

# Notice To Covered Employees

## What to know about Massachusetts Paid Family and Medical Leave

Entity Name	Address	FEIN
United HealthCare Services, Inc.	9800 Healthcare Ln, Minnetonka, MN 55343	41-1289245
Optum Services, Inc.	9800 Healthcare Ln, Minnetonka, MN 55343	45-4683454
Optum Care, Inc.	9800 Healthcare Ln, Minnetonka, MN 55343	83-1959511
Reliant Medical Group, Inc.	9800 Healthcare Ln, Minnetonka, MN 55343	04-2472266
Optum Medical Services, PC	9800 Healthcare Ln, Minnetonka, MN 55343	45-3866363
MedExpress Urgent Care NC, PC	9800 Healthcare Ln, Minnetonka, MN 55343	81-5138747
XL Home Northeast, PC	9800 Healthcare Ln, Minnetonka, MN 55343	45-5530241
AbleTo Licensed ClinicalSocial	9800 Healthcare Ln, Minnetonka, MN 55343	85-0739865

### Overview:

As a Massachusetts employee or covered contract worker, you may be eligible for Massachusetts Paid Family and Medical Leave (MA PFML) benefits through a private plan provided by your employer. PFML is a benefit that allows you to take extended time away from work for needs such as caring for an ill family member, bonding with a new child, caring for your own injury or illness, tending to the needs of a family member who is being/has been deployed to active duty in the military, and caring for an injury or illness of a family member who has served or who is serving in the military.

This Notice will highlight the rights, obligations, and details from the Massachusetts Family and Medical Leave Law, M.G.L. c. 175M, its related regulations, and your employer's private MA PFML plan.

### What is included in PFML Benefits:

Under MA PFML, you may be entitled to:

- Up to 12 weeks of **Family Leave** in a benefit year including:
  - Care for a family member with a serious health condition
  - Bond with a new child
  - Attend to the needs resulting from the fact that a family member is on active duty or has been notified of an impending call to active duty.
- Up to 20 weeks of **Medical Leave** in a benefit year to care for your own serious health condition.
- Up to 26 weeks of **Family Leave** in a benefit year to care for a family member who is a covered service member who has an injury or illness related to their active duty.

You can use up to a total of 26 weeks of Leave **combined** between Paid Family and Medical Leave in a single benefit year.

## What to Know About MA PFML Benefits

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- Your **weekly benefit amount** will be based on your earnings and the Massachusetts State Average Weekly Wage, which can change annually. For 2024, the maximum weekly benefit is \$1,149.90.

### Things to Note: Employee Rights & Protections

- **Job Protection:** As an employee, when taking Family or Medical Leave, generally, your employer must restore you to your previous position or to an equivalent position, including the same status, pay, employment benefits, length-of-service credit and seniority as of the date of your Leave.
- **Continuation of Health Insurance:** As an employee, your employer must continue to provide for and contribute to your employment-related health insurance benefits, if any, at the level, and under the conditions, coverage would have been provided if you had continued working continuously for the duration of such Leave.
- **No Retaliation:** As an employee, your employer cannot discriminate or retaliate against you for taking a qualified Paid Family and/or Medical Leave. An employee or former employee who is discriminated or retaliated against for exercising rights under the law may, not more than three years after the violation occurs, may institute a civil action in the superior court.

Refer to your Employer, HR policies, and/or applicable law, as the above rights and protections may not extend to contract workers or former employees.

### Payment for Concurrent Leave

Any paid leave provided under a collective bargaining agreement or employer policy and paid at the same or higher rate than paid leave available under your employer's MA PFML policy of insurance (private plan) shall count against the allotment of leave benefits available under the MA PFML policy.

### Filing a MA Paid Family or Medical Leave Claim:

#### How to File a Claim

You must file a claim for paid family and medical leave benefits with UHG's Leave and Disability vendor, Sedgwick. Sedgwick will determine eligibility and provide the applicable state forms.

- When possible, please call Sedgwick to report your leave 30 days prior to its anticipated start date.
- If it is not possible to provide 30 days' notice, please follow your employer's call out policy and call Sedgwick as soon as practicable.
- To initiate a claim with Sedgwick you may call 1-866-697-8122 from 7:00 a.m. to 7:00 p.m. CT Monday-Friday or online through the [mySedgwick online](#) tool.

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## Filing a MA Paid Family or Medical Leave Claim (Continued):

### How to Appeal a Claim:

If the situation occurs where you wish to appeal a Family or Medical Leave claim, you must first appeal to Sedgwick.

You:

1. Must apply in writing for a review within ten (10) days of the claim denial.
2. May request copies of all documents, records, and other relevant information related to the claim.
3. May submit written comments, documents, and other relevant information related to the claim.

Sedgwick will respond to you in writing with the appeal determination of the claim.

### How to Appeal Sedgwick's Appeal Determination

If you do not agree with Sedgwick's appeal determination and you wish to appeal further, you then have the right to file an appeal with the Massachusetts Department of Family and Medical Leave.

Note that you must appeal within ten (10) days of the receipt of notice of The Hartford's appeal determination to the following:

Massachusetts Department of Family and Medical Leave  
PO Box 838  
Lawrence, MA 01842  
Contact Center: (833) 344-7365

Sedgwick or your employer are required to supply the Massachusetts Department of Family and Medical Leave with all claim documentation within ten business days of the Department's request in connection with your appeal. The resulting determination of the appeal of denial from the Department will then be binding on Sedgwick, you and your employer. Following the Department's issuance of a final decision on your appeal, you may take a further appeal by filing a complaint in the district court as specified in the Massachusetts Family and Medical Leave Law.

Please refer to the [Department of Family and Medical Leave website](#) for more information about appeals.

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## Taking Paid Time Off and PFML

Effective November 1, 2023, employees have the right to use available PTO, Sick Pay and/or Disability Reserve Bank (DRB) balances to supplement or “top up” MA PFML benefit. Please notify our MA PFML Private Plan administrator, Sedgwick, of your intent to use any additional paid leave benefits to supplement your MA PFML benefits.

## Private Plan Exemption

Your employer has applied and been approved for a Private Plan Exemption. This approval provides a contribution exemption for the employer, the employee and any covered contract worker from paying the Department of Family and Medical Leave Family and Employment Security Trust Fund. Your employer, however, may require that you contribute toward the cost of the Private Plan coverage with The Hartford.

The details of any private plan must be provided to you by your employer as soon as detailed plan information is available.

You maintain all your rights and protections under the MA PFML law, even though your employer is approved for a private plan.

## Payment for MA PFML Coverage

Your employer is approved for a MA fully insured Private Plan and has purchased a MA PFML policy of insurance from The Hartford. Your employer will be required to pay premium to The Hartford for the insurance coverage, including your contributions, if any, beginning on January 1, 2024.

Your employer may deduct contributions toward the cost of coverage from your pay. The contribution amount may be adjusted annually but may never exceed the state mandated contribution amount for covered individuals. If you are contributing toward the cost of MA PFML, the maximum contribution amount for 2024 is .18% of your gross annual earnings towards the cost of coverage for Paid Family Leave and .28% of your gross annual earnings towards the cost of coverage for Paid Medical Leave, up to the Social Security Benefit Limit<sup>1</sup>.

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## Department of Family and Medical Leave (DFML) Contact Information

The Massachusetts Department of Family and Medical Leave

Charles F. Hurley Building  
19 Staniford Street, 1<sup>st</sup> Floor  
Boston, MA 02114  
(617) 626-6565  
[www.mass.gov/DFML](http://www.mass.gov/DFML)

### More Information is Available

More detailed information regarding your plan is available from your employer. Information pertaining to the regulations and statutory requirements under the MA PFML law is available from the Department of Family and Medical Leave. Visit their website at: [www.mass.gov/DFML](http://www.mass.gov/DFML).

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The Social Security Benefit Limit is the contribution and benefit base limit established annually by the federal Social Security Administration for purposes of the Federal Old-Age, Survivors, and Disability Insurance program limits pursuant to 42 U.S.C. 430.



## 2024 Effective Employee and Covered Contract Worker Rates

See below for your percentage of gross wages, up to the Social Security Benefit Limit<sup>1</sup>, that are being deducted for Paid Family and Medical Leave coverage:

	Family Leave Contribution	Medical Leave Contribution	Total Contribution Amount
<b>Employee Covered Contract Worker</b>	<u>0.18%</u> <sup>2</sup>	<u>0.70 %</u> <sup>3</sup>	<u>0.88%</u> <sup>4</sup> <i>Reflects the sum of Family and Medical Leave contributions</i>

If your employer is requiring contributions toward the cost of coverage, contributions to your employer sponsored fully insured Private Plan underwritten by Hartford Life and Accident Insurance Company will begin on the date you begin working for the employer. Your employer is responsible for sending MA PFML premium to The Hartford.

Under the law, employers are permitted to deduct from employees' or covered contract workers' wages up to 40% of the contribution amount announced by the state for medical leave coverage (.28% of wages) and up to 100% of the contribution amount announced by the state for the family leave coverage (.18% of wages). The employee or covered contract worker contribution amounts are limited, as described in the Massachusetts PFML statute and regulation (M.G.L. c. 175M, § 6 and 458 CMR 2.05), to a certain percentage of wages, up to the Social Security Benefit Limit.

### Effective 2024 Employee, Covered Contract Worker and Employer Private Plan Contributions

Private plan family and medical leave contribution rates may vary from the contribution rates announced annually by the state, but **employee contribution** amounts cannot exceed the maximum mandated by the state, as shown above.

Total Combined Contributions	
<b>Medical Leave</b>	<u>United Health Group</u> Employer Name will contribute: <u>60 %</u> of Medical Leave contributions (.42%) and the remaining: <u>40 %</u> will be deducted from your earnings (.28%)
Total Combined Contributions	
<b>Family Leave</b>	<u>United Health Group</u> Employer Name will contribute: <u>0 %</u> of Family Leave contributions and the remaining: <u>100 %</u> will be deducted from your earnings (.18%)

<sup>1</sup> The Social Security Benefit Limit is the contribution and benefit base limit established annually by the federal Social Security Administration for purposes of the Federal Old-Age, Survivors, and Disability Insurance program limits pursuant to 42 U.S.C. 430

<sup>2</sup> Amount cannot exceed .18% in 2024.

<sup>3</sup> Amount cannot exceed .28% in 2024.

<sup>4</sup>These rates apply to all workers covered by the policy.

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# NOTICE OF BENEFITS AVAILABLE UNDER M.G.L. CHAPTER 175M

## PAID FAMILY AND MEDICAL LEAVE

### Employee Contributions

- Employers may deduct payroll contributions from a covered individual's wages or other earnings to fund the PFML Private Plan. If covered individuals contribute toward the cost of coverage for PFML, the amount cannot exceed the maximum portion of allowable contributions for covered individuals as described in M.G.L. c. 175M and 458 CMR 2.00 (MA FML Law), up to the Social Security Benefit Limit.<sup>1</sup>

### MA PFML Benefits

- Covered individuals may be entitled to up to 20 weeks of paid medical leave in a benefit year if they have a serious health condition that incapacitates them from work.
- Covered individuals may be entitled to up to 12 weeks of paid family leave in a benefit year related to the birth, adoption, or foster care placement of a child, or because of a qualifying exigency arising out of the fact that a family member is on active duty or has been notified of an impending call to active duty in the armed forces.
- Covered individuals may be entitled to up to 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member with an injury or illness related to their active duty.
- Covered individuals may be entitled to up to 12 weeks of paid family leave to care for a family member with a serious health condition.
- Employees have the right to use available PTO, Sick Pay and/or Disability Reserve Bank Pay to supplement or "top up" MA PFML benefits.



Covered individuals are eligible for no more than 26 total weeks, in the aggregate, of family and medical leave in a single benefit year.

### Who is a Covered Individual Under the Law?

Generally, an employee, and in some instances a former employee or contract worker, may be eligible for paid family and medical leave if the individual:

- Is eligible for unemployment in Massachusetts and paid wages by a Massachusetts employer; or
- Resides in Massachusetts, would have been eligible for unemployment in MA if an employee, is not an independent contractor, and is paid for contract services by a Massachusetts entity that is required to report payment for services on IRS Form 1099-MISC for more than 50% of its workforce; or
- Is self-employed and who resides in Massachusetts and chooses to opt-in to the program.



## Job Protection

Generally, an employee who has taken paid family or medical leave must be restored to the employee's previous position or to an equal position, with the same status, pay, employment benefits, length-of-service credit, and seniority as of the date of leave.



These job protections may not apply to contractors performing contract services or self-employed individuals.

## Weekly Benefits

To fund PFML benefits, employers may deduct payroll contributions from a covered individual's wages or other earnings. Covered individuals can apply for benefits by filing a MA Family and Medical Leave claim with Sedgwick who is the approved administrator for UnitedHealth Group's MA PFML private plan. A covered individual's average weekly earnings will determine the benefit amount. The maximum weekly benefit is \$1,149.90 for 2024.

## No Retaliation or Discrimination

- It is unlawful for an employer to discriminate or retaliate against an employee for exercising any right to which they are entitled under the law.
- An employee or former employee who is discriminated or retaliated against for exercising rights under the law may, not more than three years after the violation occurs, institute a civil action in the superior court, and may be entitled to damages of as much as three times of their lost wages.

## Your Private Plan from The Hartford

Your employer offers paid family leave and medical leave with benefits that are at least as generous as those provided under the law, your employer has applied for and been granted an exemption from paying contributions to the state plan. Employees continue to be protected from discrimination and retaliation under the law even when an employer opts to provide paid leave benefits through a private plan.

If you have questions or concerns about your Paid Family Medical Leave rights, please contact: [MassPFML@Mass.gov](mailto:MassPFML@Mass.gov) or visit: <https://www.mass.gov/DFML>



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This notice must be posted in a conspicuous place on the employer's premises.

<sup>1</sup>The contribution and benefit base limit established annually by the federal Social Security Administration for purposes of the Federal Old-Age, Survivors, and Disability Insurance program limits pursuant to 42 U.S.C. 430.



