

**FAMILY LEAVE INSURANCE AND
TEMPORARY DISABILITY INSURANCE
COMBINED ANNUAL ACTIVITY REPORT
2022**

New Jersey Department of Labor and
Workforce Development
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HIGHLIGHTS

Temporary Disability Insurance and Family Leave Insurance are wage replacement programs that work together to provide increased economic security to working families in New Jersey. Enacted in 1948, the Temporary Disability Insurance program provides cash benefits to New Jersey workers suffering a non-work-related physical or mental illness, injury, or other disability that prevents them from working. The Family Leave Insurance program was enacted in 2009 and provides cash benefits for New Jersey workers who need to take short-term leave, to bond with a newborn, newly adopted, or newly placed foster child, provide care for an ill or injured family member, or cope with domestic or sexual violence. Both programs are operated by the Division of Temporary Disability and Family Leave Insurance at the New Jersey Department of Labor and Workforce Development.

The report provides a summary of workload activity and other data during 2022 for the Family Leave Insurance (FLI) and State Plan for the Temporary Disability Insurance (TDI) programs, with comparative information from prior years. While this analysis is primarily concerned with data movements during the past five years, any significant longer-term trends are also noted. The data are derived from New Jersey's Disability Automated Benefits System (DABS), which was developed in 1989.

Highlighted findings from this report indicate that new FLI claims received and initial dispositions both increased in 2022, following the upward trend experienced in the past five years. About 85 percent of eligible FLI claims were filed to bond with a newborn, newly adopted child, or newly placed foster child, with the remainder of claims to care for an ill family member. FLI gross benefit payments for 2022 claims totaled \$417.1 million, with an average weekly benefit amount for all claims of \$841. Gross benefits paid rose by more than 24 percent compared with 2021. Claims processing times increased in 2022. The 14-day and 28-day time lapse performance measures were 43 and 79.7 percent respectively. About 71 percent of total family leave claims were initiated by women. Data by type of claim for education level and race/ethnicity showed that the highest number of claims in 2022 were for individuals with an associate or bachelor's degree, followed by high school graduates. Over half of all claimants were Caucasian (56.5%), with Hispanic/Latino (17.9%), African American (12.4%) and Asian (9.9%) individuals comprising the next largest reported groups.

Highlighted findings from this report indicate that during 2022, new TDI claims received decreased while initial dispositions increased. Gross benefit payments rose by 6.3 percent in 2022. Claims processing times increased in 2022. The 14-day and the 28-day time lapse performance measures were 50.1 and 88.8 percent, respectively. Medical evidence not submitted was again the most frequently cited reason for denial, comprising 30.6 percent of all denials. More than 71 percent of total eligible disability claims were by females. Data by type of claim for educational level and race/ethnicity showed that the highest number of claims in 2022 were for high school graduates (46.0%) and for Caucasian claimants (50.6%). Claims for benefits due to pregnancy and complications of pregnancy and childbirth continued to be the largest single category for both new eligible claims and completed cases, comprising about 30 percent of each group. These percentages have been consistent since 2001 when morbidity data (type of injury or illness) for eligible claims and completed cases became available.

The Division understands the importance of timely responsiveness when it comes to addressing the needs of claimants. We remain dedicated to providing exceptional customer service throughout the claims process. Our focus on timely responsiveness, streamlined communication, continuous evaluation, and feedback integration demonstrates our commitment to improving the overall experience for claimants. By prioritizing the claimant's needs and consistently seeking ways to enhance our services, we aim to build stronger relationships and instill confidence in our claimants.

FAMILY LEAVE INSURANCE PROGRAM – 2022

Overview

The enactment of P.L. 2008, chapter 17 on May 2, 2008 created the New Jersey Family Leave Insurance Program. This report provides a summary of workload activity for the State Plan for Family Leave Insurance (FLI) during calendar year 2022, with comparative information from calendar years 2018 - 2021. The data are derived from New Jersey's Disability Automated Benefits System (DABS), which was developed in 1989.

The report tables for 2022 incorporate the data elements required by the enactment of P.L. 2019, chapter 37 on February 19, 2019. Table 1 provides data on claims received, initial dispositions and benefits paid for family leave claims. Tables 2 and 3 contain information on the time it takes to process claims and reasons for denial, respectively. Claim statistics by type of claim including sex, education and race/ethnicity can be found in Table 4. A list of definitions for key workload items is included on page 13 of this report.

Background

With the enactment of P.L. 2008, chapter 17, on May 2, 2008, New Jersey extended the Temporary Disability Insurance program to provide family leave insurance benefits, a monetary benefit (not a leave entitlement), for covered individuals bonding with newborn or newly adopted children, or caring for ill family members.

Beginning July 1, 2009, claimants became eligible for up to six weeks of family leave benefits per 12-month period. Workers could receive weekly family leave benefits equal to two-thirds of their average weekly wage, up to a maximum weekly benefit determined annually. Leave could be taken either for six consecutive weeks, for intermittent weeks or for up to 42 intermittent days per 12-month period.

With the enactment of P.L. 2019, chapter 37 on February 19, 2019, New Jersey expanded the family leave program in a number of ways. In the beginning of the program, a family member was defined as the claimant's child, spouse, domestic partner, civil union partner or parent. For claims after February 19, 2019, the definition of child was expanded to include the claimant's biological or adopted child, foster child, stepchild, legal ward, the child of the claimant's domestic or civil union partner or the child of a gestational carrier, with a writer agreement in place. Family leave was also expanded to cover coping with domestic or sexual violence situation. Claimants could provide care for themselves, a victim/survivor or a family member of a victim/survivor.

The definition of family member was expanded for claims after February 19, 2019 to also include parent-in-law, sibling, grandparent, grandchild, domestic partner and any other individual related by blood to the employee or any other individual who has a close association with the employee which is equivalent of a family relationship.

P.L.2019, c.37 also established and required annual reporting on new goals to make timely determinations and prompt payments of benefits to claimants who meet eligibility criteria. These new goals were based on the premise the Division would be modernizing their claims processing system.

Those goals for the Family Leave Insurance program are as follows:

Timely determination and prompt payment of:

- 80% within 7 days
- 85% within 14 days
- 90% within 21 days
- 95% within 28 days

Funding Structure

The family leave program is funded entirely through worker contributions, which were equal to 0.14 percent of taxable wages in 2022, down from 0.28 percent of taxable wages in calendar year 2021. Worker contributions were based on a taxable wage base equal to 107 times the statewide average weekly wage (SAWW). The worker contribution rate is adjusted annually to a rate sufficient to maintain an account balance needed to pay benefits.

For 2022, claimants were eligible for family leave benefits equal to 85 percent of their average weekly wage, up to a maximum weekly benefit rate in 2022 of \$993. The maximum FLI benefit period was 12 consecutive weeks and the maximum intermittent FLI leave was 56 intermittent days per 12-month period.

All New Jersey employers covered by the Unemployment Compensation Law are also subject to the Family Leave Insurance provisions of the Temporary Disability Benefits Law, including certain government entities (for example, school districts and municipalities) which are not automatically covered by temporary disability insurance. Federal government employers, as well as faith-based organizations, are exempt from the provisions of this law. A subject employer is automatically covered under the State Plan for family leave insurance unless it has covered its workers under an approved FLI private plan. Estimated State Plan covered employment for family leave insurance averaged 3,864,600 workers in 2021 and 4,071,900 in 2022. Private plan covered employment averaged 14,595 workers in 2021 and 15,955 in 2022.

Claims and Benefits

During calendar year 2022, new claims received and initial dispositions both increased, continuing the upward trend of recent years (see Table 1). The number of claims initiated online increased for the seventh consecutive year, surpassing the number of paper claims received, while the number of paper claims received annually continued to decline.

Eligible dispositions comprised about 79 percent of total dispositions in 2022, compared with 88 percent in 2021 and 77 percent in 2018.

P.L. 2019 requires a reporting of the number and percentage of ineligible claims received with insufficient information; the portion of those claims that were deemed ineligible because of failure of claimants to provide sufficient information; and the portion of those claims that were deemed ineligible because of failures of medical providers of claimants to provide sufficient information. This information can be found in Table 1. The law also requires reporting of those claims deemed ineligible because of failures of employers to provide sufficient information. These data are not available or collected in the DABS system, as claims for this program are not deemed ineligible due to lack of employer information.

Gross benefit payments made in 2022 rose to \$417.1 million, an increase of 24.6 percent from 2021 when benefit payments totaled \$334.8 million. Similarly, the average weekly benefit amount saw an increase in 2022, rising from \$782 in 2021 to \$841.

Time Lapse Data

The percentage of initial determinations made within two weeks of receipt of the claim decreased to 43 percent in 2022 from 67 percent in 2021 (see Table 2). The annual number of cases increased from 56,905 in 2021 to 66,942 in 2022 (+17.6%).

The percentage of initial determinations that occurred within four weeks was 79.7 percent, a decrease from the level attained in 2021 of 90.6 percent but up from 67.3 percent in 2018. The service goal for processing initial determinations within four weeks is 95 percent.

The Division recognizes the percentage goals of Family Leave Insurance (FLI) claims to receive an original determination has fallen short of the specified thresholds. The number of claims received increased in combination with staff attrition in the Family Leave Insurance Unit. In addition, we would also point to the percentage increases from CY 2018 to CY 2022. For FLI claims in 2018, the percentages of original determinations for 7-day, 14-day, 21-day and 28-day were 19.4%, 29.4%, 46.0% and 67.3% respectively.

In 2022, those percentages are as follows with the percentage increases from 2018 – 2022 in parentheses, 26.1% (+34.5%), 43.0% (+46.3%), 68.4% (+48.7%), and 79.7% (+18.4%). The Division recognizes these percentages are still short of the goals set forth by the law. The Division's progress towards achieving these goals continues to be a top priority.

Reasons for Denial

The primary reasons for denial of a family leave claim at the time of initial determination are shown in Table 3. Lack of medical evidence was the most frequently cited reason for denial in 2022, comprising 14.5 percent of all reasons for denial. For caregiving claims, medical certification is required from the patient's medical provider.

"Other" reasons were cited in 80 percent of denials in 2022, compared with 80.4 percent in 2021. "Other" reasons include late filing and employment by an uncovered governmental agency.

Claimant Characteristics

Table 4 includes data on the number of eligible claims by sex, education level and race/ethnicity for all eligible family leave claims, bonding claims, claims for bonding with a newborn, claims for bonding with an adopted child, family care claims, claims for care of a sick child, claims for care of an ill spouse and claims for care of other sick family members. Table 4 also includes claimant characteristics totals for all claims, including both eligible and ineligible claims.

Total family leave claims in 2022 (eligible and ineligible) were 54,295, of which 20,655, or 38 percent, were intermittent claims. There were 50,374 eligible family leave claims in 2022, of which approximately 85 percent of eligible claims were for bonding (42,674) with the remaining 15 percent for care of ill family members (7,700).

Females comprised 70.5 percent of eligible family leave claims, while males totaled 29.5 percent of all eligible claims. For claimants taking leave to bond with a newborn or newly adopted child, females comprised 70.6 percent of eligible claimants, while males comprised 29.4 percent. The majority of FLI claimants taking leave to care for an ill family member were female (69.9%). Males comprised 30.1 percent of family care claimants, compared with 29.4 percent of bonding claimants.

Individuals with an associate or bachelor's degree accounted for 39.8 percent of eligible family leave claims, followed by high school graduates (30.9%) and claimants with graduate degrees (24.6%). Individuals taking leave to care for a sick family member were more likely to be high school graduates (43.6%), followed by those with an associate or bachelor's degree (33.0%). The percentages of bonding claimants by educational level were similar to those for all eligible family leave claimants.

The largest group of family leave claimants by race/ethnicity were Caucasian (56.5%), followed by Latino/Hispanic (17.9%), African American (12.4%), Asian (9.9%), Undefined (2.7%), American Indian/Alaskan Native (0.4%), and Native Hawaiian/Pacific Islander (0.3%).

Of the \$339.3 million paid for total family leave claims filed in 2022, \$304.4 million were for bonding claims (89.7%) while \$34.7 million were paid to family care claimants (10.3%). The average weekly benefit amount for all claims in 2022 was \$853 with bonding claims averaging \$860 per week and family care claims averaging \$815 per week. Average days paid per claim were higher for bonding claims (68 days) compared with family care claims (46 days). Claims for all types of family leave averaged 65 days.

FLI Revenues, Benefits and Administrative Expenses

Table 5 contains a summary of revenues, benefits and administrative expenses during 2021 and 2022. It should be noted that State Plan benefit totals in Table 5 are reported on a cash basis and do not match the benefit payment data in Table 1, which are compiled by type of claim from monthly disability workload reports.

The State Plan for FLI is financed entirely through worker contributions, which totaled \$628.1 million in 2021 and \$431 million in 2022. The worker contribution rate was 0.14 percent of taxable wages in 2022, compared with the rate of 0.28 percent in 2021. The worker contribution rate is calculated annually and adjusted as necessary based on the balance in the fund and expected benefits and expenses for the upcoming year.

Total FLI State Plan benefits during 2022 were \$440.9 million, which was an increase from 2021 when benefits were \$354.7 million. Benefit payments for family leave during unemployment were \$1.4 million in 2022 and \$0.7 million in 2021. FLI administrative expenses increased from \$9.0 million in 2021 to \$10.1 million during 2022.

The total number of personnel in the division is **181**. The total cost of salaries and benefits for those personnel in fiscal year 2022 was approximately **\$24,185,140**. The number of personnel who are processing FLI claims is **29**, with an approximate budgeted cost of salaries and benefits of **\$3,869,622¹**.

The personnel cost of staff who are solely processing FLI claims is 10% of the Division's total administrative cost, which in fiscal year 2022 was \$38,392,000. The maximum administrative amount permitted is \$10M over the appropriated budgeted administrative amount per fiscal year, but this amount is subject to the approval of the Director of the Division of Finance and Accounting.

¹ This amount accounts for staff assigned to the direct processing of FLI claims. Personnel in other units assist in the claims processing system indirectly and are therefore not included in this total.

TEMPORARY DISABILITY INSURANCE PROGRAM – 2022

The enactment of P.L. 1948, chapter 110 created the New Jersey Temporary Disability Program. Provided in this report is a summary of workload activity and other data during 2022 for the State Plan for Temporary Disability Insurance (TDI), with comparative information from prior years. While this analysis is primarily concerned with data movements during the past five years, any significant longer-term trends are also noted. The data are derived from New Jersey's Disability Automated Benefits System (DABS), which was developed in 1989.

The report tables for 2022 incorporate the data elements required by the enactment of P.L. 2019, chapter 37 on February 19, 2019. Tables 6, 7 and 8 provide data from 2018 through 2022 on workload activity, time lapse statistics and reasons for denial of disability claims. Information on the sex, education level and race/ethnicity of claimants for 2022 can be found in Table 9. Morbidity data for eligible claims and completed cases in 2022 are contained in Tables 10 and 11. A list of definitions for key workload items is included on page 13 of this report.

Background

Since its enactment in 1948, the New Jersey Temporary Disability Benefits Law has provided benefits to workers affected by non-work-related injuries or illnesses.

With the enactment of P.L. 2019, chapter 37 on February 19, 2019, New Jersey expanded the Temporary Disability Insurance program. P.L.2019, c.37 also established and required annual reporting on new goals to make timely determinations and prompt payments of benefits to claimants who meet eligibility criteria. These new goals were based on the premise that the Division would be modernizing its claims processing system. Those goals for the Temporary Disability Insurance program are as follows:

Timely determination and prompt payment of:

- 40% of claims within 7 days
- 75% within 14 days
- 85% within 21 days
- 90% within 28 days

Funding Structure

All employers except local government, for which coverage is optional, are subject to the provisions of this law when their quarterly payrolls are at least \$1,000. Federal government employers, as well as faith-based organizations, are exempt from the provisions of this law. Employers may choose the State's insurance plan or obtain private coverage equal to or better than the State Plan. The temporary disability program is funded by a combination of employer and worker contributions. Employer contribution rates vary from 0.10 percent to 0.75 percent of taxable wages, depending on the employer's disability experience rating.

For 2022, the worker contribution rate was 0.14 percent, down from a rate of 0.47 percent in 2021. Since 2012, the worker contribution rate has been adjusted annually based upon a legislative formula.

In 2022, the number of State Plan employers rose to 257,332 from 235,079 in 2021. In addition, 624 employers were covered by a combination of state and private plans, while private plan employers totaled 5,986. State Plan covered employment increased by 12.3 percent in 2022, averaging 2,776,812 in 2022 and 2,471,696 in 2021.² Private plan covered employment increased by 5.3 percent in 2022, averaging 888,266 in 2022 and 843,747 in 2021.

Claims and Benefits

New claims received in 2022 decreased while initial dispositions increased (see Table 6). The number of web claims received fell compared with 2021, but still surpassed the number of paper claims received for the second consecutive year, while the number of paper claims received annually continued to decline.

Eligible dispositions comprised 45 percent of total dispositions in 2022, compared with 67 percent in both 2021 and 2018.

P.L. 2019 requires a reporting of the number and percentage of ineligible claims received with insufficient information, the portion of those claims that were deemed ineligible because of failure of claimants to provide sufficient information and the portion of those claims that were deemed ineligible because of failures of medical providers of claimants to provide sufficient information. This information can be found in Table 1. The law also requires reporting of those claims deemed ineligible because of failures of employers to provide sufficient information. These data are not available or collected in the DABS system, as claims for this program are not deemed ineligible due to lack of employer information.

P.L. 2019 also requires a reporting of the number and percentage of claims for which determinations were delayed because of employer failure to make the notifications or disclosures to employees and the division within the required amount of time; the number of complaints received related to employer noncompliance with those requirements; and the number of employers which have been, because of the failures, required, pursuant to section 31 of P.L.1948, c.110 (C.43:21-55), to pay fines or penalties to the division or added amounts to claimants; the total amount of payments to the Division; and the total amount of payments to claimants. However, due to changes made to the law, which provided the Division the ability to use wage data already available to DOL, this issue has largely ceased to exist. If wage data is not available, the Division will ask for paystubs from the claimant to prove wages earned during a certain timeframe.

Gross benefit payments increased by 6.3 percent in 2022 compared with 2021. The increase was largely due to the increase in the maximum weekly benefit rate which offset a drop in claims volume.

The average weekly benefit amount (AWBA) for all TDI eligible claims during 2022 was \$750, an increase of 7.0 percent compared with 2021 (\$701). The AWBA is not available separately for pregnancy and other claims.

Time Lapse Data

The percentage of initial determinations made within two weeks of receipt of the claim fell to 50.1 percent in 2022 from 68.6 percent in 2021, reversing the trend of four consecutive annual increases. The two-week time lapse measure dropped below the Disability Insurance Service performance goal of 75 percent for processing initial determinations within two weeks (see Table 7).

² Actual data for State Plan and private plan covered employment and employers became available again beginning with the third quarter of 2011 due to the development of a new reporting methodology.

The percentage of initial determinations that occurred within four weeks also decreased over the year to 88.8 percent from 90.5 percent in 2021. This second performance measure was below the Disability Insurance Service goal of 90 percent for processing initial determinations within four weeks of receipt of claim.

While the Division recognizes the percent goals of Temporary Disability Insurance (TDI) claims to have an original determination has fallen short of the 7-day, 14-day and 21-day thresholds, we would point to the percentage increases from CY 2018 to CY 2022. For TDI claims, in 2018 the percentages of original determinations for 7-day, 14-day, 21-day and 28-days were 7.3%, 45.0%, 59.6% and 72.8% respectively. In 2022, those percentages are as follows with the percentage increases from 2018 – 2022 in parentheses, 18.7% (+156.2%), 50.1% (+11.3%), 79.2% (+32.9%), and 88.8% (+22.0%).

The Division recognizes these percentages are still short of the goals set forth by the law. The Division’s progress towards achieving these goals continues to be a top priority. The primary focus includes a commitment to modernizing the DABS claims processing system, which was developed in 1989. The limitations of the system impact processing time since it requires staff to complete additional manual processes to address processing needs that cannot be handled or updated in the system itself.

Reasons for Denial

The primary reasons for denial of a claim at original disposition from 2018 to 2022 are shown in Table 8. As in past years, lack of medical evidence was the most frequently cited reason for denial in 2022, comprising 30.6 percent of all reasons for denial.

The next most frequently cited reason for denial was eligibility for benefits under the Disability During Unemployment Program (4(f)).³ This reason was cited in 10.4 percent of all denials. Coverage of a disability by the Workers’ Compensation program and coverage by a private plan were given as reasons for denial in 2.0 and 8.5 percent, respectively, of all reasons for denial. Coverage under these three programs comprised about 21 percent of reasons for denial in 2022, decreasing from about 25 percent in 2021.

“Other” reasons were cited in 44.7 percent of denials in 2022, compared with 39.6 percent in 2021. “Other” reasons include late filing, employment by an uncovered political subdivision, disability that is the result of committing a crime, disability with duration of less than seven days and state government employment when the individual has accrued sick time available.

Claimant Characteristics

Table 9 includes data on the number of claims by sex, education level and race/ethnicity for eligible disability claims, pregnancy-related disabilities and non-pregnancy related disabilities. Table 9 also includes claimant characteristics totals for all claims, including both eligible and ineligible claims.

Females represented 71.8 percent of eligible disability claims and 59.1 percent of non-pregnancy related disabilities.

³ Persons who become disabled while unemployed may be eligible for up to 26 weeks of benefits under the disability during unemployment provisions of the State’s Unemployment Compensation Law (R.S.43:21-4(f)). Individuals also eligible for regular unemployment benefits in a benefit year may receive benefits for up to 39 weeks for the two claims combined.

High school graduates were the largest group of claimants by educational level for eligible claims (46.0%) and for non-pregnancy related disabilities (50.6%). For pregnancy related disabilities, high school graduates and individuals with either an associate or bachelor's degree accounted for 35.9 and 37.5 percent of claims, respectively.

The largest group of claimants for all three categories was Caucasian (50.6%), followed by Latino/Hispanic (19.4%), African American (15.2%), Undefined (8.2%), Asian (5.9%), American Indian/Alaskan Native (0.5%) and Native Hawaiian/Pacific Islander (0.2%).

Eligible Claims by Morbidity

The distribution of eligible claims by morbidity (type of injury or illness) has remained fairly stable since 2001 (the first year these data were produced). Table 10 contains data for 2022, along with revised data for 2021.

Claims for benefits due to pregnancy and complications of childbirth were the largest single category of claims again in 2022 out of the 17 major morbidity groups, comprising 30.1 percent of all eligible claims, compared with 27.1 percent in 2021. As in prior years, disabilities related to bones and organs of movement and disabilities resulting from accidents, poisoning and violence were the next most frequently reported categories, based on the physician's initial diagnosis, constituting 16.1 and 11.1 percent, respectively, of all eligible claims in 2022.

Claims for disabilities due to infectious and parasitic diseases (4.8%) and diseases of the respiratory system (3.5%) comprised slightly lower percentages of total eligible claims in 2022 compared with 2021 as cases due to the COVID-19 pandemic declined.

Completed Cases by Morbidity, Duration and Benefits

Table 11 contains a summary of average claim duration and average benefit payment data by major morbidity group for cases which were completed in 2022. Completed cases include those claims formally closed in the TDI database, as well as those with no payment activity for 90 days.

The distribution of completed cases by morbidity has been stable from year to year and there are only minor differences in the percentages of completed cases by morbidity compared with the percentages of eligible claims by morbidity (Table 10). As with eligible claims, pregnancy and complications of childbirth were the largest single category of completed cases in 2022 (29.4%), followed by disabilities related to bones and organs of movement (16.9%) and disabilities resulting from accidents, poisoning and violence (11.3%).

For all morbidities, the average number of days paid per completed case was 69 days in 2022. Average duration has fluctuated between 66 and 71 days since 2001 when the data were first computed. Average gross benefits paid in 2022 increased to \$7,378 from \$6,561 in 2021.

TDI Revenues, Benefits and Administrative Expenses

Table 12 contains a summary of State Plan revenues, benefits and administrative expenses during 2021 and 2022. The State Plan for TDI is financed by a combination of worker and employer contributions, which in 2022 totaled \$327.3 and \$324.1 million, respectively. During 2022, worker contributions decreased by \$317.5 million compared with 2021. The worker contribution rate also decreased from 0.47 percent to 0.14 percent over the same period. The State Disability Fund had \$49.6 million in other income during 2022, including interest income.

Total TDI State Plan benefits paid during 2022 were \$563.7 million, with benefit payments for disability during unemployment of \$18.9 million. TDI administrative expenses were \$27.6 million during 2022.

The total number of personnel in the division is **181**. The total cost of salaries and benefits for those personnel in fiscal year 2022 was approximately **\$24,185,140**. The number personnel processing temporary disability claims is **49** with an approximate budgeted cost of salaries and benefits of **\$6,529,987⁴**.

The personnel cost of staff who are solely processing TDI claims is **17%** of the Division's total administrative cost, which in fiscal year 2022 was **\$38,392,000**. The maximum administrative amount permitted is **\$10 million** over the appropriated budgeted administrative amount per fiscal year, but this amount is subject to the approval of the Director of the Division of Finance and Accounting.

⁴ This amount accounts for staff assigned to the direct processing of TDI claims. Personnel in other units assist in the claims processing system indirectly and are therefore not included in this total.

Strategic Plan and Outreach for the Temporary Disability and Family Leave Insurance Program

The Division recognizes that it is critical to provide timely information to claimants. To that end, we have embarked upon several initiatives to improve customer experience. and disseminate information on temporary disability and family leave benefits.

Since 2018, the Division has worked to clarify the claims process by simplifying forms, updating informational webpages, and collecting stakeholders feedback on their experiences supporting individuals who seek benefits. The Division also partners with the New Jersey Office of Innovation on human-centered design initiatives to improve the claimant experience, including a new, interactive [maternity timeline tool](#) and the [“What happens after I apply?”](#) webpage, which were developed based on research with users and Division staff.

In 2018, the Division launched MyLeaveBenefits.nj.gov. The website shares information on applying for benefits and the medical provider portion of temporary disability and family leave for caregiving. The website pages include Temporary Disability Insurance, Family Leave Insurance, Maternity Coverage, Maternity Leave Timeline Tool, Information for Victims/Survivors of Domestic and Sexual Violence and an Employer Toolkit. NJDOL tracks the website metrics. Between July 2021 and June 2022, there were 4,261,394 views on the website as indicated in the table below:

Website Metrics

Page Visits/Page Views from July 1, 2021 – June 30, 2022		
Page	Audience	Views
Temporary Disability Insurance Information	Workers	2,403,554
Family Leave Insurance Information	Workers	1,039,881
Maternity Coverage Information	Workers	791,460
Maternity Leave Timeline Tool Welcome Page	Workers	8,899
Information for Victims/Survivors of Domestic and Sexual Violence	Workers	2,650
Employer Toolkit	Employers	14,950
Total Views		4,261,394

Just over half of the views were related to workers seeking information related to temporary disability insurance, 24% of the views were related to workers seeking information related to family leave insurance and an additional 19% of the views were related to maternity coverage. There were 14,950 views of the Employer Toolkit.

Early in 2022, the Division created an Outreach Team that provides information to employees and employers through engagement events and speaking requests. The team also presents to medical providers on ways to support patients applying for benefits.

As mandated under P.L. 2019, chapter 37, in June 2022 NJDOL awarded \$600,0000 in grant funds to community-based organizations to conduct culturally relevant and language-specific outreach and education on TDI/FLI to workers and service providers. The grant aims to increase equitable awareness of and access to TDI/FLI and develop community feedback loops grantees improve these programs. NJDOL awarded an additional \$600,000 to grantees in March 2023, with employers included target of outreach and education.

In early 2023, the Division contracted with a third-party vendor to supply a much-needed call center to improve the availability of live agents to connect with customers. Simultaneously, the Division is improving its current Interactive Voice Response (IVR) to direct callers to a live agent or, if possible, automated services.

Additionally, in 2023, the Division expects to begin the process of modernizing the current, nearly 40-year-old claims processing system. This change is expected to allow the Division to continue to improve the speed at which claims are processed to meet legislative expectations.

Definitions of Terms

Completed Cases – Includes those claims formally closed during the year, as well as those with no payment activity for 90 days.

Formally Closed Claims – Those claims that have been paid to benefit exhaustion, to the 180-day maximum claim duration, or until the claimant recovered, returned to work or died. If notification of recovery, return to work or death is not received, then the claim is not formally closed.

Maximum Weekly Benefit Amount – For disability claims prior to July 1, 2020, the maximum weekly benefit amount was set each year at 53 percent of the statewide average weekly wage (SAWW) in the second preceding calendar year. Beginning July 1, 2020, the maximum weekly benefit amount was set at 70 percent of the SAWW. The maximum weekly benefit amount for 2022 was \$993.

State Plan Covered Employees – Employee coverage is the average of covered jobs in the last month of each of the four quarters in the year and includes all workers covered by the State Plan as well as the State Plan portion of combination plans.

State Plan Covered Employers – Employer coverage is the annual average and excludes firms with a combination of State and private plans.

Table 1
FAMILY LEAVE INSURANCE SUMMARY REPORT
Calendar Years 2018 - 2022

	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
Total New Claims Received	51,304	56,225	61,614	68,475	71,048
Paper Claims Received (FL1 and FL2)	35,926	35,617	29,286	30,460	29,041
Web Claims Received (WF1 and FL2)	15,378	20,608	32,328	38,015	42,007
Total Initial Dispositions	40,408	46,973	50,677	52,577	67,252
Eligible	31,176	38,407	41,833	46,160	52,931
Ineligible	9,232	8,566	8,844	6,417	14,321
Initial Claims Determined Ineligible Due to Missing Information					
Missing Both Claimant and Medical Information	13,287	9,429	8,927	11,965	16,177
Missing Claimant Information	8,569	5,639	6,256	4,150	2,654
Missing Medical Information	1,711	2,059	3,009	1,795	2,349
Gross Benefit Payments (millions)*	\$99.2	\$119.6	\$187.1	\$334.8	\$417.1
Average Weekly Benefit Amount	\$544	\$556	\$659	\$782	\$841
Maximum Weekly Benefit Amount**	\$637	\$650	\$667/\$881	\$903	\$993
Number of Claimants with both TDI & FLI Claims in Same Year	15,743	16,944	12,725	16,269	21,533

* Gross Benefit Payments for 2022 include any payments from 2021 claims that were made in 2022.

** Maximum weekly benefit rate for January 1 - June 30, 2020 calculated as 53% of Statewide Average Weekly Wage.

** Maximum weekly benefit rate for July 1 - December 31, 2020, Calendar Years 2021 and 2022 is calculated as 70% of Statewide Average Weekly Wage.

Table 2
FAMILY LEAVE INSURANCE SUMMARY REPORT
TIME LAPSE CLAIM DISTRIBUTION
Eligible and Ineligible Decisions
Calendar Years 2018 - 2022

<u>Number of Days</u>	<u>2018</u>		<u>2019</u>		<u>2020</u>		<u>2021</u>		<u>2022</u>	
	<u>Number</u>	<u>Cumulative Percent</u>	<u>Number</u>	<u>Cumulative Percent</u>	<u>Number</u>	<u>Cumulative Percent</u>	<u>Number</u>	<u>Cumulative Percent</u>	<u>Number</u>	<u>Cumulative Percent</u>
7 or less	7,836	19.4%	9,959	21.2%	22,069	41.7%	18,088	31.8%	17,492	26.1%
8 - 14	4,042	29.4	4,071	29.9	15,498	70.9	20,013	67.0	11,321	43.0
15 – 21	6,683	46.0	10,307	51.9	6,685	83.5	9,638	83.9	16,990	68.4
22 – 28	8,602	67.3	11,687	76.8	3,184	89.5	3,794	90.6	7,580	79.7
29 – 35	4,422	78.2	6,003	89.6	3,705	96.5	2,768	95.4	6,179	89.0
36 – 43	2,994	85.6	2,189	94.2	856	98.1	1,719	98.4	3,507	94.2
44 – 49	2,268	91.2	1,506	97.4	510	99.1	558	99.4	2,175	97.5
50 – 56	1,269	94.4	580	98.7	214	99.5	192	99.8	718	98.5
57 or more	2,269	100.0	629	100.0	261	100.0	135	100.0	980	100.0
TOTAL CASES	40,385		46,931		52,982		56,905		66,942	

Table 3
FAMILY LEAVE INSURANCE SUMMARY REPORT
REASONS FOR DENIAL
Calendar Years 2018 - 2022

<u>Reason for Denial</u>	<u>2018</u>		<u>2019</u>		<u>2020</u>		<u>2021</u>		<u>2022</u>	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
4 (f) Family Leave During Unemployment	708	3.2%	799	3.4%	1,085	3.1%	1,093	3.4%	1,540	4.0%
Insufficient Weeks or Wages	122	0.6	110	0.5	303	0.9	362	1.1	506	1.3
Medical Evidence Not Submitted	1,934	8.8	2,889	12.3	5,822	16.5	4,730	14.8	5,590	14.5
Workers' Compensation Coverage	4	0.0	12	0.1	15	0.0	23	0.1	13	0.0
Private Plan Coverage	9	0.0	13	0.1	21	0.1	25	0.1	43	0.1
Receipt of Continuation Pay from Employer	11	0.1	10	0.0	13	0.0	18	0.1	11	0.0
Other Reasons*	19,167	87.3	19,700	83.7	28,121	79.5	25,628	80.4	30,904	80.0
TOTAL CASES	21,955	100.0	23,533	100.0	35,380	100.0	31,879	100.0	38,607	100.0

*Other reasons include late filing and employment by an uncovered governmental agency.

**Table 4
FAMILY LEAVE INSURANCE SUMMARY REPORT
ELIGIBLE CLAIM STATISTICS BY TYPE OF CLAIM
Calendar Year 2022**

	Bonding Newborn		Bonding Adopted Child		Total Bonding Claims		Care of a Sick Child	Care of a Sick Spouse	Care of Other Sick Family Members	Total Family Care Claims		Total Eligible Family Leave Claims		Total All Family Leave Claims (Eligible + Ineligible)	
	Number	Number	Number	Percent	Number	Number	Number	Number	Number	Number	Percent	Number	Percent	Number	Percent
Number of Claims*	42,518	156	42,674	100.0%	1,857	2,168	3,675	7,700	100.0%	50,374	100.0%	54,295	100.0%		
Number of Intermittent Claims**	15,754	76	15,830		1,201	1,341	2,283	4,825						20,655	38.0
Sex															
Male	12,491	42	12,533	29.4	322	1,002	996	2,320	30.1	14,853	29.5	16,068	29.6		
Female	30,027	114	30,141	70.6	1,535	1,166	2,679	5,380	69.9	35,521	70.5	38,227	70.4		
Education															
Did Not Graduate High School	565	1	566	1.3	83	116	132	331	4.3	897	1.8	1,035	1.9		
High School Graduate/GED	12,177	41	12,218	28.6	814	1,048	1,496	3,358	43.6	15,576	30.9	17,294	31.9		
Associate/Bachelor Degree	17,466	63	17,529	41.1	594	656	1,294	2,544	33.0	20,073	39.8	21,467	39.5		
Graduate Degree	11,285	48	11,333	26.6	269	228	569	1,066	13.8	12,399	24.6	12,962	23.9		
Undefined	1,025	3	1,028	2.4	97	120	184	401	5.2	1,429	2.8	1,537	2.8		
Race/Ethnicity															
Caucasian	24,834	98	24,932	58.4	774	1,132	1,605	3,511	45.6	28,443	56.5	30,156	55.5		
African American	5,010	30	5,040	11.8	330	255	615	1,200	15.6	6,240	12.4	7,074	13.0		
Latino/Hispanic	7,420	19	7,439	17.4	487	377	701	1,565	20.3	9,004	17.9	9,862	18.2		
Asian	3,927	8	3,935	9.2	163	287	597	1,047	13.6	4,982	9.9	5,375	9.9		
Native Hawaiian/Pacific Islander	113	0	113	0.3	8	8	10	26	0.3	139	0.3	155	0.3		
American Indian/Alaskan Native	172	0	172	0.4	8	5	12	25	0.3	197	0.4	219	0.4		
Undefined	1,042	1	1,043	2.4	87	104	135	326	4.2	1,369	2.7	1,454	2.7		
Gross Benefits Paid (millions)***	\$303.3	\$1.1	\$304.4		\$7.7	\$10.1	\$16.9	\$34.7		\$339.3		\$339.3			
Average Days Paid Per Claim	68	65	68		44	47	47	46		65		65			
Average Weekly Benefit Amount	\$859	\$891	\$860		\$795	\$822	\$820	\$815		\$853		\$853			
*Claims for domestic/sexual violence are submitted by paper only and data are not available.															
**Number of Intermittent Claims include both Eligible and Ineligible.															
***Gross Benefits Paid for Total Family Leave Claims includes only 2022 claims and payments made on the 2022 claims.															

TABLE 5
FAMILY LEAVE INSURANCE SUMMARY REPORT – STATE PLAN
REVENUES, BENEFITS AND EXPENSES
(Millions)
Calendar Years 2021 and 2022

	<u>2021</u>	<u>2022</u>
<u>FLI Income</u>		
FLI Worker Contributions	\$628.1	\$431.0
Other Income (including interest)	\$5.0	\$15.4
Total FLI Income	\$633.1	\$446.4
<u>FLI Benefits and Expenses</u>		
FLI State Plan Benefit Payments	\$354.7	\$440.9
Benefit Payments for Family Leave During Unemployment	\$0.7	\$1.4
FLI Administrative Expenses	\$9.0	\$10.1
Total FLI Benefits and Expenses	\$364.4	\$452.4

Table 6
TEMPORARY DISABILITY INSURANCE SUMMARY REPORT
Calendar Years 2018 - 2022

	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
Total New Claims Received	147,005	142,186	136,401	160,119	138,666
Paper Claims Received (DS1)	103,791	86,646	60,139	56,849	46,026
Web Claims Received (WD1)	43,214	55,540	76,262	103,270	92,640
Total Initial Dispositions	108,730	113,444	102,989	122,907	125,661
Eligible	72,981	71,604	69,038	81,844	56,441
Ineligible	35,749	41,840	33,951	41,063	69,220
Initial Claims Determined Ineligible Due to Missing Information					
Missing Both Claimant and Medical Information	31,718	30,367	25,206	27,637	29,251
Missing Claimant Information	13,893	13,987	6,010	12,612	12,611
Missing Medical Information	6,894	7,017	7,557	9,354	9,802
Gross Benefit Payments (millions)	\$405.0	\$429.5	\$432.9	\$533.7	\$567.1
Average Weekly Benefit Amount	\$474	\$491	\$562	\$701	\$750
Maximum Weekly Benefit Amount*	\$637	\$650	\$667/\$881	\$903	\$993
Number of Claimants with both TDI & FLI Claims in Same Year	15,743	16,944	12,725	16,269	21,533

* Maximum weekly benefit rate for January 1 - June 30, 2020 calculated as 53% of Statewide Average Weekly Wage.

* Maximum weekly benefit rate for July 1 - December 31, 2020 calculated as 70% of Statewide Average Weekly Wage.

* Maximum weekly benefit rate for Calendar Year 2021-2022 calculated as 70% of Statewide Average Weekly Wage.

Table 7
TEMPORARY DISABILITY SUMMARY REPORT
TIME LAPSE CLAIM DISTRIBUTION
Eligible and Ineligible Decisions
Calendar Years 2018 - 2022

Number of Days	<u>2018</u>		<u>2019</u>		<u>2020</u>		<u>2021</u>		<u>2022</u>	
	<u>Number</u>	<u>Cumulative Percent</u>	<u>Number</u>	<u>Cumulative Percent</u>	<u>Number</u>	<u>Cumulative Percent</u>	<u>Number</u>	<u>Cumulative Percent</u>	<u>Number</u>	<u>Cumulative Percent</u>
7 or less	7,967	7.3%	19,906	17.6%	26,850	24.0%	36,783	29.1%	23,488	18.7%
8 - 14	40,979	45.0	43,958	56.5	47,348	66.4	49,988	68.6	39,505	50.1
15 – 21	15,819	59.6	22,426	76.3	18,857	83.3	17,232	82.3	36,561	79.2
22 – 28	14,431	72.8	10,449	85.5	5,743	88.4	10,437	90.5	12,067	88.8
29 – 35	15,892	87.5	8,391	92.9	5,078	93.0	7,707	96.6	7,961	95.2
36 – 43	6,465	93.4	3,512	96.0	2,910	95.6	1,646	97.9	2,964	97.5
44 – 49	3,128	96.3	2,069	97.9	2,192	97.6	897	98.6	1,391	98.6
50 – 56	1,769	97.9	1,255	99.0	969	98.4	571	99.1	781	99.2
57 or more	2,279	100.0	1,154	100.0	1,767	100.0	1,185	100.0	944	100.0
TOTAL CASES	108,729		113,120		111,714		126,446		125,662	

Table 8
TEMPORARY DISABILITY INSURANCE SUMMARY REPORT
REASONS FOR DENIAL
Calendar Years 2018 - 2022

<u>Reason for Denial</u>	<u>2018</u>		<u>2019</u>		<u>2020</u>		<u>2021</u>		<u>2022</u>	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
4 (f) Family Leave During Unemployment	7,959	13.5%	9,818	13.0%	12,441	12.6%	16,835	15.0%	11,242	10.4%
Insufficient Weeks or Wages	2,150	3.7	2,059	2.7	1,914	1.9	2,555	2.3	3,224	3.0
Medical Evidence Not Submitted	18,001	30.6	20,853	27.6	30,784	31.2	35,879	32.0	33,121	30.6
Workers' Compensation Coverage	2,785	4.7	2,942	3.9	3,310	3.4	3,154	2.8	2,176	2.0
Private Plan Coverage	4,551	7.7	5,403	7.1	7,053	7.1	8,249	7.4	9,224	8.5
Receipt of Continuation Pay from Employer	590	1.0	783	1.0	987	1.0	991	0.9	747	0.7
Other Reasons*	22,711	38.7	33,823	44.7	42,252	42.8	44,387	39.6	48,379	44.7
TOTAL REASONS FOR DENIAL	58,747	100.0	75,681	100.0	98,741	100.0	112,050	100.0	108,113	100.0

*Other reasons include late filing, state government employment when the individual has accrued sick time available, employment by an uncovered political subdivision, disability resulting from commission of a crime and disability with duration of less than 7 days.

Table 9
TEMPORARY DISABILITY INSURANCE SUMMARY REPORT
ELIGIBLE CLAIM STATISTICS BY TYPE OF CLAIM
Calendar Year 2022

	<u>Total Eligible Disability Claims</u>		<u>Pregnancy Related Disabilities</u>		<u>Non-Pregnancy Related Disabilities</u>		<u>Total All Temporary Disability Claims (Eligible + Ineligible)</u>	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Number of Claims	77,955	100.0%	24,157	100.0%	53,798	100.0%	103,743	100.0%
Sex								
Male	22,003	28.2	23	0.1	21,980	40.9	32,100	30.9
Female	55,952	71.8	24,134	99.9	31,818	59.1	71,643	69.1
Education								
Did Not Graduate High School	3,554	4.6	391	1.6	3,163	5.9	4,613	4.4
High School Graduate/GED	35,891	46.0	8,667	35.9	27,224	50.6	46,217	44.5
Associate/Bachelor Degree	22,936	29.4	9,049	37.5	13,887	25.8	33,457	32.2
Graduate Degree	8,680	11.1	4,932	20.4	3,748	7.0	11,402	11.0
Undefined	6,894	8.8	1,118	4.6	5,776	10.7	8,054	7.8
Race/Ethnicity								
Caucasian	39,484	50.6	13,008	53.8	26,476	49.2	53,958	52.0
African American	11,874	15.2	3,035	12.6	8,839	16.4	16,394	15.8
Latino/Hispanic	15,144	19.4	4,745	19.6	10,399	19.3	19,498	18.8
Asian	4,579	5.9	1,831	7.6	2,748	5.1	5,700	5.5
Native Hawaiian/Pacific Islander	146	0.2	64	0.3	82	0.2	249	0.2
American Indian/Alaskan Native	356	0.5	194	0.8	162	0.3	523	0.5
Undefined	6,372	8.2	1,280	5.3	5,092	9.5	7,421	7.2

Table 10
TEMPORARY DISABILITY INSURANCE SUMMARY REPORT
MORBIDITY DATA FOR ELIGIBLE NEW CLAIMS
Calendar Years 2021 and 2022

<u>Major Morbidity Group (code)</u>	<u>2021</u> (REVISED)		<u>2022</u>	
	<u>Number of Cases</u>	<u>Percent of Cases</u>	<u>Number of Cases</u>	<u>Percent of Cases</u>
Infectious and parasitic diseases (01)	4,751	5.9%	3,910	4.8%
Neoplasms (02)	5,039	6.2	5,419	6.7
Allergic, endocrine, metabolic and nutritional (03)	1,595	2.0	1,678	2.1
Diseases of blood and blood forming organs (04)	182	0.2	209	0.3
Mental, psychoneurotic and personality disorders (05)	5,494	6.8	5,367	6.6
Nervous system and sense organs (06)	2,764	3.4	2,673	3.3
Circulatory system (07)	3,686	4.6	3,659	4.5
Respiratory system (08)	3,908	4.8	2,816	3.5
Digestive system (09)	4,078	5.1	4,157	5.1
Genitourinary system (10)	1,571	1.9	1,615	2.0
Pregnancy and complications of childbirth (11)	21,902	27.1	24,340	30.1
Skin and cellular tissue (12)	662	0.8	637	0.8
Bones and organs of movement (13)	13,163	16.3	13,071	16.1
Congenital malformations (14)	61	0.1	61	0.1
Hysterectomy (15)	586	0.7	691	0.9
Accidents, poisoning and violence (17)	9,017	11.2	8,973	11.1
Other ill-defined and unknown causes (16 & 18)	2,259	2.8	1,713	2.1
Total	80,718	100.0%	80,989	100.0%
Total non-pregnancy/childbirth	58,816	72.9%	56,649	69.9%

Table 11
TEMPORARY DISABILITY INSURANCE SUMMARY REPORT
MORBIDITY DATA FOR COMPLETED CASES
Calendar Year 2022

<u>Major Morbidity Group (code)</u>	<u>Number of Cases*</u>	<u>Percent of Cases</u>	<u>Average Duration (days)</u>	<u>Average Gross Benefits</u>	<u>Total Gross Benefits (Millions)</u>
Infectious and parasitic diseases (01)	4,162	4.7%	47	\$5,097	\$21.2
Neoplasms (02)	6,037	6.8	79	8,695	52.5
Allergic, endocrine, metabolic and nutritional (03)	1,791	2.0	56	5,969	10.7
Diseases of blood and blood forming organs (04)	222	0.2	73	7,654	1.7
Mental, psychoneurotic and personality disorders (05)	5,961	6.7	76	8,497	50.7
Nervous system and sense organs (06)	2,991	3.4	72	7,835	23.4
Circulatory system (07)	4,087	4.6	86	9,345	38.2
Respiratory system (08)	2,970	3.3	41	4,427	13.1
Digestive system (09)	4,412	5.0	49	5,217	23.0
Genitourinary system (10)	1,731	1.9	54	5,655	9.8
Pregnancy and complications of childbirth (11)	26,189	29.4	60	6,328	165.7
Skin and cellular tissue (12)	676	0.8	56	5,781	3.9
Bones and organs of movement (13)	15,060	16.9	85	9,217	138.8
Congenital malformations (14)	74	0.1	108	11,774	0.9
Hysterectomy (15)	730	0.8	51	5,307	3.9
Accidents, poisoning and violence (17)	10,024	11.3	82	8,568	85.9
Other ill-defined and unknown causes (16 & 18)	1,876	2.1	66	7,021	13.2
Total	88,993	100.0%	69	\$7,378	\$656.6
Total non-pregnancy/childbirth	62,804	70.6%	72	\$7,815	\$490.8

* Completed cases include those claims formally closed in the TDI database in 2022, as well as those with no payment activity for 90 days.

TABLE 12
TEMPORARY DISABILITY INSURANCE SUMMARY REPORT – STATE PLAN
REVENUES, BENEFITS AND EXPENSES
(Millions)
Calendar Years 2021 and 2022

	<u>2021</u>	<u>2022</u>
<u>TDI Income</u>		
TDI Worker Contributions	\$644.8	\$327.3
TDI Employer Contributions	\$311.5	\$324.1
Other Income (including interest)	\$34.1	\$49.6
Total TDI Income	\$990.4	\$701.0
<u>TDI Benefits and Expenses</u>		
TDI State Plan Benefit Payments	\$535.6	\$563.7
Benefit Payments for Disability During Unemployment	\$17.2	\$18.9
TDI Administrative Expenses	\$23.9	\$27.6
Total TDI Benefits and Expenses	\$576.7	\$610.2