

2026 State Disability Insurance and Paid Family Leave

Reference Guide



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2026 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 1/1/26 8-8-52 70% or 90% to \$1765/week	Effective 1/1/26 1.3% of taxable wages up to NO CAP Employee pays full cost in State Fund	Effective 1/1/26 1.3% 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 7/1/25 1-1-12* If Weekly Earnings ≤ 50% State AWW (\$735.67): 90% Base Weekly Earnings If Weekly Earnings > 50% State AWW: 90% Weekly Earnings up to 50% of State AWW (\$767.47); then 50% of remaining Weekly Earnings to maximum benefit \$1381.45/week maximum benefit Statewide AWW: \$1,534.94 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 1/1/26 .44%* of gross earnings to social security maximum (\$184,500). EE cost max: \$811.80/year *Subject to change annually	Effective 1/1/26 .44%* of employee gross earnings to social security maximum (\$184,500). ER maximum cost \$811.80 year/employee *Subject to change annually	<ul style="list-style-type: none"> • State Fund • Self-Insured • Fully Insured

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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
Connecticut	Family Medical Leave Insurance Program (CT PL)	<p>Effective 1/1/26 1-1-12* If Weekly Earnings ≤ 40 x state minimum wage**: **<i>State Minimum Wage 1/1/26: \$16.94/hour</i></p> <p>95% Base Weekly Earnings up to 40 x state minimum wage (\$677.60) 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 (\$677.60), to maximum 60 x state minimum wage - \$1016.40/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>Effective 1/1/26 Up to .5%* of gross earnings to social security maximum (\$184,500). EE cost max: \$922.50/year</p> <p>* Subject to change annually</p>	100% employee paid	<ul style="list-style-type: none"> • State Fund • Self-insured • Fully Insured** <p>**Fully Insured or Self-Insured private options require a majority employee election</p>
Delaware	Delaware Family and Medical Leave Insurance (MLI)	<p>Effective 1/1/26 1-6 80% of average weekly wage to maximum \$900 per week. 6 weeks for one's own condition 12-week combined entitlement all FMLI 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 1/1/26 .4% of gross wages up to social security maximum \$184,500</p>	<p>Effective 1/1/26 .4% of gross wages up to social security maximum \$184,500</p>	<ul style="list-style-type: none"> • State Fund • Self-Fund • Insurance Company or TPA
Hawaii	Temporary Disability Insurance Law (TDI)	<p>Effective 1/1/26 8-8-26 58% to \$871/week</p>	<p>Effective 1/1/26 0.5% of taxable wages not to exceed 50% of total cost up to \$78,010.92/yr. (\$390.06 max/yr.)</p>	<p>None – No State Fund in HI 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 8-12* 12 weeks for one's own condition 90% up to 50% of SAWW then 66% up to maximum benefit Maximum benefit: SAWW *Combined entitlement with PFL utilization.</p>	<p>Effective 1/1/25 1% of wages to Social Security Wage Maximum \$184,500 50/50 split between Employer and Employee* EE Maximum Cost: \$922.50/year *Employers with less than 15 employees will contribute only the employee's share (state plan only).</p>	<p>Effective 5/1/26 1% of wages to Social Security Wage Maximum Example using current SS Wage Max – \$184,500 – based on this – ER total cost would be \$922.50/year</p>	<ul style="list-style-type: none"> • State Fund • Insurance Company or TPA • Self-Fund

State	Statutory Disability 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 (MLI)	Effective 1/1/28 1-1-12* 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. *plus 12 additional weeks for certain leaves for one's own serious health condition and bonding in the same application year.	Effective 1/1/27 .90% of wages to Social Security Wage Maximum Employer pays ½ of total rate .45% Employee pays ½ of total rate .45%	Effective 1/1/28 .90 of wages to Social Security Wage Maximum Employer pays ½ of total rate - .45% Employee pays ½ of total rate - .45% *for employers with <15 employees – no contributions are required, employee will pay .45%.	<ul style="list-style-type: none"> • State Fund • Self-Fund • Insurance Company or TPA
Massachusetts	Paid Medical Leave (PML)	Effective 1/1/26* 8-8-20** If EE's AWW ≤ 50% SAWW (\$961.24***), then 80% to \$1230.39/week; or If EE's AWW > 50% SAWW (\$961.24), then 80% of one-half SAWW; and 50% of the difference of EE's AWW and 50% of SAWW to \$1230.39/week ***SAWW = \$1922.48 ** Combined PML/PFL not to exceed 26 weeks in 52-week period	Effective 1/1/26* .70% of Gross Wages up to social security maximum \$184,500 ER*: 60% or balance of premium EE: 40% (.28/100 taxable wages max) = \$516.60/EE/yr *ER with <25 employees: ER: 0% EE: 40%	Effective 1/1/26* .70% of Gross Wages up to social security maximum \$184,500 ER*: 60% or balance of premium EE: 40% (.28/100 taxable wages max) = \$516.60/EE/yr *ER with <25 employees: ER: 0% EE: 40%	<ul style="list-style-type: none"> • State Fund • Self-Fund • Fully Insured
Minnesota	Paid Medical Leave (PML)	Effective 1/1/26 1-1-12* 90% of AWW ≤ 50% of SAWW (\$711.50); plus 66% of earnings ≥ 50% of SAWW but not 100% SAWW; plus 55% of earnings >100% SAWW to maximum \$1423/week*Combined PML/PFL not to exceed 20 weeks in 52-week period. SAWW = \$1423	Effective 1/1/26 .88% of gross wage to social security maximum rounded to nearest \$1000 (\$185,000) EE: .44% (50% of total rate) EE Maximum Cost: \$814.00/yr	Effective 1/1/26 .88% of gross wage to social security maximum rounded to nearest \$1000 (\$185,000) ER: .44% (50% of total rate)	<ul style="list-style-type: none"> • State Fund • Self-Fund • Fully Insured
New Jersey	Temporary Disability Benefits (TDB)	Effective 1/1/26 8-8-26 85% to \$1,119/week	Effective 1/1/26 0.19% of taxable wages up to \$171,100/yr. (\$325.09 max/yr.)	Effective 1/1/26 Employer taxable wage cap: \$44,800. Employers pay between .10% (\$44.80 max/EE/yr.) up to .75% (\$336.00/EE/yr) Total Max Rate = employee (.19%) + employer (.75%) = \$661.09/ee/yr	<ul style="list-style-type: none"> • State Fund • Self-Fund • Fully Insured
New York	Disability Benefits Law (DBL)	Effective 1/1/26 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 7/6/25 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 (2025 SWAWW is \$1,363.80 x 120% = \$1636.56) * Combined PML/PFL not to exceed 12 weeks in 52-week period except when limitations from pregnancy may add 2 addit'l weeks	Effective 1/1/26 60% of total rate - .6% Rate: 1% of wages to maximum \$184,500 (adjusted annually) Max EE: \$1,107.00/yr	Effective 1/1/26 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 \$184,500 maximum \$738/EE/yr (adjusted annually)	<ul style="list-style-type: none"> • State Fund • Insurance Company or TPA • Self-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
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 7/1/25 1-1-30* 60% to \$1103/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 \$20 per dependent up to max of \$1,489.00 (5 dependent max)	Effective 1/1/26* 1.1% of first \$100,000/year of Taxable Wages (\$1100max/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 1/1/26 1.1% of first \$100,000/year of taxable wages per employee Employee pays full cost	<ul style="list-style-type: none"> State Fund Only
Washington	Paid Medical Leave (PML)	Effective 1/1/26 8-8-12* If EE's AWW \leq 50% of SAWW (\$915***), then 90% to max \$1,647/week; or If EE's AWW > 50% SAWW (\$915), then 90% of one-half SAWW; and 50% of the difference of EE's AWW and 50% of SAWW to \$1,647/week *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 = \$1830	Effective 1/1/26 1.13% of Wages** up to social security maximum wages \$184,500 ER*: .323% (28.57% of rate) EE: .808% (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	Effective 1/1/26 1.13% of Wages** up to social security maximum wages \$184,500 ER*: .323% (maximum \$595.94) EE: .808% (maximum \$1490.76) * Employers with fewer than 50 employees in WA do not pay the ER share ** Combined rate for both PML and PFL	<ul style="list-style-type: none"> State Fund Self-Fund
Washington, DC	Universal Paid Leave Amendment Act (PFL)	Effective 7/1/25 1-1-12 If EE's AWW \leq 150% of minimum wage x 40 = 90% of average weekly wage to \$1,190/week 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 \$1,190/week * 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) Minimum Wage 7/1/25: \$17.95	100% employer paid	7/1/24: .75% of employees' gross wages	<ul style="list-style-type: none"> District Fund Only

2026 Statutory Paid Family Leave Plans

California, New Jersey, New York, Washington, Connecticut, Massachusetts, Washington DC, Oregon, Maryland, Minnesota, 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.

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 1/1/26 Up to 8 weeks of benefits in any 12-month period 70% or 90% of weekly pay ranging between \$100 - \$1,765/week No waiting period	Combined with CA SDI see page 1 Employee pays full cost in State Fund	Combined with CASDI see page 1 Employee pays full cost in State Fund	<ul style="list-style-type: none"> • State Fund • Self-Fund
Colorado	Paid Family Leave (PFL)	Effective 7/1/25 1-1-12* If Weekly Earnings ≤ 50% State AWW (\$767.47): 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 \$1381.45/week maximum benefit Statewide AWW: \$1,534.94 *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
Connecticut	CT PL	Effective 1/1/26 1-1-12* If Weekly Earnings ≤ 40 x state minimum wage **: 95% Base Weekly Earnings up to 40 x state minimum wage (\$677.60) If Weekly Earnings > 40 x state minimum wage: 95% of Base Weekly Earnings to 40 x state minimum wage (\$677.60); then 60% of remaining earnings > 40 x state minimum wage to maximum 60 x state minimum wage - \$1016.40/week maximum benefit * Combined FMLI benefit maximum in 52-week period <i>plus two additional weeks during pregnancy in the case of incapacity or certain treatment</i> **CT Min Wage \$16.94/hr.	Note: combined with FMLI employee cost	100% employee paid cost	<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>

State	Family Leave 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 (FLI)	Effective 1/1/26 1-6 or 12 80% of AWW to \$900/week *12-week <u>parental leave</u> per application year 6 weeks <u>once in 24-month period</u> for: Care of Family Member Qualifying Exigency *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. 12-week combined entitlement all FMLI	Effective 1/1/26 Combined with PML Cost	Effective 1/1/26 Combined with PML Cost	<ul style="list-style-type: none"> State Fund Self-Fund Insurance Company or TPA
Maine	Paid Family Leave (PFL)	Effective 5/1/26 1-12* 90% up to 50% of SAWW then 66% up to maximum benefit Maximum benefit: SAWW *Combined entitlement with PML utilization.	Effective 1/1/25 Combined with PML Cost	Effective 5/1/26 Combined with PML Cost	<ul style="list-style-type: none"> State Fund Insurance Carrier/TPA Self-Fund
Maryland	Family and Medical Leave Insurance (FLI)	Effective 1/1/28 1-1-12* 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. *plus 12 additional weeks for certain leaves for one's own serious health condition and bonding in the same application year.	Effective 1/1/27 Included with PML rate	Effective 1/1/28* Included with PML rate *for employers with <15 employees – no employer contributions are required.	<ul style="list-style-type: none"> State Fund Insurance Carrier/TPA Self-Fund
Massachusetts	Paid Family Leave (PFL)	Effective 1/1/26* 8-8-12** If EE's AWW ≤ 50% SAWW (\$961.24), then 80% to \$1230.39/week; or IF EE's AWW > 50% SAWW (\$961.24), then 80% of one-half SAWW; and 50% of the difference of EE's AWW and 50% of SAWW to \$1230.39/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	Effective 1/1/26 .18% of gross wages up to social security maximum \$184,500 ER: 0% EE: 100% \$332.10/yr	Effective 1/1/26 .18% of Gross Wages up to social security maximum \$184,500 ER: 0% EE: 100% \$332.10/yr (All size businesses)	<ul style="list-style-type: none"> State Fund Self-Fund Fully Insured

State	Family Leave Plan Name	Benefits	Maximum Employee Cost (State Fund, Insurance Company or Self-Funded)	Maximum Plan Cost (State Fund)	Employer Administration Choices
Minnesota	Paid Family Leave (PFL)	Effective 1/1/26 1*-1-12*** 90% of AWW ≤ 50% of SAWW (\$711.50); plus 66% of earnings > 50% of SAWW but not 100% SAWW; plus 55% of earnings >100%-SAWW to maximum \$1423/week (SAWW = \$1423) *Must be incapacitated 7 days before benefits begin **Combined PML/PFL not to exceed 20 weeks in 52-week period.	Effective 1/1/26 Combined with PML cost	1/1/26 Combined with PML cost	<ul style="list-style-type: none"> State Fund Self-Fund Fully Insured
New Jersey	Family Leave Insurance (FLI)	Effective 1/1/26 1st day of leave 85% to \$1,119/week 12-week duration (or 56 intermittent days)	Effective 1/1/26 0.23% of taxable wages up to \$171,100/yr. (\$393.53 max/yr.) Employee pays full cost.	Effective 1/1/26 0.23% of taxable wages up to \$171,100/yr. (\$393.53 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 1/1/26 1st day of leave 67% to \$1228.53/week 12-week duration (or 60 intermittent days)	Effective 1/1/26 .432% of covered wages (\$411.91 max/yr.) Covered Wage Cap: \$95,348.76/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 7/6/25 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 (2025 SWAWW is \$1,363.80 x 120% = \$1636.56) * Combined PML/PFL not to exceed 12 weeks in 52-week period except when limitations from pregnancy may add 2 additional weeks	Effective 1/1/26 Note: combined with PML employee cost	Effective 1/1/26 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 7/1/25 Up to 8 weeks (1/1/26) of benefits in a 12-month period beginning with first date of claim* 60% to \$1103/week* * If dependents: the greater of 7% of the weekly max or \$20 per dependent up to max of \$1,489.00 (5 dependent max) *Combined TDI/TCI not to exceed 30 weeks in 52-week period.	Effective 1/1/26* 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 1/1/26 Combined with Disability Payment Employee pays full cost	<ul style="list-style-type: none"> State Fund only

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)	Effective 1/1/26 8-8-12* If EE's AWW ≤ 50% of SAWW (\$915***), then 90% to max \$1,647/week; or If EE's AWW > 50% SAWW (\$915), then 90% of one-half SAWW; and 50% of the difference of EE's AWW and 50% of SAWW to \$1,647/week *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 = \$1830	Effective 1/1/26 Combined with PML employee/employer cost	Effective 1/1/26 Combined with PML employee/employer cost	<ul style="list-style-type: none"> • State Fund • Self-Fund
Washington, DC	Paid Family Leave (PFL)	Effective 7/1/25 1-1-8 If EE's AWW ≤ 150% of minimum wage x 40 = 90% of average weekly wage to \$1,190/week If EE's AWW > 150% of minimum wage x 40 = 90% ≤ 150% of minimum wage x 40; then 50% of excess earnings to maximum \$1,190 per week. * 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 ; 2 weeks for pre-natal care could extend combined maximum to 14 weeks in certain circumstances) Minimum Wage 7/1/25: \$17.95	100% employer paid based on ALL earnings	Combined coverage with medical leave	<ul style="list-style-type: none"> • District Fund Only