

STATUTORY BENEFITS REFERENCE GUIDE

State disability and paid family leave laws.

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Cigna's Statutory Benefits Reference Guide provides a useful summary of state disability and paid family leave (PFL) programs, including the following for each state.

- › The agency or department responsible for administration and oversight of the disability and PFL programs
- › Eligibility requirements employees must meet
- › Permissible reasons for leave and/or receipt of benefits
- › Benefit amount and duration
- › Funding
- › Other pertinent information

STATE LISTING

Click on the applicable state to access a summary of that state's benefit provisions. At the end of each state's information, you can click to return to this list.

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CALIFORNIA

Paid Family Leave (PFL)

State department

Employment Development Department (EDD),
edd.ca.gov/disability

Eligibility

(Refer to edd.ca.gov/disability for additional information.)

To be eligible for PFL, the employee must:

- Have earned at least \$300 from which state disability insurance (SDI) deductions were withheld during the relevant base period.
- Have lost wages because he or she was caring for a seriously ill family member or bonding with a new child.
- Be unable to do his or her regular or customary work due to the need to provide care for a seriously ill family member or to bond with a new child.
- Be employed or actively looking for work at the time PFL begins.
- Complete and submit the claim form no earlier than the first day the family leave begins, but not later than 41 days after the family leave begins or there's a possibility that benefits may be lost.
- Provide a medical certification on the individual's care claim for the seriously ill family member, completed by the care recipient's health care provider.

Covered reasons

An employee can take time off to care for a family member with a serious health condition, or to bond with a new child entering the family through birth, adoption or foster care placement. Parents taking time off to bond with a child may only receive benefits during the first year after the child's birth, adoption or foster care placement. Family members include a child, parent, parent-in-law, grandparent, grandchild, sibling, spouse or registered domestic partner.

A serious health condition includes an illness, injury, impairment or physical/behavioral condition that involves inpatient care in a hospital, hospice or residential medical care facility, or at home. This includes any period of incapacity (e.g., inability to work, attend school or perform other regular daily activities), or any subsequent treatment in connection with such inpatient care or continuing treatment by a health care provider.

Starting January 1, 2021, PFL will also be available to employees taking time off due to a "qualifying exigency" arising from the deployment of the employee's spouse, domestic partner, parent or child for active military duty to a foreign country. Examples of qualifying exigencies include attendance at military events, making childcare arrangements arising from a military member's covered active duty, making or updating financial and legal arrangements to attend a military member's absence on covered active duty, and accompanying the military member during a rest and recuperation leave during deployment.

Benefit entitlement

The weekly benefit amount is based on the quarter in which the highest wages were earned within the relevant base period. The date the claim begins determines the base period.

The weekly benefit amount is approximately 60%-70% (depending on income) of wages earned up to the maximum weekly benefit amount. For 2019, the benefit minimum is \$50/week and benefit maximum is \$1,252/week.

There is no waiting period for PFL benefits and employees are eligible for a maximum of six weeks of PFL benefits in a 12-month period. Beginning July 1, 2020, eight weeks of PFL benefits will be available under California's PFL program in a 12-month period.

Employees in San Francisco may be entitled to supplemental compensation if they are receiving PFL benefits to bond with a new child through birth, adoption or foster care placement. For more information, visit the City and County of San Francisco Office of Labor Standards Enforcement Paid Parental Leave Ordinance (PPLO) at sfgov.org/olse.

Employee contribution

The 2019 SDI tax rate (which includes disability insurance and PFL) is 1.0%, to be withheld on the first \$118,371 in wages paid to each employee in a calendar year, for a maximum tax of \$1,183.71 per employee per year. The tax rate and taxable wage limit may be changed yearly.

Employer costs

The employer's costs are optional, as the employer may elect to pay all or part of the employee amount.

Private plan options

PFL and SDI plans may be administered externally or employer may choose to administer the plan in-house.

Private plans for California Voluntary Plans must exceed the minimum requirements of the California statute in at least one respect.

A private plan must be approved by the director of the EDD. Also, a majority of employees must consent to private plan in writing.

NOTE: Cigna no longer offers a self-insured (ASO) California Plan for new business cases as of 1/1/18. Cigna will continue to service in-force cases sold prior to this date. For alternative options, please contact your account representative.

Additional notes

Employees covered by PFL insurance are also covered for SDI.

California PFL does not include job protection. However, other federal or California laws may provide job protection and reinstatement rights over the leave for which the employee received PFL benefits.

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CALIFORNIA

State disability insurance (SDI)

State department

Employment Development Department (EDD),
edd.ca.gov/disability

Eligibility

In order to be eligible for DI benefits, the employee must:

- › Be unable to do his or her regular or customary work for at least eight days.
- › Be employed or actively looking for work at the time the disability begins.
- › Have lost wages because of the disability.
- › Have earned at least \$300 from which State Disability Insurance (SDI) deductions were withheld during the employee's base period.
- › Be under the care and treatment of a licensed physician/practitioner or accredited religious practitioner within the first eight days of the employee's disability. The date the claim begins can be adjusted if it does not meet this requirement. The employee must remain under care and treatment to continue receiving benefits.
- › Complete and submit the claim form (DE 2501) no earlier than nine days after the first day of disability begins but no later than 49 days after the disability begins or the employee may lose benefits.
- › Have the employee's physician/practitioner complete the medical certification portion of the disability claim

(Refer to edd.ca.gov/disability for additional information.)

To be eligible for SDI, the employee must:

- › Earn at least \$300 from which SDI deductions were withheld during a base period.
- › Have lost wages because of disability or, if unemployed, have been actively looking for work.
- › Be unable to do his or her regular or customary work for at least eight consecutive days.
- › Be employed or actively looking for work at the time of becoming disabled.
- › Be under the care and treatment of a licensed health care provider or accredited religious practitioner during the first eight days of your disability.
- › Provide a completed medical certification for disability.

Covered reasons

An employee is unable to work due to non-work-related illness or injury, pregnancy or childbirth.

Benefit entitlement

The weekly benefit amount is based on the quarter of the highest wages earned within a base period. The date the claim begins determines the base period.

For employees who earned less than one-third of the state's average quarterly wage during the previous four quarters, they are eligible to receive 70% of his or her weekly benefit amount. For employees who earned one-third or more of the state's average quarterly wage during the previous four quarters, they're eligible to receive 60% of his or her weekly benefit amount. The benefit minimum is \$50/week and benefit maximum is \$1,300/week.

The 2020 benefit maximum is still pending publishing by California.

Benefits are payable on the eighth day with a benefit period maximum of 52 weeks, or 100% of total wages during the base period, whichever is less. Successive periods of disability for the same or similar diagnosis separated by 60 days or less are considered the same disability claim.

Employee contribution

The SDI tax rate (which includes disability insurance and PFL) is 1.0%. The SDI taxable wage limit is \$122,909 per employee per year. The maximum annual cost per employee is \$1,229.09.

SDI tax rate is set by the California State Legislature and may change yearly.

The 2020 SDI tax rate is still pending publishing by California.

Employer costs

The employer's costs are optional, as the employer may elect to pay all or part of the employee amount.

Private plan options

PFL and SDI plans may be administered externally or employer may choose to administer the plan in-house.

Private plans for California Voluntary Plans must exceed the minimum requirements of the California statute in at least one respect.

A private plan must be approved by the director of the EDD. Also, a majority of employees must consent to private plan in writing.

NOTE: Cigna no longer offers a self-insured (ASO) California Plan for new business cases as of 1/1/18. Cigna will continue to service in-force cases sold prior to this date. For alternative options, please contact your account representative.

Additional notes

Employees covered by SDI are also covered for PFL insurance to take time off to care for a seriously ill qualified family member, or to bond with a newborn following birth, or adopted child or foster care child following placement in the home.

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HAWAII

Temporary Disability Insurance (TDI)

State department

Department of Labor & Industrial Relations, Disability Compensation Division, hawaii.gov/labor/dcd

Eligibility

(Refer to hawaii.gov/labor/dcd for additional information.)

To be eligible for benefits, the employee must:

- Have at least 14 weeks of Hawaii employment, during each of which the employee was paid for 20 hours or more and earned not less than \$400 in the 52 weeks preceding the first day of disability. (The 14 weeks doesn't need to be consecutive nor with only one employer.)
- Be in current employment.
- Meet the following conditions:
 - Injury or illness cannot be related/caused by the employee's job.
 - Disability is certified by, and the employee is under the care of, a licensed health care provider, surgeon, dentist, chiropractor, osteopath, naturopath or an accredited practitioner of a faith-healing group.

Covered reasons

An employee is unable to work due to non-work-related illness or injury which prevents the employee from performing his or her regular duty, or pregnancy or childbirth.

Benefit entitlement

If the employee's average weekly wage is more than \$26 (rounded to the next higher dollar), they're eligible to receive 58% of his or her average weekly wage. There's a maximum weekly wage of \$1,119.44 and a benefit maximum of \$650 as of 1/1/2020. If the employee's average weekly wage is less than \$26, the weekly benefit amount is equal to the average weekly wage but not to exceed \$14/week.

Benefits are payable on the eighth day with a benefit period maximum of 26 weeks during a benefit year.

Employee contribution

An employer may withhold TDI contributions of one-half the premium cost but not more than .5% of the employee's weekly wage, with the maximum not to exceed \$5.60. An employer may not deduct premium cost from an employee who does not meet the eligibility requirements of Section 392-25, HRS.

Employer costs

The employer may pay the entire premium cost or share it with the employee. Employer is required to pay at least half of plan cost plus any additional costs not chargeable to the employee.

Private plan options

TDI plans may be administered externally or employer may choose to administer the plan in-house.

Employer must obtain coverage through an approved carrier/Third Party Administrator (TPA) (there is no state plan). Private plan benefits must be actuarially equivalent to the mandated benefits.

Insured/self-insured plans are required to have claims offices situated in Hawaii to process claims and pay benefits.

NOTE: Cigna offers fully insured Hawaii TDI.

Additional notes

Insured/self-insured plans are required to have claims offices situated in Hawaii to process claims and pay benefits.

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Massachusetts

Massachusetts Paid Family and Medical Leave (MA PFML)

Benefits under MA PFML will become available in 2021. The program will be funded by premiums that are collected by the state starting October 1, 2019.

State department

Department of Family and Medical leave, <https://www.mass.gov/orgs/department-of-family-and-medical-leave>

Covered employees

(Refer to <https://malegislature.gov/Laws/SessionLaws/Acts/2018/Chapter121> for additional information.)

There are three categories of covered individuals.

- ▶ Current employees who meet the financial eligibility requirements for unemployment compensation.
- ▶ Self-employed individuals who have elected to be covered under the MA PFML law and have self-reported earnings that meet the financial eligibility requirements for unemployment compensation.
- ▶ Former employees who meet the financial eligibility requirements for unemployment compensation and have been separated from employment for less than 26 weeks at the start of family or medical leave.

Covered reasons

Care for an eligible family member: Employees can care for a covered family member with a serious health condition. Covered family members are legal wards, domestic partners, grandchildren, grandparents and siblings, in addition to children, parents and spouses, as defined under the federal FMLA.

A serious health condition is an illness, injury, impairment or physical or mental condition that requires inpatient care in a hospital, hospice or inpatient/outpatient residential health care facility, or involves continuing treatment or supervision by a health care provider.

Bonding: A parent can take PMFL during the first 12 months following birth or placement for adoption or foster care of a child.

Qualifying exigencies: If a covered family member is on active duty service or has received notice of an impending call or order to active duty in the Armed Forces, an employee can take PMFL to assist with a need for leave arising out of the same.

Bonding leave cannot be taken on an intermittent or reduced leave basis without the employer's agreement. Leave to care for the employee's own serious health condition or that of a family member or covered service member may be taken intermittently or on a reduced schedule if medically necessary. Qualifying exigency leave is also available on an intermittent or reduced schedule basis.

Benefit entitlement

The amount of the weekly benefit depends on the individual's average weekly wage (AWW) in relation to the state average weekly wage (SAWW).

- ▶ The portion of the AWW that is equal to or less than 50% of the SAWW will be replaced at a rate of 80%.
- ▶ The portion of the AWW that is more than 50% of the SAWW will be replaced at a rate of 50%.

The maximum weekly benefit is set at \$850; however, that number will be adjusted annually to be 64% of the SAWW.

Notably, if an employer makes payments to an employee during any period of family or medical leave that is equal to or greater than the amount required by law, the employer is entitled to reimbursement out of any MA PFML benefits due.

There is a waiting period of seven days before benefits are payable, except when family leave is taken immediately after a medical leave during pregnancy or recovery from childbirth. An employee can use accrued paid time off to receive full pay during the waiting period. The maximum duration of leave available in a benefit year depends on the reason for leave.

Reason for the leave	Maximum duration of leave
Family	12 weeks
Care of a covered service member	26 weeks
Medical (employee's own serious health condition)	20 weeks
Any combination of the above leave reasons	Combined 26 weeks

Employee contribution

The benefits will be funded by premium contributions that may be collected from both employers and employees. Employers may deduct the full family leave portion of the premium from employee wages through payroll deductions, but for medical leave contributions, employers may deduct only 40% from employee wages.

The MA PFML set an initial rate of 0.75% of an employee's wages as the contribution required to commence as of October 1, 2019, but the premium rate will be adjusted annually starting October 1, 2021. It is not yet known what portion of the 0.75% premium rate should be allocated to family versus medical leave contributions. Notably, employers who have less than 25 employees in Massachusetts are exempt from contributing to the premium.

Employer costs

Employers must pay the remainder of the premium after the employee contribution is deducted. Massachusetts is creating a Family and Employment Security Trust Fund from which benefits will be administered and paid. The benefits will be funded by premium contributions that may be collected from both employers and employees.

Private plan options

Employers may also apply for approval of a private plan for either family or medical leave benefits, or both. Such plans may be self-insured or fully insured through the policy of an approved insurer. Private plans must provide benefits that are at least equal to what the MA PFML program would provide and cannot cost employees more than the MA PFML program. Additionally, if the private plan is self-insured, the employer must furnish a bond running to the commonwealth.

Additional notes

MA PFML includes job protection and certain reinstatement rights.

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NEW JERSEY

Paid Family Leave Insurance (PFLI)

State department

Department of Labor and Workforce Development,
Division of Temporary Disability and Family Leave
Insurance, myleavebenefits.nj.gov/

Eligibility

(Refer to <https://myleavebenefits.nj.gov/> for additional information.)

For 2019, the employee must have at least 20 calendar weeks in New Jersey covered employment in which the employee earned \$200 or more (called “base weeks”), or have earned \$10,000 or more in such employment during the “base year” period. The base year is the 52 weeks prior to the week before the family leave began. These amounts are subject to change on a yearly basis.

Covered reasons

An employee can take time off to care for a child (including foster and surrogate children), parent (including foster and surrogate parents), spouse, domestic partner or civil union partner parent-in-laws, siblings, grandparents, grandchildren, or those equivalent to a family member, with a serious health condition, or to bond with a new child entering the family through birth, adoption or foster care placement. Bonding leave must be taken during the first 12 months after the child’s birth or placement for adoption. For purposes of leave to care for a child with a serious health condition, “child” means a biological, adopted or foster child, stepchild, legal ward or the child of your domestic or civil union partner. The child must be less than 19 years old or incapable of self-care because of mental or physical impairment.

Notice requirements

For bonding: Employees must provide their employer 30 days’ notice before the leave starts. If proper notice isn’t provided to the employer, the employee’s benefit entitlement may be reduced by 14 days.

For care of a seriously ill family member: The employee must provide the employer reasonable advance notice unless the employee needs to take family leave unexpectedly or the time of the family leave changes for unforeseeable reasons.

Employees must provide employer with 15-day notice for any family leave benefits taken intermittently.

Benefit entitlement

The weekly benefit rate for NJ PFLI is two-thirds of the employee’s average weekly wage, which is generally based on the employee’s earnings in the eight weeks immediately before the leave begins. From January 1, 2020 to June 30, 2020, the maximum benefit weekly rate is \$650. An employee can receive benefits for up to six weeks (42 days) during a 12-month period, or until benefits equal to one-third of the employee’s earnings during the base year have been paid, whichever is less.

Effective July 1, 2019, there isn’t a seven-day waiting period for benefits.

Starting July 1, 2020, an employee can receive benefits for up to 12 weeks in any 12 month period. The weekly benefit rate for NJ PFLI will also increase to 85% of the employee’s average weekly wage, subject to a maximum of 70% of the statewide average weekly wage. The maximum benefit weekly rate will be \$881. The maximum leave period for intermittent leave will increase from 42 days to 56 days.

Employee contribution

As of January 1, 2020, workers contribute 0.16% of the first \$134,900 earned during the calendar year. That means workers who do not earn \$134,900 in a year continue to have deductions taken out year round.

The most that they can contribute for 2020 is \$215.84.

Employer costs

None. The family leave program is financed 100% by worker payroll deductions.

Private plan options

PFLI plans may be administered externally or employer may choose to administer the plan in-house.

Private plans must be as liberal as state plan in eligibility requirements, benefit amounts and duration.

NOTE: Cigna does not offer administration for PFLI.

Additional notes

Employees covered by SDI are also covered for PFLI.

New Jersey PFLI does not include job protection. However, other federal or New Jersey laws may provide job protection and reinstatement rights over the leave for which the employee received PFLI benefits.

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NEW JERSEY

Temporary Disability Benefit (TDB)

After July 1, 2020, if the employee works for more than one employer, they can get family leave insurance benefits from one employer while still working for the other, on the condition that they do not work more time with the other employer.

State department

Department of Labor and Workforce Development,
Division of Temporary and Family Leave Insurance

Department of Labor, Division of Temporary Disability Insurance, <https://myleavebenefits.nj.gov/labor/myleavebenefits/>

Eligibility

(Refer to <https://myleavebenefits.nj.gov/labor/myleavebenefits/worker/tdi/> for additional information and see the “Who Qualifies for State Benefits”.)

The employee must have at least 20 calendar weeks in covered New Jersey employment in which they earned \$200 or more (called base weeks), or have earned \$10,000 or more in such employment during the “base year” period. The base year is the 52 weeks prior to the week before the disability began. Only covered wages earned during the base-year period can be used in determining the claim.

Covered reasons

The employee is unable to work due to non-work-related illness or injury, pregnancy or childbirth.

Benefit entitlement

The weekly benefit rate for TDB is based on an employee’s average weekly wage. The “average weekly wage” is determined by dividing the employee’s total wages earned from the employee’s most recent covered employer during the “base weeks” in the “base year” immediately prior to the calendar year in which the period of disability began, or in which the employee submits a claim for benefits.

“Base year” means the first four of the last five completed calendar quarters immediately prior to the disability.

An “alternative base year” may be used if an employee does not have sufficient qualifying weeks. “Alternative base year means (1) the last four completed calendar

quarters immediately prior to the period of disability, except if an employee does not have sufficient qualifying weeks or wages in the last four completed quarters, then, (2) the last three completed calendar quarters immediately prior to the period of disability. Employee is eligible to receive two-thirds of their average weekly wage with a benefit maximum \$667/week from January 1, 2020 to June 30, 2020.

Effective July 1, 2020, an employee can receive benefits at 85% of the employee’s average weekly wage, subject to a maximum of \$881/week.

Benefits are payable on the eighth day with a rollback to day one if the disability exceeds 21 days. The benefit period maximum is 26 weeks for one period of disability.

Employee contribution

As of January 1, 2020, workers contribute 0.26% of the first \$134,900 earned during the calendar year. That means that workers who do not earn \$134,900 in a year will continue to have deductions taken out year round.

The most they can contribute for 2020 is \$350.74.

Employer costs

For Temporary Disability Insurance in 2020, the contribution rate continues to vary between 0.10% to 0.75%, but the wage cap increases to \$35,300 for the calendar year.

Private plan options

TDB plans may be administered externally or employer may choose to administer the plan in-house.

Private plans must be as liberal as state plan in eligibility requirements, benefit amounts and duration.

NOTE: Cigna offers both fully insured and self-insured (ASO) plans for New Jersey Temporary Disability Benefit.

Additional notes

Employees covered by SDI are also covered for PFL insurance.

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NEW YORK

Paid Family Leave (PFL)

State department

Workers' Compensation Board, Disability Benefits Bureau, ny.gov/programs/new-york-state-paid-family-leave

Eligibility

(Refer to ny.gov/programs/new-york-state-paid-family-leave for additional information.)

- Eligibility is based on an employee's work schedule. Employees with a regular work schedule of 20 hours per week are eligible after 26 weeks of employment. Employees with a regular work schedule of less than 20 hours per week are eligible after 175 days worked.

Employees who don't meet eligibility requirements for PFL within a year of their date of hire (such as seasonal employees) can sign a waiver to opt out.

Covered reasons

An employee can take time off to bond with their new child, care for an eligible family member with a serious health condition, or for certain qualifying military exigencies as defined under the federal Family and Medical Leave Act (FMLA). The PFL benefit must be taken at a minimum in full-day increments.

Bonding: A parent can take PFL during the first 12 months following birth, adoption or fostering of a child. If spouses have the same employer, the employer can deny PFL to one of the spouses if they've asked for the same period of time off.

Care for an eligible family member: Employees can care for a covered family member with a serious health condition. Covered family members are spouses, domestic partners, children, parents (which includes parents-in-law), grandparents and grandchildren.

A serious health condition is an illness, injury, impairment or physical or mental condition that requires inpatient care in a hospital, hospice or inpatient/outpatient residential health care facility, or involves continuing treatment or supervision by a health care provider.

If a covered family member is on active duty abroad or has been notified of an impending call or order of active military duty abroad, an employee can take PFL to assist with qualifying exigencies as defined under the FMLA. Covered family members, for purposes of military qualifying exigency leaves, are spouses, domestic partners, children and parents. Grandparents and grandchildren are not covered for purposes of military qualifying exigency leaves under New York PFL.

Benefit entitlement

The employee's average weekly wage is based on wages earned during the eight weeks of employment prior to taking PFL. The leave duration and benefit amounts ramp up over the first four years as follows.

Effective date	Benefit of employee's average weekly wage	Maximum benefits duration
1/1/18	50%	8 weeks
1/1/19	55%	10 weeks
1/1/20	60%	10 weeks
1/1/21	67%	12 weeks

The maximum weekly benefit for 2020 is \$840.70. Benefits are payable on the first day. An employee can't take more than a total of 26 weeks of leave within a 52-week period for combined PFL and Disability Benefits Law (DBL) reasons.

Employee contribution

The new contribution rate, effective January 1, 2020, will be 0.270% of an employee's gross wages each pay period up to the maximum annual contribution of \$196.72. The maximum annual contribution is based on the updated 2020 statewide average weekly wage of \$1,407.17. These figures are subject to change on an annual basis.

Employer cost

The plan cost is paid by the employee but the employer may choose to pay for the coverage on behalf of the employee.

Private plan options

New York's PFL law went into effect on 1/1/18.

PFL plans may be administered externally or an employer may choose to administer the plan in-house.

NOTE: If an employer has insured DBL they must purchase the PFL insurance from the same carrier. They are not allowed to self-insure the PFL when they insure DBL.

Additional notes

New York PFL includes job protection.

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NEW YORK

Disabilities Benefits Law (DBL)

State department

Workers' Compensation Board, Disability Benefits Bureau, wcb.ny.gov/content/main/DisabilityBenefits/Employer/introToLaw.jsp

Eligibility

(Refer to wcb.ny.gov/content/main/DisabilityBenefits/Employer/introToLaw.jsp for additional information.)

An employer of one or more persons on each of 30 days in any calendar year becomes a "covered" employer four weeks after the 30th day of such employment.

Employees who are eligible for DBL

- › Employees (or recent employees) of a covered employer who have worked at least four consecutive weeks.
- › Employee of an employer who elects to provide benefits by filing an Application for Voluntary Coverage.
- › Employees who change jobs from one covered employer to another covered employer are protected from the first day on the new job (generally, an eligible employee does not lose protection during the first 26 weeks of unemployment, provided he or she is eligible for, and is claiming, unemployment insurance benefits).
- › Domestic or personal employees who work 40 or more hours per week for one employer.

Covered reasons

The employee is unable to work due to non-work-related illness or injury, pregnancy or childbirth.

Benefit entitlement

The employee's average weekly wage is based on wages earned during the eight weeks of employment prior to taking disability. The employee is eligible to receive 50% of their average weekly wage with a benefit maximum of \$170/week. If the last week in which the disability began lowers the employee's benefit rate, it is not included in determining average weekly wage.

Benefits are payable on the eighth day, for a maximum benefit period of 26 weeks of disability during any 52 consecutive-week period combined with New York PFL.

Employee contribution

The employee's contribution is 0.5% of first \$120 of weekly wage to a maximum of \$0.60/week.

Employer costs

The employer may pay the entire cost of the Plan. There are some accepted Disability Benefits Plans under which employees are required to contribute more than 60 cents per week, but only by agreement and provided the employees' contributions are reasonably related to the value of the benefits.

Private plan options

DBL plans may be administered externally or employer may choose to administer the plan in-house.

NOTE: Cigna offers both fully insured and self-insured (ASO) plans under New York DBL. If an employer has insured DBL they must purchase the PFL insurance from the same carrier. They are not allowed to self-insure the PFL when they insure DBL.

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PUERTO RICO

Seguro por Incapacidad No Ocupacional Temporal (SINOT)

State department

Department of Labor Bureau of Employment Security,
www2.pr.gov/Pages/default.aspx

Eligibility

(Refer to www2.pr.gov/Pages/default.aspx for additional information.)

The employee must have earned at least \$150 in wages during the base year (in any one of the first four of last five consecutive calendar quarters immediately preceding date on which application for benefits is filed).

Covered reasons

The employee is unable to work due to illness or injury that is non-work-related or not related to an automobile accident. The employee must be treated by a doctor or chiropractor. If the employee is unable to work due to pregnancy, it can be covered for a disability beyond the eight weeks of maternity leave covered under the Working Mothers Act.

There's additional benefits available for accidental death and dismemberment (AD&D).

Benefit entitlement

The weekly benefit is 65% of the employee's average weekly wage with a benefit maximum of \$113 (\$55 for agricultural workers). The minimum benefit is \$12/week, which includes agricultural workers.

Benefits are payable on the eighth day or first day of hospitalization if hospitalized within first seven days. The benefit period maximum is 26 times the weekly benefit.

For a dismemberment due to an accident, the benefit payable is between \$2,000 and \$4,000 in U.S. currency for a loss of any arm, foot, hand, fingers or loss of vision, depending on the loss. For a death due to an accident, the benefit payable is \$4,000 in U.S. currency for the worker's direct dependents plus any incapacity benefits indebted.

Employee contribution and employer cost

The employee and employer contributions are a shared cost. Employees may be charged up to 50% of the plan's costs, but not more than 0.3% of the first \$9,000 of the employee's annual wages. The maximum annual employee cost is \$27.

Private plan options

SINOT plans may be administered externally or employer may choose to administer the plan in-house.

Puerto Rico permits only 7/1 effective dates.

Private plans must be as liberal as the state plan in eligibility requirements, benefit amounts and duration.

NOTES: Cigna offers fully insured SINOT plans. Cigna's deadline for new business implementation requests is 4/15 to ensure we can meet PR's 4/30 submission deadline.

Employers must continue full pay (100% of wages) during maternity leave, including leave taken for adoption. These benefits are provided under the Working Mothers Act, and are therefore outside of the SINOT law itself. Employees can take Maternity leave for 8 weeks according to the Working Mothers Act and there is no offset against amounts paid as wages by the employer during maternity leave. SINOT does not cover maternity leave only complications before or after the delivery.

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RHODE ISLAND

Temporary Caregiver Insurance (TCI)

State department

Rhode Island Department of Labor and Training
Temporary Disability and Caregiver Insurance,
dlt.ri.gov/tdi

Eligibility

(Refer to dlt.ri.gov/tdi for additional information.)

To be eligible for TCI, the employee must have:

- Earned wages in Rhode Island and paid into the TDI/TCI fund.
- Been paid at least \$12,600 in their base period (the first four of the last five completed calendar quarters prior to claim; or last four completed quarters if needed to meet minimum earnings requirement).

If at least \$12,600 was not earned, an employee may still be eligible if all of the following conditions are met.

- Earned at least \$2,100 in one of their base period quarters.
- Their total base period taxable wages are at least 1.5 times their highest quarter of earnings.
- Their base period taxable wages equal at least \$4,200.

Covered reasons

An employee can take time off to care for a seriously ill child, parent, parent-in-law, grandparent, spouse, domestic partner, or to bond with a new child entering the family through birth, adoption or foster care placement. Parents taking time off to bond with a child may only receive Rhode Island TCI benefits during the first year after the child's birth, adoption or foster care placement.

Employees must apply for benefits during the first 30 days after the first day of leave is taken.

Benefit entitlement

The weekly benefit amount is 4.62% of wages paid in the highest earning quarter of the base period. Currently, the benefit minimum is \$98 and the benefit maximum is \$867, which doesn't include the dependency allowance.

For dependent children less than 18 years old, a dependency allowance may be provided. The dependency allowance is limited to five dependents and is equal to the greater of \$10 or 7% of the benefit rate. The maximum weekly benefit with the maximum of five dependents is \$1,170.

Benefits are payable as of the first day, but an employee must be out of work for seven consecutive days or more to receive benefits. The maximum benefit period is four weeks, which will reduce the maximum weeks of TDI during a benefit year.

Employee contribution

The employee contributes entirely. Employers must deduct 1.3% of the first \$72,300 earned.

Employer contribution

None.

Private plan options

No private plans are permitted by Rhode Island. Employers must obtain coverage directly from the state.

Additional notes

Rhode Island TCI does not include job protection. However, other federal or Rhode Island laws may provide job protection and reinstatement rights over the leave for which the employee received TCI benefits.

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RHODE ISLAND

Temporary Disability Insurance (TDI)

State department

Rhode Island Department of Labor and Training
Temporary Disability and Caregiver Insurance,
dlt.ri.gov/tdi

Eligibility

(Refer to dlt.ri.gov/tdi for additional information.)

To be eligible for TDI, the employee must:

Have been paid at least \$12,600 in either their base period or an alternate base period.

If at least \$12,600 was not earned, the employee may still be eligible if they've met all of the following conditions.

- ▶ Earned at least \$2,100 in one of their base period quarters.
- ▶ Their total base period taxable wages are at least 1.5 times their highest quarter of earnings.
- ▶ Their base period taxable wages equal at least \$4,200.

Covered reasons

The employee is unable to perform his or her customary and regular work duties due to non-work-related illness or injury, pregnancy or childbirth.

To be medically eligible for TDI benefits, a qualified health care provider (QHP) must certify that the employee is unable to work. A QHP is a U.S.-licensed individual who can practice medicine, surgery, dentistry, optometry, osteopathy, podiatry, chiropractic and psychology within the scope of the individual's practice, as defined by Rhode Island or any other state in the United States. The QHP will provide a medical certification to advise the state as to the length of time he or she expects the employee to be unable to work.

Benefit entitlement

The weekly benefit amount is 4.62% based on the quarter of the highest wages earned within a base period. The benefit minimum is \$98 and the benefit maximum is \$867, which doesn't include the dependency allowance.

For dependent children less than 18 years old, there may also be a dependency allowance provided. The dependency allowance is limited to five dependents and is equal to the greater of \$10 or 7% of the benefit rate. The maximum weekly benefit with the maximum of five dependents is \$1,170.

Benefits are payable as of the first day, but an employee must be out of work for seven consecutive days or more and certified by a QHP. The maximum benefit period is 30 weeks, which will be reduced based on any TCI taken during a benefit year.

Employee contribution

The employee contributes entirely. Employers must deduct 1.3% of the first \$72,300 earned.

Employer contribution

None.

Private plan options

No private plans are permitted by Rhode Island. Employers must obtain coverage directly from the state.

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Washington

Washington Paid Family and Medical Leave (WA PFML)

Benefits under WA PFML are available in 2020. The program is funded by premiums collected by the state that began January 1, 2019.

State department

Washington Employment Security Department,
<https://esd.wa.gov/paid-family-medical-leave>

Employees who are eligible for WA PFML

On January 1, 2019, Washington began the collection of taxes from employers and as of January 1, 2020, benefits are available. (Refer to <https://esd.wa.gov/paid-family-medical-leave> for additional information.)

An employee generally becomes eligible for benefits after working for at least 820 hours during the qualifying period, meaning the first four of the last five completed calendar quarters or the last four completed calendar quarters.

Covered reasons

Benefits are available for both family and medical leave, which are defined similarly to leave under the federal Family and Medical Leave Act (FMLA).

A serious health condition is a physical or mental illness, injury or impairment that requires inpatient care in a hospital, hospice or residential health care facility, or continuing treatment or supervision at home by a health care provider or other competent individual.

Care for an eligible family member: Employees can care for a covered family member with a serious health condition. However, covered family members under the WA PFML are different from the federal FMLA, and include:

- › Children
- › Grandchildren
- › Grandparents
- › Parents
- › Siblings
- › Spouses (including state-registered domestic partners)

Bonding: A parent can take WA PFML to bond with a child within the first 12 months of the child's birth or placement with the parent for adoption or foster care.

If a covered family member is on active duty abroad or has been notified of an impending call or order of active military duty abroad, an employee can take PFML to assist with qualifying exigencies as defined under the FMLA. Covered family members, for purposes of military qualifying exigency leaves, are spouses, children and parents.

Benefit entitlement

The amount of the benefit available depends on the employee's average weekly wage (AWW) in relation to the state average weekly wage (SAWW).

- › If the employee's AWW is 50% or less of the SAWW, the employee's benefit is equal to: 90% of the AWW.
- › If the employee's AWW is more than 50% of the SAWW, the employee's benefit is equal to: 90% of the employee's AWW up to 50% of the SAWW plus 50% of the employee's AWW that exceeded 50% of the SAWW

The minimum weekly benefit is \$100, unless the employee's AWW is less than \$100 per week, in which case the employee is entitled to their full wage. The maximum weekly benefit in 2020 will be \$1000. This maximum benefit will be adjusted on an annual basis.

The maximum duration of leave available in a 52 consecutive calendar week period depends on the reasons for leave.

There is a waiting period of seven days before benefits are payable, except for when leave is taken for the birth or placement of a child. The minimum claim duration payment is for eight hours of leave.

Reason for the leave	Maximum duration of leave
Family	12 weeks
Medical (employee's own serious health condition)	12 weeks, unless individual requires medical leave due to a serious health condition related to pregnancy, in which case 14 weeks
Family and medical combined	16 weeks, unless individual requires medical leave due to a serious health condition related to pregnancy, in which case 18 weeks

Employee contribution

Washington is creating a family and medical leave insurance program from which benefits will be paid. The benefits will be funded by premiums collected from both employers and employees.

Between January 1, 2019 and December 31, 2020, the total premium rate is 0.4% of an individual's wages up to the maximum wages subject to taxation for Social Security, as determined by the Social Security Administration. The total premium rate will be determined for calendar year 2021 and thereafter on an annual basis by the Washington Employment Security Department.

Employer costs

One-third of the total premium comprises family leave, and two-thirds comprises medical leave. Employers may deduct the full family leave premium from employee wages through payroll deduction, but for medical leave premiums, employers may deduct only 45% from employee wages. The remainder of the premiums must be paid by employers. Notably, however, employers who have less than 50 employees in Washington are exempt from paying the employer portion of the premium.

Private plan options

PFML plans may be administered externally or employer may choose to administer the plan in-house.

Voluntary plans permit employers to provide PFML benefits directly to their employees outside of the state plan. Employers must apply for approval of a voluntary plan for either family or medical leave benefits, or both.

To be approved, voluntary plans must provide benefits that are at least equal to what the state's PFML program would provide and cannot cost employees more than the state's PFML program. Voluntary plans can be for either family leave or medical leave, or both. Employers have the option to work with a third-party vendor or carrier (a voluntary plan administrator [VPA]) to operate the plan or support the claims process for their voluntary plan.

Cigna does not offer administration of WA PFML.

Additional notes

WA PFML includes job protection and certain reinstatement rights.

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Washington, DC

Washington, DC Universal Paid Leave (DC UPL)

Benefits under DC UPL will become available in July 2020. The program is funded by premiums collected by the state as of July 1, 2019.

State department

Department of Employment Services,
<https://does.dc.gov/>

Employees who are eligible for DC UPL

On July 1, 2019, the District began the collection of taxes from employers and as of July 1, 2020, benefits will be available. (Refer to <https://does.dc.gov/page/district-columbia-paid-family-leave> for additional information.)

To be covered by the DC UPL law, an employee must:

- Spend more than 50% of work time in DC
- Be based in DC but spend less than 50% of work time in DC

Covered reasons

Benefits are available for family, medical and parental leave events, which are defined in a manner that is more expansive than the federal Family and Medical Leave Act (FMLA) or even the District of Columbia Family and Medical Leave Act (DC FMLA).

A serious health condition is a physical or mental illness, injury or impairment that requires inpatient care in a hospital, hospice or residential health care facility, or continuing treatment or supervision at home by a health care provider or other competent individual.

Care for an eligible family member: Employees can care for a covered family member with a serious health condition. Covered family members include legal wards, domestic partners parent-in-laws, legal guardians, grandparents and siblings, in addition to children, parents and spouses. Eligible individuals may receive DC UPL benefits for leave taken to provide companionship to a family member who has a diagnosis or occurrence of a serious health condition.

*To be eligible for DC UPL benefits, an employee must have worked for a covered employer during some or all of the 52 calendar weeks immediately preceding the qualifying event for which paid leave is being taken.

Bonding: A parent can take DC UPL include bonding associated with legal assumption of parental responsibility beyond adoption and foster care, such as guardianships or custodianships, as well as for the birth of a child.

Benefit entitlement

The amount of the weekly benefit depends on the individual's average weekly wage (AWW) in relation to the District's minimum wage (DC MW).

- An individual who earns an AWW that is equal to or less than 40 times 150% of the DC MW will receive 90% wage replacement. 40 times 150% of the DC MW on July 1, 2020 will be \$900 per week.
- An individual who earns an AWW that is more than 40 times 150% of the DC MW will receive 90% of 40 times 150% of the DC MW plus 50% of the amount by which the AWW exceeds 40 times 150% of the DC MW.

There is a maximum weekly benefit of \$1,000 until October 1, 2021, at which time the maximum weekly benefit will be adjusted annually thereafter.

A covered employer may provide eligible individuals with leave benefits under a paid leave policy in addition to those provided by the FMLA, but providing such benefits does not exempt the covered employer or its employees from the DC UPL law. For example, an employer who provides ongoing salary continuation during a qualifying leave event must still contribute to the DC UPL fund (discussed below), and an employee who received such salary continuation would still be eligible to receive benefits from the fund.

There is a waiting period of one week before benefits are payable, however, regardless of the number of events for which an individual claims paid leave, there is only one waiting period per 52-week period. Intermittent leave can be taken in increments of no less than one day.

The maximum duration of leave available in a 52-week period depends on the reasons for leave.

Employee contribution

None.

Reason for the leave	Maximum duration of leave
Family	6 workweeks
Parental	8 workweeks
Medical (employee's own serious health condition)	2 workweeks

Employer costs

The District is creating a Uniform Paid Leave Implementation Fund from which benefits will be administered and paid. The benefits will be funded by quarterly employer payroll taxes of 0.62% of covered employees' total gross wages.

Private plan options

No private plans are permitted by Washington, DC. Employers must contribute to the public plan.

Additional information

The FMLA provides protection from retaliation, but does not necessarily provide job protection. However, reinstatement protections may be applicable under the FMLA or the DC FMLA.

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All group insurance policies and group benefit plans contain exclusions and limitations. Reduction of benefit provisions and terms under which the policy or plan may be continued in force or discontinued may also apply. For costs and complete details of coverage, contact your Cigna representative.

Policy forms: Disability TL-004700

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