# The Prudential Insurance Company of America

Oregon Paid Family and Medical Leave (OR PFML) For Oregon employees of Exelixis, Inc.

Effective January 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 beginning July 1, 2024 thru June 30, 2025 is \$1,307.17

- Weekly maximum benefit is: \$1,568.60 (120% of \$1,307.17)
- Weekly minimum 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 not 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:**

You may be required to contribute up to 0.6% of your wages up to the Social Security wage base<sup>(1)</sup>.

(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/

https://www.mass.gov/orgs/department-of-family-and-medical-leave

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