

# The Prudential Insurance Company of America

## Oregon Paid Family and Medical Leave (OR PFML)

### For Oregon employees of Franklin Covey Co.

Effective January 1, 2025

**The document reflects 2024 benefits and rates. Please note that 2025 benefit and rates (not yet published) will apply effective 1/1/2025.**

#### Eligibility and Effective Date of Coverage:

Any Oregon employee who has earned at least \$1,000 for work performed in Oregon during the base year or alternate base year.

**Amount of Benefit:** Weekly benefits are paid as follows:

- 100% of the portion of the employee's Average Weekly Wage (AWW) that is equal to or less than 65% of the State Average Weekly Wage (SAWW)

#### **PLUS**

- 50% of the portion of the employees AWW that is greater than 65% of the SAWW.

*The SAWW through June 30, 2024 is \$1,269.69*

*The SAWW beginning July 1, 2024 is \$1,307.17*

Claims with a benefit claim year July 7, 2024 and later:

- *Weekly max benefit is: \$1,568.60 (120% of \$1,307.17)*
- *Weekly min benefit is: \$65.36 (5% of \$1,307.17)*

**Benefit Duration:** OR PFML benefits are payable:

- Up to 12 Weeks: Medical Leave, Bonding and Family Leave and Safe Leave
- Up to an additional 2 Weeks: for limitations due to pregnancy, childbirth, or a related medication, including but limited to lactation

**Note:** The benefit year begins the Sunday before the period of leave and lasts for 52 weeks.

**Waiting Period:**

- No waiting period

**Cost to Employee:**

Oregon Paid Family and Medical Leave benefits are being provided to you on a non-contributory basis. The entire cost your coverage is being paid by your Employer.

(1) The Social Security wage base is updated annually.

**Qualifying Leave Reason:** If you meet the eligibility requirements, you can receive benefits if you need to take time off from work for:

- Your own serious health condition
- To care for a serious ill family member
- To bond with a newborn, adopted or foster child *OR*
- Safe leave

#### **Leave Schedules:**

Leave can be taken on the following basis:

- Continuous;
- Reduced scheduled *OR*
- Intermittent

**Qualified Family Member:** A family member means:

- Spouse or domestic partner
- Child
- Parent
- Parent-in-law
- Grandchild
- Grandparent
- Sibling **and**
- Any individual related by blood or affinity whose close association with a covered individual is the equivalent of a family relationship

**Additional Information:** This document provides a brief summary of your coverage under OR PFML Leave program. You may access additional information on the OR PFML website listed below: <https://paidleave.oregon.gov/>



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