



****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](#)