

# 2019 Monthly COBRA Rates\* (\$U.S.)

## Medical Plan Options

	<b>Yourself Only</b>	<b>Yourself + Spouse/ Domestic Partner</b>	<b>Yourself + Children</b>	<b>Yourself + Family</b>
UHC or Cigna - Option A	\$720.58	\$1,563.66	\$1,333.08	\$2,349.10
UHC or Cigna - Option B	\$662.30	\$1,437.18	\$1,225.25	\$2,159.09
UHC or Cigna - Option C	\$600.52	\$1,303.11	\$1,110.95	\$1,957.68
HMSA PPO (Hawaii)	\$612.96	\$1,348.50	\$1,072.67	\$1,961.46
Kaiser Permanente HMO (Hawaii)	\$524.78	\$1,154.51	\$918.36	\$1,679.29
Kaiser Permanente HMO (N. California)	\$641.42	\$1,411.12	\$1,122.48	\$2,052.54
Kaiser Permanente HMO (S. California)	\$571.61	\$1,257.53	\$1,000.30	\$1,829.13
Cigna Global Medical Plan	\$813.38	\$1,792.35	\$1,426.84	\$2,605.99

## Dental Plan Options

	<b>Yourself Only</b>	<b>Yourself + Spouse/ Domestic Partner</b>	<b>Yourself + Children</b>	<b>Yourself + Family</b>
Delta Dental	\$51.83	\$103.64	\$103.64	\$155.49
MetLife - Option A	\$51.83	\$103.64	\$103.64	\$155.49
MetLife - Option B	\$41.10	\$82.19	\$82.19	\$123.31
Cigna Global Dental Plan	\$67.30	\$134.58	\$134.58	\$201.86

## Vision Service Plan (VSP)

	<b>Yourself Only</b>	<b>Yourself + Spouse/ Domestic Partner</b>	<b>Yourself + Children</b>	<b>Yourself + Family</b>
VSP Vision Plan A Cost	\$18.16	\$36.31	\$38.84	\$62.09
VSP Vision Plan B Cost	\$12.39	\$24.78	\$26.51	\$42.36

### HR Services

1-877-MSHR-411 (1-877-674-7411) (toll free)+1 718-354-1343 (toll—overseas employees)  
8:00 a.m.–7:00 p.m. Eastern, weekdays, except certain U.S. holidays

Fax: 1-847-554-1553

Website: Type [benefits](#) in your browser—or from home, go to [morganstanley.com/benefits](http://morganstanley.com/benefits)

\* Does not include COBRA rates for retiree medical coverage. Please contact HR Services for details.