



****HOW TO CALCULATE MONTHLY DE PML/PFL PREMIUM****

To help you calculate the amount of premium due to The Hartford for your Delaware Paid Medical Leave (PML) and Paid Family Leave (PFL), we've provided an example.

Delaware 2026 Per Covered Employee Annual Wage Cap is \$184,500.

- Use the Employee's gross wages each month to determine the Premium Due, until the Employee reaches the maximum annual wage cap for the year.
- Once an employee has reached the maximum annual wage cap, no further premium is due for DE PML/PFL to The Hartford for the year.

Monthly Billing Example: PML rate is \$0.62 per \$100 Taxable Wages, PFL rate is \$0.13 per \$100 Taxable Wages **Note:** This is an example only. The policyholder's PML and PFL rates may differ.

PML: Total Taxable Wages for all Employees for the month x the rate divided by \$100= PML Premium Due for the month.

Employee	Total Annual Wages	Taxable Wages Each Month 1-10	Taxable Wages Month 11	Taxable Wages Month 12
Employee 1	\$48,000	\$4,000	\$4,000	\$4,000
Employee 2	\$84,000	\$7,000	\$7,000	\$7,000
Employee 3	\$189,000	\$15,750	\$15,750	\$11,250
Employee 4	\$210,000	\$17,500	\$9,500	\$0
Totals	\$531,000	\$44,250	\$36,250	\$22,250
PML Rate		\$0.62	\$0.62	\$0.62
PML Premium Due Each Month		\$274.35	\$224.75	\$137.95

Note: For Employees 3 and 4, the Total Annual Wages exceed the Employee Annual Wage Cap of \$185,000. Employee 3 reaches the cap in month 12, and Employee 4 reaches the cap in month 11. Report monthly wages only up to the Employee Annual Wage Cap.

PFL: Total Taxable Wages for all Employees for the month x the rate divided by \$100= PFL Premium Due for the month. **Note:** Once you have the Total Taxable wages for PML, you will use this same volume to calculate your PFL premium.

	Monthly Wages	Taxable Wages Each Month 1-10	Taxable Wages Month 11	Taxable Wages Month 12	Total Annual Wages
Totals	\$44,250	\$44,250	\$36,250	\$22,250	\$531,000
PFL Rate:		\$0.13	\$0.13	\$0.13	
PFL Premium Due Each Month		\$57.53	\$47.13	\$28.93	

Please complete all fields in the billing worksheet and return to The Hartford when submitting payment.

In this example:

PML	PFL	Total
\$274.35	+ \$57.53	= \$331.88 Total Amount Due each month 1-10
\$224.75	+ \$47.13	= \$271.88 Total Amount Month 11
\$137.95	+ \$28.93	= \$166.88 Total Amount Due Month 12

For further assistance, please download our premium calculator [Delaware Paid Family and Medical Leave Insurance | DE PFML | The Hartford](#)