



Your Guide to Maine Paid Family and Medical Leave for 2026

(ME PFML)

Updated as of November 2025



This guide aims to provide you with comprehensive information about your rights, benefits, and the process for applying for these programs.

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Overview of ME PFML

Maine Paid Family and Medical Leave (ME PFML) offers wage replacement benefits and job protection* for employees who are sick or hurt and cannot work. PFML applies to family related matters, such as bonding with a new child or caring for a family member with a serious health condition and can be used to address a family member's military duty, or for safety concerns, or bereavement. An employee can also use ME PFML to address a qualifying military exigency.

Eligibility

You are covered for ME PFML if you:

- Work for a covered employer
- Have earned at least 6 times Maine's average weekly wage in the 12 months before they are eligible for benefits. Self-employed, independent contractors, and tribal nations may opt in to the state-run program.

Benefit Details

Benefits and Qualifying Life Events

You can receive part of your pay and job protection*, if you need to take time off for certain reasons, such as:

Paid Medical Leave: For a personal serious health condition or injury including, organ donation, and pregnancy/maternity.

Family Leave: For bonding with a newborn, care for a family member** with a serious health condition, to assist while loved ones are on overseas military deployment, to address safety concerns, such as domestic violence, assault, or sexual assault, or bereavement***.

*Job protection is available if you have worked for a covered employer for at least 120 days.

** A child, parent, spouse, domestic partner, grandparent, grandchild, sibling, or any individual with whom the employee has a significant personal bond that is or is like a family relationship, regardless of biological or legal relationship.

***Bereavement can be used for death or serious health condition of certain family member in the armed forces (up to 12 days).

Cost of Coverage

Beginning, May 1, 2026, your maximum cost of coverage is \$922.50, or 0.5% of your wages, up to the Federal Wage Cap (\$184,500). Your employer may withhold this amount via payroll deductions.

Benefit Duration and Waiting Period

Leave can be taken intermittently, or on a continuous leave or reduced leave basis, depending on the leave reason.

12
Weeks

Medical Leave: Up to 12 weeks.

12
Weeks

Family Leave: Up to 12 weeks.

You can have more than one benefit each year, but no more than 12 weeks total, and a once per year 7-day waiting period (waived for child bonding if the leave immediately follows medical leave).

Calculating Your Benefits

The benefit amount you can receive depends on your regular wages and how they compare to the average wages in Maine.

1. Determine Your Regular Wages

- Your regular wages are the amount you typically earn before any deductions. This includes your salary, hourly wages, tips, and any other earnings.

2. Understand the Maximum Weekly Benefit

- In **2026**, the maximum benefit is **\$1,198.84** per week. This means that no matter how much you earn, the maximum benefit you can receive per week is **\$1,198.84**.
- In **2026**, the most you can receive in a week is **90%** of your wages that are equal to or less than **50%** of the state's average weekly wage, plus **66%** of your wages that is more than **50%** of the state average weekly wage. The maximum weekly benefit in **2026** is **\$1,198.84**.

3. Calculate Your Benefit Percentage

- Take your wages that are less than **50%** of the SAWW will be replaced at **90%**.
- The portion of your wages that is more than **50%** of the SAWW is replaced at **66%**.

Example Calculation

Let's go through examples to make it clearer.

Example 1

If your average weekly wages are \$500

- The portion of your average weekly wages (**\$500**) that is **50%** less than the States Average Weekly Wage ($\$1,198.84 / 2 = \599.42) is replaced at a rate of **90%** ($500 * .90 = \$450$). Since **\$599.42** is half of the state average weekly wages, we then will use \$500 for this part of the calculation ($500 * .90 = \$450$).

Example 2

If your regular weekly wages are \$2,000:

- The portion of your average weekly wages (**\$2,000**) that is **50%** of the States Average Weekly Wage ($\$1,198.84 / 2 = \599.42) is replaced at a rate of **90%** ($\$599.42 * .90 = \539.48). Since **\$599.42** is half of the state average weekly wages, we will use \$599.42 for this part of the calculation ($599.42 * .90 = \$539.48$).
- If your wages were more than **50%** of the SAWW you would then take the amount more than **50%** of the states average weekly wage, which is $\$2,000 - \$599.42 = \$1,400.58$ and **66%** of that is $\$924.28$. So your total benefit would be $\$539.48 + \$924.38 = \$1,463.86$.
- Since the total benefit of **\$1,463.86** exceeds the maximum benefit of **\$1,198.84**, the calculated benefit is capped at **\$1,198.84**.

Coordination with Other Benefits

You may be eligible for more than one leave. ME PFML and Family Medical Leave Act (FMLA) benefits can and should be used at the same time, when applicable. Your employer may require (or allow) you to use accrued time off. Your employer may also require you to use PML benefits and short-term or long-term disability benefits at the same time. Your total compensation may not be more than 100% of your regular pay.


Applying for Benefits

Steps to Apply

1. Notify your employer as soon as possible that you'll need to take leave.
2. Apply for benefits not more than 60 days in advance of before or up to 90 days after your leave starts. You can apply through MetLife via the web, telephone, or paper claim, depending on your employer's coverage plan.
3. Submit supporting documentation, which may vary depending on the reason for your leave.
4. Stay connected with your employer and MetLife until you return to work.



Documentation to Support your Claim



Proof to support an employee's leave may be required before the claim decision can be made. The state is still defining these requirements.

Claim Denials

If your claim has been denied, you can reach out to MetLife to have your claim reconsidered, especially if you have new information to support your claim. If, after a second review, your claim is still denied, you can file an appeal with the state. Appeal instructions can be found in the claim denial letter you received.

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