

# The Prudential Insurance Company of America

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

### For Oregon employees of Exelixis, Inc.

Effective July 1, 2024

#### 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 current SAWW through June 30, 2024 is \$1307.17

- Weekly maximum benefit is: \$1568.6 (120% of \$1,269.69)
- Weekly minimum benefit is: \$65.36 (5% of \$1,269.69)

**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:

You may be required to contribute up to 0.6% of your wages up to the wage cap of \$132,900 in 2023 and up to the Social Security wage base of \$168,600<sup>(1)</sup> in 2024.

(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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