



## **\*\*HOW TO CALCULATE MONTHLY OR PML/PFL PREMIUM\*\***

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

**Oregon's 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 OR 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 Gross 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	<b>\$44,250</b>	<b>\$36,250</b>	<b>\$22,250</b>
PML Rate		\$0.62	\$0.62	\$0.62
<b>PML Premium Due Each Month</b>	<b>\$274.35</b>	<b>\$224.75</b>	<b>\$137.95</b>	

**Note:** For Employees 3 and 4, the Total Annual Wages exceed the Employee Annual Wage Cap of \$184,500. 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.

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

**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, download our premium calculator: [Oregon Paid Family and Medical Leave Insurance](#)