subject to change annually</p>	<p>Effective 1/1/23</p> <p>.45%* of employee gross earnings to social security maximum (\$147,000). ER maximum cost \$661.50/year/employee</p> <p>*Subject to change annually</p>	<p>State Fund</p> <p>Self-Insured</p> <p>Fully Insured</p>
Oregon	Paid Medical Leave (PML)	<p>Effective 9/3/23</p> <p>1-1-12*</p> <p>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 (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>Effective 1/1/23</p> <p>60% of total rate</p> <p>Rate up to 1% (capped at 1%) of wages to social security maximum (\$147,000)</p>	<p>Effective 1/1/23</p> <p>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 \$147,000 maximum</p>	<p>State Fund</p> <p>Self- Insured</p> <p>Fully Insured</p>

2022 STATUTORY PAID FAMILY LEAVE PLANS

California, New Jersey, New York, Washington, Connecticut, Massachusetts, Washington DC, Oregon, 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 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)	Effective 1/1/22 Up to 8 weeks of benefits in any 12-month period 60% or 70% of weekly pay ranging between \$100 - \$1,540/week No waiting period	Combined with CA SDI see page 1 Employee pays full cost in State Fund	Effective 1/1/22 Combined with CA SDI see page 1 Employee pays full cost	<ul style="list-style-type: none"> • State Fund • Self-Fund Hartford: ASO Only 500+
New Jersey	Family Leave Insurance (FLI)	Effective 1/1/22 Up to 12 weeks or 56 intermittent days of benefits in a 12-month period beginning with first date of claim. 85% of weekly pay up to \$993 per week	Effective 1/1/22 0.14% of taxable wages up to \$151,900/yr. (\$212.66 max/yr.) Employee pays full cost.	Effective 1/1/22 0.14% of taxable wages up to \$151,900/ yr. (\$212.66 max/yr.) Employee pays full cost	<ul style="list-style-type: none"> • State Fund • Insurance Company or TPA • Self-Fund
Rhode Island	Temporary Care Giver Insurance Program (TCI)	Effective 7/1/21 Up to 5 weeks of benefits in a 12-month period beginning with first date of claim* 60% to \$978/week* * If dependents: the greater of 7% of the weekly max or \$10 per dependent up to max of \$1,320.00 (5 dependent max) *Combined TDI/TCI not to exceed 30 weeks in 52-week period.	Effective 1/1/22* 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 1/1/22 Combined with Disability Payment Employee pays full cost	<ul style="list-style-type: none"> • State Fund only
New York	Paid Family Leave (PFL)	Effective 1/1/22 1st day of leave 67% to \$1068.36/week 12-week duration (or 60 intermittent days)	Effective 1/1/22 .511% of covered wages (\$423.71 max/yr.) Covered wage cap: \$1594.57/week 82,917.64/yr 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

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Washington	Paid Family Leave (PFL)	<p>Effective 1/1/22 8-8-12** If EE's AWW \leq 50% of SAWW (\$737.50***), then 90% to max \$1,327/week; or If EE's AWW > 50% SAWW (\$737.50), then 90% of one-half SAWW; and 50% of the difference of EE's AWW and 50% of SAWW to max \$1,327/week **pays 1st day if PFL taken for birth or placement of child. **Combined PML/PFL not to exceed 16 weeks in 52-week period (18 weeks if pregnancy complication is extended) *** SAWW = \$1475.00</p>	<p>Effective 1/1/22 .6% of Gross Wages** up to social security wage max of \$147,000 ER*: 26.78% EE: 73.22% *Employers with fewer than 50 employees in WA do not pay the ER share. **Combined rate for both PML and PFL</p>	<p>Effective 1/1/22 .6% of Gross Wages** up to social security wage max of \$147,000 ER*: 26.78% EE: 73.22% *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	Paid Family Leave (PFL)	<p>Effective 10/1/21 8-8-8* If EE's AWW \leq 150% of minimum wage x 40 = 90% of average weekly wage to \$1,009/week (eff 9/26/21) 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 \$1,009 per week. (eff 9/26/21) * 8 week maximum for parental leave 6 week maximum for family member care Maximum combined medical and family leave cannot exceed 8 weeks in 52-week period (new leave reason: 2 weeks for pre-natal care could extend combined maximum to 10 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>Combined coverage with medical leave</p>	<p>District Fund only</p>
Massachusetts	Paid Family Leave (PFL)	<p>Effective 1/1/22* 8-8-12** If EE's AWW \leq 50% SAWW (\$847.12***), then 80% to \$1084.31/week; or If EE's AWW > 50% SAWW (\$847.12), then 80% of one-half SAWW; and 50% of the difference of EE's AWW and 50% of SAWW to \$1084.31/week **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 ***SAWW = \$1694.24</p>	<p>Effective 1/1/22 .12% of Gross Wages up to social security maximum \$147,000 ER: 0% EE: 100% (All size businesses)</p>	<p>Effective 1/1/22 .12% of Gross Wages up to social security maximum \$147,000 ER: 0% EE: 100% (All size businesses)</p>	<ul style="list-style-type: none"> • State Fund • Self-Fund • Fully Insured

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Connecticut	CT PL	<p>Effective 1/1/22</p> <p>1-1-12*</p> <p>If Weekly Earnings ≤ 40 x state minimum wage **: 95% Base Weekly Earnings up to 40 x state minimum wage</p> <p>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 to maximum 60 x state minimum wage \$780/week maximum benefit</p> <p>* Combined FMLI benefit maximum in 52-week period <i>plus two additional weeks during pregnancy in the case of incapacity or certain treatment</i></p> <p>**State Minimum Wage: \$13.00/hour</p>	Note: combined with FMLI employee cost	100% employee paid	<p>State Fund Self Fund Fully Insured**</p> <p>**Fully Insured or Self-Funded private options require a majority employee election</p>
Colorado	Paid Family Leave (PFL)	<p>Effective 1/1/24</p> <p>1-1-12*</p> <p>If Weekly Earnings ≤ 50% State AWW: 90% Base Weekly Earnings</p> <p>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</p> <p>*Combined PFML benefit maximum in 52-week period.</p>	Note: combined with PML cost	Note: combined with PML cost	<p>State Fund Self-Insured Fully Insured</p>
Oregon	Paid Family Leave (PFL)	<p>Effective 9/3/23</p> <p>1-1-12*</p> <p>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 (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>Effective 1/1/23</p> <p>Note: combined with PML employee cost</p>	<p>Effective 1/1/23</p> <p>Note: combined with PML employee cost</p>	<p>State Fund Self-Insured Fully Insured</p>

