

2020 Monthly COBRA Rates* (\$U.S.)

Medical Plan Options

	Yourself Only	Yourself + Spouse/ Domestic Partner	Yourself + Children	Yourself + Family
UHC or Cigna - Option A	\$722.08	\$1,566.91	\$1,335.85	\$2,353.98
UHC or Cigna - Option B	\$663.68	\$1,440.17	\$1,227.80	\$2,163.58
UHC or Cigna - Option C	\$601.76	\$1,305.82	\$1,113.26	\$1,961.75
HMSA PPO (Hawaii)	\$633.34	\$1,393.34	\$1,108.35	\$2,026.67
Kaiser Permanente HMO (Hawaii)	\$534.03	\$1,174.86	\$934.55	\$1,708.89
Kaiser Permanente HMO (N. California)	\$614.09	\$1,350.99	\$1,074.65	\$1,965.07
Kaiser Permanente HMO (S. California)	\$556.89	\$1,225.16	\$974.56	\$1,782.05
Cigna Global Medical Plan	\$882.51	\$1,944.70	\$1,548.12	\$2,827.50

Dental Plan Options

	Yourself Only	Yourself + Spouse/ Domestic Partner	Yourself + Children	Yourself + Family
Delta Dental	\$52.70	\$105.38	\$105.38	\$158.09
MetLife - Option A	\$52.70	\$105.38	\$105.38	\$158.09
MetLife - Option B	\$41.79	\$83.57	\$83.57	\$125.37
Cigna Global Dental Plan	\$68.98	\$137.95	\$137.95	\$206.91

Vision Service Plan (VSP)

	Yourself Only	Yourself + Spouse/ Domestic Partner	Yourself + Children	Yourself + Family
VSP Vision Plan A Cost	\$18.16	\$36.31	\$38.84	\$62.09
VSP Vision Plan B Cost	\$13.39	\$26.76	\$28.63	\$45.76

HR Services

1-877-MSHR-411 (1-877-674-7411) (toll free) +1 718-354-1343 (toll for overseas employees)
8 am to 7 pm ET, 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

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