## **Overview of Family Leave Laws in the United States**

Please note that these paid sick time materials do not represent an exhaustive overview of the state, county, and city family leave laws described, and it does not constitute legal advice. It is possible that additional provisions not described in these materials may apply to a worker's specific circumstances or category of employment.

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What purposes can leave be used for?	Medical leave can be used for a worker's own serious health condition. Family leave can be used (1) to bond with a child within one year of the child's birth or placement; (2) to care for a family member with a serious health condition; (3) to address certain military family needs; or (4) following the death of a child in certain circumstances.  Specifically, family leave can be taken "[d]uring the seven calendar days following the death of the family member for whom the employee: (i) [w]ould have qualified for medical leave for the birth or their child; or (ii) [w]ould have qualified for family leave" to bond with a child within one year of the child's birth or placement.	Temporary disability insurance (TDI) can be used for a worker's own serious off-the-job illness or injury.  Temporary caregiver insurance (TCI) can be used to (1) bond with a child within one year of the child's birth or placement for foster care or adoption; or (2) care for a family member with a serious health condition.	Medical leave can be used for a worker's own serious health condition.  Family leave can be used to (1) bond with a child within one year of the child's birth or placement for foster care or adoption; or (2) care for a family member with a serious health condition.  Safe leave can be taken to address certain medical and non medical needs arising from domestic violence, harassment, sexual assault, bias crimes or stalking.  In Oregon, a bias crime is motivated by bias against the perception of a person's race, color, religion, gender identity, sexual orientation, disability, or national origin.

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For how long can a worker receive benefits?	Own health: Up to 12 weeks in a 52-week period. Technically, workers are entitled to medical leave benefits for up to 12 times their typical workweek hours. As noted below, medical leave may be extended by an additional 2 weeks (2 times a worker's typical workweek hours) if the worker experiences a serious health condition with a pregnancy that results in incapacity. Family leave: Up to 12 weeks in a 52-week period. Technically, workers are entitled to family leave benefits for up to 12 times their typical workweek hours.  Following the death of a child in certain circumstances: During the 7 calendar days following the death.  Total: Up to 16 weeks in a 52-week period. Technically, workers are entitled to up to a cumulative 16 times the worker's typical workweek hours of family and medical leave in a 52-week period or up to a cumulative 18 times the worker's typical workweek hours of family and medical leave in a 52-week period if the worker experiences a serious health condition with a pregnancy that results in incapacity.  Workers with certain pregnancy-related health needs may receive up to an additional 2 weeks of benefits, which can be combined with other uses up to a total of 18 weeks in a 52-week period.	Own health: Up to 30 weeks in a 52-week period. Family leave: Up to 6 weeks in a 52-week period. Total: Up to 30 weeks in a 52-week period. While technically there is no time limit on receiving benefits, workers cannot receive benefits worth more than 30 times their weekly benefit rate in a year, in effect limiting workers to 30 weeks per year. When the program is fully phased in in 2026, workers will be able to take up to 8 weeks of family leave.	No. Own health: Up to 12 weeks in any benefit year. Family leave: Up to 12 weeks in any benefit year. Safe leave: Up to 12 weeks in any benefit year. Total: Up to 12 weeks in any benefit year. Workers with certain pregnancy- and childbirth- related health needs (including lactation) may receive up to an additional 2 weeks of benefits, which can be combined with other uses up to a total of 14 weeks in any benefit year.
Is there an unpaid waiting period?	Own health other than following the birth of a child and family leave other than bonding leave and military family leave: Yes—there is a 7-day unpaid waiting period.  Own health following the birth of a child, bonding leave, and military family leave: No.	No.	No.

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Are workers entitled to have their jobs back when they return?	Yes, but only for workers who meet specific eligibility criteria similar to those for the FMLA. Workers are entitled to job protection under the state paid family and medical leave law only if they work for an employer with at least 50 employees, have been employed by that employer for at least 12 months, and have worked for that employer for at least 1,250 hours during the 12-month period immediately preceding leave. A worker entitled to job protection under the law must be restored to the worker's prior position or "an equivalent position with equivalent employment benefits, pay, and other terms and conditions of employment." Some highly paid employees may be subject to a very narrow exception. Workers who receive health insurance through their employers are entitled to continuation of those benefits while on leave if their employers would be required to continue benefits under the Family and Medical Leave Act. Workers may have protections under other laws, such as the FMLA.	Own health: No. Family leave: Yes. Workers may have protections under other laws, such as the FMLA or the Rhode Island Parental and Family Medical Leave Act.  A worker returning from TCI leave must be restored to the worker's prior position or "a position with equivalent seniority, status, employment benefits, pay, and other terms and conditions of employment including fringe benefits and service credits that the employee had been entitled to at the commencement of leave."  Workers who receive health insurance through their employers are entitled to continuation of those benefits while on TCI.	Yes, if they have been employed by their employer for at least 90 days before taking leave.  A worker returning from leave under Oregon's law must be restored to the worker's prior position or "any available equivalent position with equivalent employment benefits, pay and other terms and conditions of employment." If a worker's employer has fewer than 25 employees and the worker's prior position no longer exists, the worker's "employer may, at the employer's discretion based on business necessity, restore the eligible employee to a different position with similar job duties and with the same employment benefits and pay." Workers who receive health insurance through their employers are entitled to continuation of those benefits while on paid family and medical leave.  Workers may also have protections under other laws, such as the FMLA or the Oregon Family Leave Act.
How is the insurance provided?	By default, workers are covered by the state fund. Employers can apply for approval of a voluntary plan, which must provide benefits at least equivalent to those available through the state.	All covered workers are covered through the state fund.	By default, workers are covered by the state fund. Employers can apply for approval of an equivalent plan, which must provide benefits at least equivalent to those available through the state.
Statutory Citation	Wash. Rev. Code § 50A.05.005 et seq.	R.I. Gen. Laws § 28-39-1 et seq.	Or. Rev. Stat. § 657B.005 et seq.
Who is covered? California, New Jersey, Rhode Island, Washington State, Massachusetts, and Connecticut also provide some coverage for previously covered workers who have a qualifying need for family or medical leave while they are unemployed, while New York and Hawaii also provide some coverage for previously covered workers who have a qualifying need related to the worker's own health. Details vary by state. States that aren't currently implementing their programs will also likely provide some coverage for previously covered workers during unemployment, though final regulations will be needed to specify details	All employees are covered.	Employees covered by the state unemployment insurance law, except for public employees, are covered.	Almost all employees are covered.

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Are public sector workers automatically covered? Note that no state law covers federal employees.	Yes.	No. Public employers can opt in to coverage, as can some unions covering public sector workers through the collective bargaining process.	Yes, except employees of federal and tribal governments. Tribal governments may opt in to coverage.
Are domestic workers covered?	Yes.	Yes, subject to a low minimum payment requirement.	Yes.
Can self-employed workers opt-in to coverage?	Yes. From July 1, 2024 through December 31, 2028, drivers at Transportation Network Companies (TNCs) who have opted in to the state paid family and medical leave program for both family and medical leave may be entitled to have their premiums reimbursed by their TNC company.	No	Yes.
What are the requirements to qualify for benefits?	Workers must have worked at least 820 hours in the qualifying period.  The qualifying period means the first 4 of the 5 most recently completed quarters or the 4 most recent completed quarters.  This can combine hours worked at more than one employer.	Workers must have earned wages in 1 quarter of the base period of at least 200 times the minimum wage (currently, \$2,800), must have earned income across the base period of at least 1.5 times the worker's highest earning quarter, and must have earned at least 400 times the minimum wage (currently, \$5,600) over the entire base period. The base period is the first 4 of the 5 most recently completed quarters or the 4 most recent completed quarters.  This can combine income from more than one employer.	Workers must have earned at least \$1,000 during the base year.  The base year is the first 4 of the last 5 completed quarters or the 4 most recently completed quarters.  This can combine income from more than one employer.

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What family members are covered?	A family member includes a worker's child, child's spouse or domestic partner, grandchild, grandparent, parent, parent-in-law or parent of the worker's registered domestic partner, sibling, spouse, registered domestic partner, any individual who regularly resides in a worker's home where there is an expectation that the worker care for the individual, or any individual where the relationship creates the expectation that the worker care for the individual and that individual depends on the worker for care.	A family member includes a worker's child, parent, parent-in-law or parent of the worker's registered domestic partner, grandparent, spouse, or registered domestic partner.	A family member includes a worker's spouse or registered domestic partner, sibling, child, child's spouse or domestic partner, grandparent, grandchild, parent, parent-in-law or parent of the worker's registered domestic partner, or any individual related by blood or affinity whose close association with a covered individual is the equivalent of a family relationship.  Workers can also take leave to care for the spouse or registered domestic partner of the worker's parent, sibling, grandparent, and grandchild. This list covers family members a worker can take leave to care for when they are seriously ill. Paid leave under the law can also be used as safe leave to address certain medical and non-medical needs arising out of the worker or the worker's minor child or dependent being a victim of domestic violence, harassment, sexual assault, or stalking.
How is the program funded?	Workers and employers share the cost of medical leave. Employers can withhold up to 45% of the premium from workers' wages; employers cover the remaining cost.  A self-employed individual who elects coverage is only required to pay the portion of the premium required from workers.  Employers with fewer than 50 employees in Washington State are not required to pay the employer portion. Currently, the total premium for medical leave is about 0.38% of wages.  Workers cover the full cost of family leave.  Currently, the premium is about 0.36% of wages.  Premiums do not apply to wages above the Social Security contribution base.	Workers cover the full cost of both TDI and TCI. Both programs are funded by a single payroll deduction, currently set at 1.2% of wages. This deduction does not apply to wages above \$87,000/year.	Workers and employers share the costs of all leave. Employers can withhold up to 60% of the contribution from workers' wages; employers cover the remaining costs. Employers with fewer than 25 employees are not required to pay the employer contribution.  Employers with less than 25 employees may apply to receive certain grants if they elect to pay the employer contribution.  The total premium is 1% of wages.  For 2024 and annually thereafter, the state will set the premium pursuant to statutory requirements and not to exceed 1% of wages.  Premiums do not apply to wages above the Social Security contribution base.
What percentage of wages do workers receive?	90% of a worker's average weekly wage up to an amount equal to 50% of the statewide average weekly wage and 50% of a worker's average weekly wage above an amount equal to 50% of the statewide average weekly wage	About 60% of a worker's average weekly wage (formally, 4.62% of a worker's wages in the highest earning quarter of the base year). In addition, workers may also be entitled to a dependency allowance for minor children or adult children who are incapacitated due to physical or mental illness.	100% of a worker's average weekly wage up to an amount equal to 65% of the statewide average weekly wage and 50% of a worker's average weekly wage above an amount equal to 65% of the statewide average weekly wage
What is the maximum weekly benefit?	90% of the statewide average weekly wage Current: \$1,456/week	85% of the statewide average weekly wage Current: \$1,070/week	120% of the statewide average weekly wage Current: \$1,523.63/week

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What purposes can leave be used for?	Temporary disability insurance (TDI) can be used for a worker's own serious off-the-job illness or injury.  Paid family leave (PFL) can be used to (1) bond with a child within one year of the child's birth or placement for foster care or adoption; (2) care for a family member with a serious health condition; or (3) address certain military family needs.  Under an emergency law, special TDI and/or paid family leave benefits may be available to certain workers when they or their minor child is subject to a mandatory or precautionary order of quarantine or isolation due to COVID-19. For more information, consult our fact sheet https://www.abetterbalance.org/resources/fact-sheet-new-york-states-paid-sick-leave-legislation/.	Temporary disability insurance (TDI) can be used for a worker's own serious off-the-job illness or injury.  Family leave insurance (FLI) can be used to (1) bond with a child within one year of the child's birth or placement for foster care or adoption; (2) care for a family member with a serious health condition; or (3) address certain non-medical needs arising from domestic or sexual violence, also known as "safe time."  TDI and FLI can also be used in the event of a state of emergency declared by the Governor (or when the Commissioner of Health or other public health authority has indicated that one is needed) when a worker or a family member has an illness caused by an epidemic of a communicable disease, has a known or suspected exposure to the communicable disease, or is taking efforts to prevent spread of the communicable disease, the worker or family member requires in-home care or treatment due to the issuance of a determination by a healthcare provider or a public health authority that the worker's or family member's presence in the community may jeopardize the health of others, and said healthcare provider or public health authority recommends or directs the worker or family member to isolate or quarantine as a result of suspected exposure to a communicable disease.	Family and medical leave can be used: (1) for a worker's own serious health condition; (2) to bond with a child within one year of the child's birth, adoption, or placement for foster care; (3) to care for a family member with a serious health condition; (4) to address certain military family needs; or (5) to address certain medical and non-medical needs arising from domestic abuse, stalking, or sexual assault, also known as "safety leave." Benefits begin Jan. 1, 2026.
For how long can a worker receive benefits?	Own health: Up to 26 weeks for any period of disability or in any 52-week period. Family leave: Up to 12 weeks in a 52-week period.  Total: Up to 26 weeks in a 52-week period.	Own health: Up to 26 weeks for any period of disability. In addition, no worker can receive benefits worth more than 26 times their weekly benefit amount in a year. Family leave: Up to 12 weeks in a 12-month period. New Jersey does not specify a cumulative limit.	Own health: Up to 12 weeks in a benefit year. Family and safety leave: Up to 12 weeks in a benefit year. Total: Up to 20 weeks in a benefit year.
Is there an unpaid waiting period?	Own health: Yes—there is a 7-day unpaid waiting period. Family leave: No.	Own health: Yes—there is a 7-day unpaid waiting period. However, if a worker is eligible for benefits during each of 3 consecutive weeks after the waiting period, that worker can also be paid benefits for the waiting period will not apply when a worker uses TDI in the event of a state of emergency declared by the Governor (or when the Commissioner of Health or other public health authority has indicated that one is needed) because the worker has an illness caused by an epidemic of a communicable disease, has a known or suspected exposure to the communicable disease, or is taking efforts to prevent spread of the communicable disease, the worker requires in-home care or treatment due to the issuance of a determination by a healthcare provider or a public health authority that the worker's presence in the community may jeopardize the health of others, and said healthcare provider or public health authority recommends or directs the worker to isolate or quarantine as a result of suspected exposure to a communicable disease. Additionally, the 7-day unpaid waiting period will not apply when a worker uses TDI in the event of organ or bone marrow donation.	No Note, however, that—except for bonding with a new child—the family, medical, or safety event (for which an individual seeks benefits) must have a duration of at least 7 calendar days.
Are workers entitled to have their jobs back when they return?	Own health: No. Family leave: Yes. A worker returning from PFL must be restored to the worker's prior position or "a comparable position with comparable employment benefits, pay and other terms and conditions of employment." Workers who receive health insurance through their employers are entitled to continuation of those benefits while on PFL. Workers may have protections under other laws, such as the FMLA.	No.  However, job-protected leave can be taken to be an organ or bone marrow donor.  Workers may have protections under other laws, such as the FMLA or the New Jersey Family Leave Act.	Yes, if they were hired by their employer at least 90 days before taking leave. A worker returning from paid family or medical leave must be restored to the worker's prior position or "an equivalent position with equivalent benefits, pay, and other terms and conditions of employment." Workers who receive health insurance through their employers are entitled to continuation of those benefits while on paid family and medical leave. Note, however, that a worker's right to reinstatement may be waived for "employees who are working in the construction industry under a bona fide collective bargaining agreement with a construction trade union that maintains a referral-to-work procedure for employees to obtain employment with multiple signatory employers, but only if the waiver is set forth in clear and unambiguous terms in the collective bargaining agreement and explicitly cites" certain sections of the law.
How is the insurance provided?	Employers can provide coverage by purchasing insurance (either from the state fund or a private insurer) or by becoming an approved self-insurer.	By default, workers are covered through the state fund. Employers can apply for approval of a private plan, which must provide benefits at least equivalent to those available through the state.	By default, workers are covered through the state fund. Employers can apply for approval of a private plan, which must provide benefits at least equivalent to those available through the state.
Statutory Citation	N.Y. Workers' Comp. Law § 200 et seq. For more information on New York's paid family leave law, visit FamilyLeaveWorks.org.	N.J. Stat. Ann. § 43:21-25 et seq.	See H.F. 2, 93d Leg., Reg. Sess. (Minn. 2023), https://wdoc.house.leg.state.mn.us/leg/LS93/HF0002.9.pdf

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Who is covered? California, New Jersey, Rhode Island, Washington State, Massachusetts, and Connecticut also provide some coverage for previously covered workers who have a qualifying need for family or medical leave while they are unemployed, while New York and Hawaii also provide some coverage for previously covered workers who have a qualifying need related to the worker's own health. Details vary by state. States that aren't currently implementing their programs will also likely provide some coverage for previously covered workers during unemployment, though final regulations will be needed to specify details	Most private sector employees are covered. For a list of exceptions, visit http://www.wcb.ny.gov/content/main/coverage-requirements-db/db-coverage-required.jsp.	Employees covered by the state unemployment insurance law are covered, with some exceptions for public sector employees.	Almost all employees are covered.
Are public sector workers automatically covered? Note that no state law covers federal employees.	No. Public employers can opt in to coverage and unions covering public sector workers can opt in to paid family leave through the collective bargaining process.	Own health: No, with a few exceptions. Public employers can opt in to coverage. Paid family leave: Yes.	Yes.
Are domestic workers covered?	Domestic workers who work at least 20 hours per week for a single employer are covered.	Yes, subject to a low minimum payment requirement.	Yes.
Can self-employed workers opt-in to coverage?	Yes.	No.	Yes.
What are the requirements to qualify for benefits?	Own health: Workers generally must have been employed for at least 4 consecutive weeks by a single employer; previously qualified workers qualify immediately upon the start of employment with a new covered employer. Paid family leave: Workers generally must have been employed by their current employer for at least 26 consecutive weeks; those who work less than 20 hours per week must have worked at least 175 days for their current employer.	Workers must have either earned at least 20 times the minimum wage (currently, \$283) in at least 20 weeks or earned at least 1,000 times the minimum wage (currently, \$14,200) during the base year. The base year is the first 4 of the 5 most recently completed quarters or the 4 most recent completed quarters or the 3 most recent completed quarters and the portion of the current quarter that has already occurred.  This can combine income from more than one employer.	Workers must have earned at least 5.3% of the state average annual wage rounded down to the next lower \$100 in the base period. The base period is the first 4 of the last 5 completed quarters or the 4 most recently completed quarters (depending on the effective date of the worker's application). Workers who 1) have not earned 5.3% of the state average annual wage rounded down to the next lower \$100 in the base period, and 2) have received workers' compensation for temporary disability or have received compensation for loss of wages because the worker's own serious illness caused a loss of work may request a base period of the first four of the most recent seven, eight, or nine completed calendar quarters (depending on the length of the loss of work for which they were compensated). This can combine income from more than one employer.
What family members are covered?	A family member includes a worker's child, parent, parent-in-law, spouse, grandchild, grandparent, sibling, or domestic partner. The law's definition of domestic partner is flexible and does not require registration.  This list covers family members a worker can take leave to care for when they are seriously ill. Paid family leave can also be used to address certain needs arising from the active duty military service of a worker's spouse, domestic partner, child, or parent.  The definition of domestic partner includes any person who is at least 18 years old and "is dependent upon the employee for support as shown by either unilateral dependence or mutual interdependence, as evidenced by a nexus of factors including, but not limited to, common ownership of real or personal property, common householding, children in common, signs of intent to marry, shared budgeting, and the length of the personal relationship with the employee "	A family member includes a worker's child, parent, parent-in-law, sibling, grand-parent, grandchild, spouse, registered domestic partner, civil union partner, any other person related to the worker by blood, and any other person that the worker shows to have a close association with the worker which is the equivalent of a family relationship.	A family member includes a worker's child, child-in-law, parent, legal guardian, parent-in-law, sibling, grandparent, grandparent of a spouse, grandchild, spouse, domestic partner, and an individual who has a relationship with the worker that creates an expectation and reliance that the worker care for the individual, whether or not the worker and the individual reside together.

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How is the program funded?	Workers and employers share the cost of TDI. Employers can withhold 0.5% of workers' wages to pay for coverage, up to \$0.60/week; employers cover the remaining cost. A self-employed individual who elects coverage is required to pay the full cost of TDI and PFL premiums. An employer not covered by the law who elects coverage is required to pay the portion of the premium not covered by wages withheld from workers.  Workers cover the full cost of PFL. The program is funded by a payroll deduction, currently set at 0.373% of wages. This deduction does not apply to wages above an average of \$1,718.15/week.	Workers and employers share the cost of TDI. Workers contribute 0% of their wages. Employers contribute a percentage of workers' wages ranging from 0.10% to 0.75%. The percentage contribution for employees does not apply to a worker's wages above \$161,400/year; the percentage contribution for employers does not apply to a worker's wages above \$42,300/year.  Workers cover the full cost of FLI. The program is funded by a payroll deduction, currently set at 0.09% of wages. This deduction does not apply to wages above \$161,400/year.  These percentages are based on participation in the state plan. If an employer chooses a private plan, employees can only be required to contribute as much as they would have contributed to the state plan; these employees can only be required to contribute if a majority of employees agree to the private plan before it goes into effect. See https://myleavebenefits.nj.gov/labor/myleavebenefits/employer/index.shtml?open=PrivatePlan.	Workers and employers share the cost of all leave. Employers can withhold up to 50% of the premium from workers' wages; employers cover the remaining cost. A self-employed individual who elects coverage is required to pay the full cost of family and medical leave premiums.  The employer portion of the premium will be reduced for employers with fewer than 30 employees (their employer premium will only be based on a portion of wages paid to their employees).  Initially, the total premium is 0.7% of wages.  Specifically, the statute provides that "employers with fewer than 30 employees, the amount of wages upon which quarterly employer premium is required is reduced by the premium rate to be paid by the employer multiplied by the lesser of: (1) \$12,500 multiplied by the number of employees, or (2) \$120,000" and for "each employee over 20 employees, the exclusion is reduced by \$12,000." provided that the employer premium not be less than zero.  Premiums do not apply to wages above the Social Security contribution base.  For the calendar year of 2027 and each calendar year thereafter, the state will set the premium based on a formula set by statute and not to exceed 1.2% of wages (with premiums begin January 1, 2026.
What percentage of wages do workers receive?	Own health: 50% of a worker's average weekly wage Family leave: 67% of a worker's average weekly wage	85% of a worker's average weekly wage	90% of a worker's average weekly wage up to an amount equal to 50% of the state average weekly wage, 66% of a worker's average weekly wage above an amount equal to 50% of the state average weekly wage and up to 100% of the state average weekly wage, and 55% of a worker's average weekly wage above an amount equal to 100% of the state average weekly wage
What is the maximum weekly benefit?	Own health: \$170/week Family leave: 67% of the statewide average weekly wage Current: \$1,151.16/week	70% of the statewide average weekly wage Current: \$1,055/week	100% of the statewide average weekly wage

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What purposes can leave be used for?	Medical leave can be used for a worker's own serious health condition.  Family leave can be used to (1) bond with a child within one year of the child's birth or placement for foster care or adoption; (2) care for a family member with a serious health condition; or (3) address certain military family needs.	Family and medical leave can be used: (1) for a worker's own serious health condition; (2) to bond with a child within one year of the child's birth, adoption, or placement for kinship or foster care; (3) to care for a family member with a serious health condition; or (4) to address certain military family needs.  Maryland's law also specifies that leave can be taken to care for a loved one who is the covered individual's next of kin who has a serious health condition as a result of the loved one's military service. This purpose may also be covered under other paid family and medical leave laws.  Benefits begin July 1, 2026.	Medical leave can be used for a worker's own serious health condition. Family leave can be used: (1) to bond with the covered individual's child within one year of the child's birth, adoption, or placement for foster care; (2) to care for a family member with a serious health condition; (3) to address certain military family needs; (4) to care for a family member of the covered individual who is a covered service member; or (5) to take safe leave which is leave taken to address certain medical and non medical needs arising from domestic violence, harassment, sexual assault, or stalking.  Maine's law also specifies that leave can be taken for any other reason specified in the Maine Family Medical Leave Requirements Act (MFMLRA), which includes leave taken to be an organ or bone marrow donor.  Benefits begin May 1, 2026.
For how long can a worker receive benefits?	Own health: Up to 20 weeks in any benefit year. Family leave: Up to 12 weeks in any benefit year. Total: Up to 26 weeks in any benefit year. Military caregivers can receive up to 26 weeks of family leave in any benefit year.	Own health: Up to 12 weeks in an application year. Family leave: Up to 12 weeks in an application year. Total: Up to 12 weeks in an application year. Prior to receiving paid family and medical leave benefits, workers must exhaust all of their employer-provided leave that is not required by law. However, while workers exhaust their employer-provided leave ahead of receiving paid family and medical leave benefits, they are entitled to job protection, continuation of health insurance benefits if received through their employer, and protections against discrimination and adverse action.  Workers who, in the same 12-month period, take leave to bond with a new child and for a worker's own serious health condition may receive up to an additional 12 weeks of benefits, up to a combined total of 24 weeks in a 12-month period.	Own health: Up to 12 weeks in a benefit year. Family leave and safe leave: Up to 12 weeks in a benefit year. Total: Up to 12 weeks in a benefit year.
Is there an unpaid waiting period?	Yes—there is a 7-day unpaid waiting period.	No	Own health: Yes—there is a 7-day unpaid waiting period. Family leave: No.

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Are workers entitled to have their jobs back when they return?	Yes. A worker returning from paid family or medical leave must be restored to the worker's prior position or "an equivalent position, with the same status, pay, employment benefits, length of service credit and seniority as of the date of leave." Workers who receive health insurance through their employers are entitled to continuation of those benefits while on paid family and medical leave. Workers may have protections under other laws, such as the FMLA or the Massachusetts Parental Leave Act.	Yes, subject to certain narrow exceptions.  Except for workers with an employer who has a developmental disability and who self-directs services under the Maryland Medicaid Home- and Community-Based Services Waiver Program, a worker returning from leave must be restored to an equivalent position of employment. However, under narrow circumstances, workers may not be entitled to restoration following a period of leave. Note that workers who receive health insurance through their employers are entitled to continuation of those benefits while on leave. Additionally, workers who exercise their rights to paid family, medical and safe leave are protected against retaliation or discrimination.	Yes, if they have been employed by their employer for at least 120 days before taking leave.  Note that workers who receive health insurance through their employers are entitled to continuation of those benefits while on leave, regardless of how long they've worked for their employer. Additionally, workers who exercise their rights to paid family, medical and safe leave are protected against retaliation or discrimination. Workers receiving benefits may also have employment protections under the Maine Family Medical Leave Requirements Act (MFMLRA).
How is the insurance provided?	By default, workers are covered by the state fund. Employers can apply for approval of a private plan, which must provide benefits at least equivalent to those available through the state.	By default, workers are covered by the state fund. Employers can apply for approval of a private plan, which must provide benefits at least equivalent to those available through the state.	By default, workers are covered through the state fund. Employers can apply for approval of a private plan, which must provide benefits that are substantially equivalent to those available through the state.
Statutory Citation	Mass. Gen. Laws ch. 175M, § 1 et seq.	Md. Code Ann., Lab. & Empl. § 8.3-101 et seq.	Me. Stat. tit. 26, § 850-a et seq.
Who is covered? California, New Jersey, Rhode Island, Washington State, Massachusetts, and Connecticut also provide some coverage for previously covered workers who have a qualifying need for family or medical leave while they are unemployed, while New York and Hawaii also provide some coverage for previously covered workers who have a qualifying need related to the worker's own health. Details vary by state. States that aren't currently implementing their programs will also likely provide some coverage for previously covered workers during unemployment, though final regulations will be needed to specify details	Employees covered by the state unemployment insurance law, except for some public employees, are covered.	All employees are covered.	Almost all employees are covered.

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Are public sector workers automatically covered? Note that no state law covers federal employees.	State employees are automatically covered. Local government employees are not automatically covered. Public sector employers not covered by the law can opt in to coverage.	Yes.	Yes, except for employees of federal and tribal governments and public sector workers who are a party to a collective bargaining agreement in existence on the date the law takes effect. Tribal governments may opt in to coverage. Public sector workers who are a party to a collective bargaining agreement in existence on the date the law takes effect are covered when the existing collective bargaining agreement expires.
Are domestic workers covered?	Yes.	Yes.	Yes.
Can self-employed workers opt-in to coverage?	Yes. Certain self-employed workers may be covered automatically.	Yes.	Yes.
What are the requirements to qualify for benefits?	Workers must have earned a minimum amount (currently, \$6,300) during the base period and must meet an earnings requirement tied to the worker's average earnings that, in effect, means the worker must have worked for a certain number of weeks.  The base period is the last 4 completed quarters. This can combine income from more than one employer.	Workers must have worked at least 680 hours in the qualifying period.  The qualifying period means the 4 most recently completed calendar quarters immediately preceding the date on which leave begins.	Workers must have earned at least 6 times the state average weekly wage during the base period. The base period is the first 4 of the last 5 completed calendar quarters immediately preceding the first day of the calendar week in which leave commences.  This can combine income from more than one employer.
What family members are covered?	A family member includes a worker's spouse, domestic partner, child, parent, parent of a spouse or domestic partner, grandchild, grandparent, or sibling. The law's definition of domestic partner is flexible and does not require registration.  The definition of domestic partner includes any person who is at least 18 years old and "is dependent upon the covered individual for support as shown by either unilateral dependence or mutual interdependence that is evidenced by a nexus of factors including, but not limited to: (A) common ownership of real or personal property; (B) common householding; (C) children in common; (D) signs of intent to marry; (E) shared budgeting; and (F) the length of the personal relationship with the covered individual"	A family member includes a worker's child, parent, parent of a spouse, legal guardian, spouse, domestic partner, grandparent, grandchild, or sibling.	A family member includes a worker's child, parent, grandparent, grandchild, sibling, spouse or domestic partner, a spouse or domestic partner of a covered individual, or as designated by the covered individual, an individual with whom the covered individual has a significant personal bond that is or is like a family relationship, regardless of biological or legal relationship.

a better balance For more information visit A Better Balance (ABetterBalance.org)	Massachusetts	Maryland	Maine
How is the program funded?	Workers and employers share the cost of medical leave. Employers can withhold up to 40% of the premium from workers' wages; employers cover the remaining cost.  A self-employed individual who elects coverage is required to pay the full cost of family and medical leave premiums.  Employers with fewer than 25 employees in Massachusetts are not required to pay the employer portion.  For purposes of determining the number of employees, self-employed people who are part of the employer's workforce are considered employees if self-employed people make up more than fifty percent of the employer's workforce.  Currently, the total premium for medical leave is 0.70% of wages.  Workers cover the full cost of family leave.  Currently, the premium is 0.18% of wages.  The total premium for family and medical leave is 0.88% of wages.  Premiums do not apply to wages above the Social Security contribution base.	Workers and employers share the cost of all leave. Employers can withhold up to 50% of the contributions from workers' wages; employers cover the remaining cost. Employers with fewer than 15 employees are not required to pay the employer portion.  The Secretary of Labor will set the total contribution rate based on a cost analysis of the program and not to exceed 1.2% of wages (with premiums not applying to wages above the Social Security contribution base). A self-employed individual who elects coverage is required to pay the full contribution.  Initially, the total contribution will be 0.9% of wages.  Contributions do not apply to wages above the Social Security contribution base.  Contributions begin July 1, 2025.	Workers and employers share the cost of all leave. Employers can withhold up to 50% of the premiums from workers' wages; employers cover the remaining cost. Employers with fewer than 15 employees are not required to pay the employer portion.  The Department of Labor will set the total premium amount, which may not exceed 1% of wages. A self-employed individual who elects coverage is only required to pay 50% of premium. Premium do not apply to wages above the Social Security contribution base.  Premiums begin January 1, 2025.
What percentage of wages do workers receive?	80% of a worker's average weekly wage up to an amount equal to 50% of the statewide average weekly wage and 50% of a worker's average weekly wage above an amount equal to 50% of the statewide average weekly wage	90% of a worker's average weekly wage up to an amount equal to 65% of the statewide average weekly wage, and 50% of a worker's average weekly wage above an amount equal to 65% of the statewide average weekly wage	90% of a worker's average weekly wage up to an amount equal to 50% of the state average weekly wage, and 66% of a worker's average weekly wage above an amount equal to 50% of the state average weekly wage
What is the maximum weekly benefit?	64% of the statewide average weekly wage Current: \$1,149.90/week	\$1,000 per week initially, adjusted annually based on inflation	100% of the state average weekly wage Annually, the Department of Labor may adjust the maximum weekly benefit amount as necessary to maintain solvency of the Paid Family and Medical Leave Insurance Fund pursuant to the recommendations of the Paid Family and Medical Leave Benefits Authority.

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What purposes can leave be used for?	Universal paid leave (UPL) can be used (1) for a worker's own serious health condition; (2) to bond with a child within one year of the child's birth or placement for foster care or adoption; or (3) to care for a family member with a serious health condition.  The statute explicitly includes miscarriage and stillbirth as serious health conditions. In addition, the law provides specific protections for pre-natal medical care.	Medical leave can be used for a worker's own serious health condition.  Family caregiving leave can be used to (1) care for a family member with a serious health condition or (2) to address certain military family needs.  Parental leave can be used to bond with a child within one year of the child's birth, adoption, or placement for foster care.  Benefits begin on Jan. 1, 2026.	Medical leave can be used for a worker's own serious health condition.  Family leave can be used to (1) bond with a child within one year of the child's birth or placement for foster care or adoption; (2) care for a family member with a serious health condition; (3) address certain military family needs; or (4) address certain medical and non-medical needs arising from domestic violence, also known as "safe time."  Connecticut's law also specifies that leave can be taken to be an organ or bone marrow donor. This purpose may also be covered under other paid family and medical leave laws.
For how long can a worker receive benefits?	Own health: Up to 12 weeks in a 52-week period. Caring for a seriously ill relative: Up to 12 weeks in a 52-week period. Bonding with a new child: Up to 12 weeks in a 52-week period. Total: Up to 12 weeks in a 52-week period. Workers with certain pregnancy-related health needs may receive up to an additional 2 weeks of benefits, which can be combined with other uses up to a total of 14 weeks in a 52-week period.	Own health: Up to 6 weeks in a 24-month period. Family caregiving leave: Up to 6 weeks in a 24-month period. Parental leave: Up to 12 weeks in an application year.  Except for benefits in relation to parental leave, workers are only eligible to receive paid family and medical leave benefits once in a 24-month period. In addition, an employer who employs two parents who are entitled to parental leave may limit the parents to up to 12 weeks of family leave in a 12-month period. Regulations may specify limitations on family caregiving leave where more than one worker will take leave to care for the same loved one.  Total: Up to 12 weeks in an application year. Workers are entitled to a combined total of not more than 6 weeks of medical and family caregiving leave in a 24-month period. Until January 1, 2031, covered employers with fewer than 25 employees may restrict the number of weeks of parental leave benefits available to employees to not fewer than up to 6 weeks in an application year. Specifically, the statute provides that "[a]n employee with less than 25 employees may elect, with notice to the Department [of Labor] and employees, for each employee's parental leave for 5 years from the start of benefits"	Own health: Up to 12 weeks in a 12-month period. Family leave: Up to 12 weeks in a 12-month period. Safe time: Up to 12 days in a 12-month period. Total: Up to 12 weeks in a 12-month period. Workers with certain pregnancy-related health needs may receive up to an additional 2 weeks of benefits, which can be combined with other uses up to a total of 14 weeks in a 12-month period.

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Is there an unpaid waiting period?	No.	No.	No.
Are workers entitled to have their jobs back when they return?	No. Workers may have protections under other laws, such as the FMLA or the D.C. Family & Medical Leave Act.	Yes. Note that workers who receive health insurance through their employers are entitled to continuation of those benefits while on leave. Additionally, workers who exercise their rights to leave are protected against retaliation or discrimination.	Yes, if they have been employed by their employer for at least 3 months before requesting leave, except for leaves taken for safe time.  Through the law creating its paid leave program, Connecticut amended the Connecticut Family and Medical Leave Act (CTFMLA), which provides job protection, to cover essentially all private sector and state employees entitled to paid leave benefits except those receiving benefits for safe time purposes. Note that CTFMLA does not protect workers' health insurance. Workers receiving benefits for safe time purposes may have employment protections under Connecticut's family violence leave law.  Workers may also have protections under other laws, such as the FMLA or Connecticut's family violence leave law.
How is the insurance provided?	All covered workers are covered through the district fund.	By default, workers are covered by the state fund. Employers can apply for approval of a private plan, which must provide benefits at least equivalent to those available through the state.	By default, workers are covered by the state fund. Employers can apply for approval of a private plan, which must provide benefits at least equivalent to those available through the state.
Statutory Citation	D.C. Code Ann. § 32-541.01 et seq.	Del. Code Ann. tit. 19, § 3701 et seq.	Conn. Gen. Stat. § 31-49e et seq.
Who is covered? California, New Jersey, Rhode Island, Washington State, Massachusetts, and Connecticut also provide some coverage for previously covered workers who have a qualifying need for family or medical leave while they are unemployed, while New York and Hawaii also provide some coverage for previously covered workers who have a qualifying need related to the worker's own health. Details vary by state. States that aren't currently implementing their programs will also likely provide some coverage for previously covered workers during unemployment, though final regulations will be needed to specify details	Most private sector employees are covered.	Parental leave: Employees who work for an employer with 10 or more employees, except for employees of most seasonal employers.  Medical leave & family caregiving leave: Employees who work for an employer with 25 or more employees, except for employees of most seasonal employers.  Employers who close down for at least thirty consecutive days per year are not covered.  Additionally, for purposes of determining an employer's size, only employees who have been employed 1) by the employer for at least 12 months and 2) for at least 1,250 hours of service with the employer during the previous 12-month period are counted as employees. Employers who are not automatically covered may voluntarily opt in to coverage, subject to certain conditions.	Almost all private sector and many public sector employees are covered.

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Are public sector workers automatically covered?  Note that no state law covers federal employees.	No.	Most public sector workers are automatically covered.  Public sector workers who are "casual seasonal employees" are not covered.	State employees are covered if their collective bargaining unit has negotiated coverage or if they are not in a collective bargaining unit. Municipal employees and employees of a local or regional board of education are covered if their collective bargaining unit has negotiated coverage or if they are not in a collective bargaining unit and their employer has negotiated coverage for members of any collective bargaining unit.
Are domestic workers covered?	Yes, subject to a low minimum payment requirement.	The law does not specifically treat domestic workers differently than other employees. However, in practice, most non-agency domestic workers are likely not covered due to the employer size limitations.  Domestic workers, like other employees, are only covered if they work for an employer with 10 or more employees (for parental leave) or for an employer with 25 or more employees (for all other kinds of leave). See "Who is covered?" above.	Yes.
Can self-employed workers opt-in to coverage?	Yes.	Certain self-employed individuals may be able to opt in to coverage.	Yes.
What are the requirements to qualify for benefits?	Workers must have been employed by a covered employer in D.C. during at least some of the 52 weeks preceding the event that precipitated their need for leave. Workers who have worked for covered D.C. employers for less than 1 year may receive a prorated benefit amount.	Workers must have been employed 1) by their employer for at least 12 months and 2) for at least 1,250 hours of service with their employer during the previous 12-month period.	Workers must have earned at least \$2,325 during the highest earning quarter within the base period. The base period is the first 4 of the 5 most recently completed quarters.  This can combine income from more than one employer.
What family members are covered?	A family member includes a worker's child, parent, parent-in-law, spouse, grandparent, sibling, or registered domestic partner.	A family member includes a worker's child (under the age of 18 or incapable of self-care because of a mental or physical disability), parent, or spouse.	A family member includes a worker's spouse, sibling, son or daughter, grandparent, grandchild, parent, parent-in-law, or an individual related to the employee by blood or affinity whose close association the employee shows to be the equivalent of those family relationships.  This list covers family members a worker can take leave to care for when they are seriously ill. Paid family leave can also be used to address certain needs arising from the active duty military service of a worker's spouse, child, or parent. Note that safe time can only be used when the worker, not a family member, is a victim of domestic violence.

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How is the program funded?	Employers cover the full cost of UPL. Employers contribute a percentage of workers' wages, currently set at 0.26%.	Workers and employers share the cost of all leave. Where an employee is not expected to meet the eligibility requirements to qualify for paid family and medical leave benefits due to the employee's work schedule or length of employment, an employee and employer may file to waive contributions.  Employers can withhold up to 50% of the contribution from workers' wages; employers cover the remaining cost.  Initially, the total contribution for (1) medical leave is 0.4% of wages; (2) family caregiving leave is 0.08% of wages; and (3) parental leave is 0.32% of wages.  Contributions do not apply to wages above the Social Security contribution base.  Contributions begin January 1, 2025.	Workers cover the full cost of all leave. Workers contribute 0.5% of wages. The state will set the premium not to exceed 0.5% of wages (with premiums not applying to wages above the Social Security contribution base). Contributions do not apply to wages above the Social Security contribution base.
What percentage of wages do workers receive?	90% of a worker's average weekly wage up to an amount equal to 40 times 150% of the D.C. minimum wage and 50% of a worker's average weekly wage above an amount equal to 40 times 150% of the D.C. minimum wage Workers with less than a year of total covered employment will receive a smaller benefit, prorated based on the numbers of weeks the worker has worked in covered employment.	80% of a worker's average weekly wage Workers will receive 100% of their average weekly wage if their average weekly wage is less than \$100. The wage replacement rate may be adjusted as needed to ensure that the contribution rate does not exceed 1% of wages and to preserve the balance of the Family and Medical Leave Insurance Account Fund.	95% of a worker's average weekly wage up to an amount equal to 40 times the state minimum wage and 60% of a worker's average weekly wage above an amount equal to 40 times the state minimum wage
What is the maximum weekly benefit?	\$1,118 per week, adjusted annually based on inflation	\$900 initially, adjusted annually based on inflation	60 times the state minimum wage Current: \$941.40/week

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What purposes can leave be used for?	Family and medical leave can be used: (1) for a worker's own serious health condition; (2) to bond with a child within one year of the child's birth, adoption, or placement for foster care; (3) to care for a family member with a serious health condition; (4) to address certain military family needs; or (5) to address certain medical and non-medical needs arising from domestic violence, stalking, or sexual assault or abuse, also known as "safe leave."	Disability insurance (DI) can be used for a worker's own serious off-the-job illness or injury.  Paid family leave (PFL) can be used to (1) bond with a child within one year of the child's birth or placement for foster care or adoption; (2) care for a family member with a serious health condition; (3) address certain military family needs.
For how long can a worker receive benefits?	Own health: Up to 12 weeks in an application year. Family leave: Up to 12 weeks in an application year. Safe leave: Up to 12 weeks in an application year. Total: Up to 12 weeks in an application year. Workers with certain pregnancy- and child-birth-related health needs may receive up to an additional 4 weeks of benefits, which can be combined with other uses up to a total of 16 weeks in a 12-month period.	Own health: Up to 52 weeks for any period of disability.  While technically there is no time limit on receiving benefits, workers cannot receive benefits worth more than 52 times their weekly benefit rate for any continuous period of disability, in effect limiting workers to 52 weeks per continuous period of disability.  Family leave: Up to 8 weeks in a 12-month period. California does not specify a cumulative limit.
Is there an unpaid waiting period?	No	Own health: Yes—there is a 7-day unpaid waiting period. Family leave: No.

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Are workers entitled to have their jobs back when they return?	Yes, if they have been employed by their employer for at least 180 days before taking leave.  Note that workers who receive health insurance through their employers are entitled to continuation of those benefits while on leave, regardless of how long they've worked for their employer. Additionally, workers who exercise their rights to paid family, medical and safe leave are protected against retaliation or discrimination.  Workers receiving benefits may also have employment protections under Colorado's domestic violence leave law.  Workers may also have protections under other laws, such as the FMLA or the Colorado Family Care Act.	No. Workers may have protections under other laws, such as the FMLA or the California Family Rights Act.
How is the insurance provided?	By default, workers are covered by the state fund. Employers can apply for approval of a private plan, which must provide benefits at least equivalent to those available through the state.	By default, workers are covered through the state fund. Employers can apply for approval of a voluntary plan, which must provide benefits greater than those available through the state.
Statutory Citation	Colo. Rev. Stat. § 8-13.3-501 et seq.	Cal. Unemp. Ins. Code § 2601 et seq. San Francisco has enacted a municipal law that grants additional benefits for parental leave for many workers.

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Who is covered? California, New Jersey, Rhode Island, Washington State, Massachusetts, and Connecticut also provide some coverage for previously covered workers who have a qualifying need for family or medical leave while they are unemployed, while New York and Hawaii also provide some coverage for previously covered workers who have a qualifying need related to the worker's own health. Details vary by state. States that aren't currently implementing their programs will also likely provide some coverage for previously covered workers during unemployment, though final regulations will be needed to specify details	Almost all employees are covered.	Employees covered by the state unemployment insurance law, except for most public employees, are covered.
Are public sector workers automatically covered?  Note that no state law covers federal employees.	Yes. However, local government employers may decline coverage. Local government employees whose employers declined coverage can opt in to wage replacement benefits.	No, with a few exceptions.  Many public employers can opt in to coverage, but may need to do so through a negotiated agreement with an authorized bargaining unit.
Are domestic workers covered?	Yes.	Yes, subject to a low minimum payment requirement.
Can self-employed workers opt-in to coverage?	Yes.	Yes.

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What are the requirements to qualify for benefits?	Workers must have earned at least \$2,500 during the base period.  The base period is the first 4 of the last 5 completed quarters or the 4 most recently completed quarters.  This can combine income from more than one employer.  Workers with multiple jobs may choose to take leave from one job or multiple jobs. However, if a worker chooses to continue working at an additional job or jobs during leave, wages earned from the additional job or jobs will not be considered when calculating the worker's weekly benefit.	Workers must have earned at least \$300 during the base period.  The base period is the first 4 of the 5 most recently completed quarters or may include earlier quarters if the worker was unemployed during part of the base period.  This can combine income from more than one employer.  If a worker was unemployed and actively seeking work for at least 60 days of a quarter or quarters during the base period, that quarter or quarters is excluded from the base period and an equal number of quarters from the period immediately prior to the base period are substituted.

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What family members are covered?	A family member includes a worker's child, parent, parent of a spouse or domestic partner, spouse, domestic partner, grandparent of a spouse or domestic partner, grandchild, grandchild of a spouse or domestic partner, or as shown by the worker, any other individual with whom the worker has a significant personal bond that is or is like a family relationship, regardless of biological or legal relationship.  The law's definition of domestic partner does not require registration. The definition of domestic partner includes any person who is at least 18 years old and "(a) who is of the same gender as the employee; (b) With whom the employee has shared an exclusive, committed relationship for at least one year with the intent for the relationship to last indefinitely; (c) Who is not related to the employee by blood to a degree that would prohibit marriage pursuant to section 14-2-110, C.R.S.; and (d) Who is not married to another person."	A family member includes a worker's child, parent, grandparent, grandchild, sibling, spouse, registered domestic partner, or the parent of a worker's spouse or registered domestic partner. This list covers family members for whom a worker can take leave to care for when they are seriously ill. Paid family leave can also be used to address certain needs arising from the active duty military service of a worker's spouse, domes-tic partner, child, or parent.

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How is the program funded?	Workers and employers share the cost of all leave. Employers can withhold up to 50% of the premium from workers' wages; employers cover the remaining cost.  A self-employed individual or an employee of a local government who elects coverage is only required to pay 50% of the premium.  Employers with fewer than 10 employees are not required to pay the employer portion.  The total premium is 0.9% of wages.  For the calendar year of 2025 and each calendar year thereafter, the state will set the premium based on a formula set by statute and not to exceed 1.2% of wages (with premiums not applying to wages above the Social Security contribution base).  Premiums do not apply to wages above the Social Security contribution base.	Workers cover the full cost of both DI and PFL. Both programs are funded by a single payroll deduction, currently set at 1.1% of wages. The state sets the premium based on a formula set by statute and not to exceed 1.5% of wages (with premiums not applying to wages above an amount based on a formula set by statute).
What percentage of wages do workers receive?	90% of a worker's average weekly wage up to an amount equal to 50% of the statewide average weekly wage, and 50% of a worker's average weekly wage above an amount equal to 50% of the statewide average weekly wage	Between 60% and 70% of a worker's average weekly wage, depending on their income Very low-wage workers receive a fixed benefit amount set by statute, which may result in higher wage replacement rates.  Beginning in 2025, workers will receive between 70% and 90% of their average weekly wage, depending on their income

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What is the maximum weekly benefit?	\$1,100 per week initially, adjusted annually starting in 2025 to 90% of the statewide average weekly wage Current: \$1,100/week	About 100% of the statewide average weekly wage Current: \$1,620/week