

2020 Employee Contributions

Active, International and Unpaid Leave Employees

Detailed in this document are the 2020 employee contribution rates by pay band, where applicable, for Morgan Stanley US benefits. You may also view your customized employee contribution rates online on the Benefit Center website.

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For additional information, contact HR Services

Call (toll-free): 1-877-MSHR-411 (1-877-674-7411)

From outside the U.S. or Canada, call (toll): +1 718-354-1343

8 a.m. to 7 p.m. Eastern, weekdays, except certain U.S. holidays

Fax: +1 847-554-1553

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

2020 Tax Reporting

W-2 Reporting

The full cost of coverage for your 2020 health benefits are reported as a separate line item on your 2020 IRS form W-2 that you will receive in January 2020. **This information is for reporting purposes only and the value of the health care coverage is not taxable to you.**

2020 IRS Form 1095

You will receive an IRS Form 1095 form in February 2020. This form shows the months of the year that you and/or your dependents were offered or enrolled in medical coverage during the year (This form will not replace any state forms you may receive providing proof of medical insurance. This form will be in addition to your 2020 IRS Form W2.)

Medical Plan Cost of Coverage

The costs shown below should be doubled to reflect monthly amounts.

Cigna and UnitedHealthcare*

Benefits Eligible Earnings (BEE)	Option A Highest Paycheck Contributions Lowest Deductible & Out-of-Pocket Max		Option B Moderate Paycheck Contributions Moderate Deductible & Out-of-Pocket Max		Option C Lowest Paycheck Contributions Highest Deductible & Out-of-Pocket Max	
	Your State's Preferred Administrator	Your State's Non-Preferred Administrator	Your State's Preferred Administrator	Your State's Non-Preferred Administrator	Your State's Preferred Administrator	Your State's Non-Preferred Administrator
<i>See page 4 for a list of each state's preferred provider</i>						
Yourself Only						
≤ \$40,000.99	\$49.00	\$56.00	\$39.00	\$42.00	\$24.00	\$26.00
\$40,001 - \$60,000.99	\$63.00	\$68.00	\$48.00	\$54.00	\$33.00	\$36.00
\$60,001 - \$80,000.99	\$65.00	\$71.00	\$49.00	\$57.00	\$35.00	\$38.00
\$80,001 - \$100,000.99	\$81.00	\$91.00	\$65.00	\$71.00	\$48.00	\$54.00
\$100,001 - \$125,000.99	\$85.00	\$95.00	\$68.00	\$74.00	\$50.00	\$58.00
\$125,001 - \$150,000.99	\$116.00	\$130.00	\$93.00	\$102.00	\$76.00	\$83.00
\$150,001 - \$250,000.99	\$126.00	\$139.00	\$99.00	\$109.00	\$82.00	\$93.00
\$250,001 - \$300,000.99	\$129.00	\$141.00	\$101.00	\$110.00	\$83.00	\$94.00
\$300,001 - \$500,000.99	\$167.00	\$183.00	\$132.00	\$144.00	\$114.00	\$127.00
≥ \$500,001	\$185.00	\$206.00	\$146.00	\$162.00	\$131.00	\$144.00
Yourself + Spouse/Domestic Partner						
≤ \$40,000.99	\$108.00	\$117.00	\$84.00	\$94.00	\$49.00	\$56.00
\$40,001 - \$60,000.99	\$135.00	\$147.00	\$106.00	\$115.00	\$71.00	\$77.00
\$60,001 - \$80,000.99	\$140.00	\$153.00	\$110.00	\$121.00	\$75.00	\$82.00
\$80,001 - \$100,000.99	\$178.00	\$196.00	\$140.00	\$153.00	\$106.00	\$115.00
\$100,001 - \$125,000.99	\$185.00	\$206.00	\$146.00	\$162.00	\$111.00	\$123.00
\$125,001 - \$150,000.99	\$253.00	\$280.00	\$200.00	\$219.00	\$166.00	\$181.00
\$150,001 - \$250,000.99	\$272.00	\$300.00	\$214.00	\$238.00	\$180.00	\$199.00
\$250,001 - \$300,000.99	\$277.00	\$305.00	\$217.00	\$241.00	\$182.00	\$203.00
\$300,001 - \$500,000.99	\$361.00	\$399.00	\$284.00	\$314.00	\$249.00	\$276.00
≥ \$500,001	\$403.00	\$446.00	\$317.00	\$351.00	\$283.00	\$313.00
Yourself + Children						
≤ \$40,000.99	\$93.00	\$101.00	\$72.00	\$78.00	\$42.00	\$46.00
\$40,001 - \$60,000.99	\$114.00	\$126.00	\$91.00	\$100.00	\$61.00	\$67.00
\$60,001 - \$80,000.99	\$118.00	\$132.00	\$95.00	\$103.00	\$65.00	\$71.00
\$80,001 - \$100,000.99	\$151.00	\$168.00	\$118.00	\$132.00	\$90.00	\$100.00
\$100,001 - \$125,000.99	\$158.00	\$175.00	\$125.00	\$138.00	\$96.00	\$105.00
\$125,001 - \$150,000.99	\$216.00	\$239.00	\$171.00	\$187.00	\$141.00	\$155.00
\$150,001 - \$250,000.99	\$233.00	\$256.00	\$182.00	\$203.00	\$152.00	\$170.00
\$250,001 - \$300,000.99	\$236.00	\$260.00	\$185.00	\$205.00	\$156.00	\$172.00
\$300,001 - \$500,000.99	\$308.00	\$340.00	\$243.00	\$268.00	\$213.00	\$235.00
≥ \$500,001	\$344.00	\$380.00	\$271.00	\$299.00	\$241.00	\$267.00

* If you or your spouse is a user of tobacco products, your annual contributions to the Medical Plan will increase by \$500 per tobacco user.

Benefits Eligible Earnings (BEE)	Option A Highest Paycheck Contributions Lowest Deductible & Out-of-Pocket Max		Option B Moderate Paycheck Contributions Moderate Deductible & Out-of-Pocket Max		Option C Lowest Paycheck Contributions Highest Deductible & Out-of-Pocket Max	
	Your State's Preferred Administrator	Your State's Non-Preferred Administrator	Your State's Preferred Administrator	Your State's Non-Preferred Administrator	Your State's Preferred Administrator	Your State's Non-Preferred Administrator
<i>See below for a list of each state's preferred provider</i>						
Yourself + Family						
≤ \$40,000.99	\$162.00	\$177.00	\$129.00	\$140.00	\$79.00	\$87.00
\$40,001 - \$60,000.99	\$203.00	\$221.00	\$158.00	\$175.00	\$111.00	\$122.00
\$60,001 - \$80,000.99	\$210.00	\$231.00	\$166.00	\$181.00	\$117.00	\$130.00
\$80,001 - \$100,000.99	\$268.00	\$295.00	\$211.00	\$232.00	\$163.00	\$179.00
\$100,001 - \$125,000.99	\$280.00	\$308.00	\$220.00	\$243.00	\$173.00	\$190.00
\$125,001 - \$150,000.99	\$381.00	\$421.00	\$299.00	\$331.00	\$252.00	\$278.00
\$150,001 - \$250,000.99	\$410.00	\$451.00	\$322.00	\$355.00	\$275.00	\$303.00
\$250,001 - \$300,000.99	\$415.00	\$458.00	\$327.00	\$361.00	\$279.00	\$308.00
\$300,001 - \$500,000.99	\$542.00	\$598.00	\$427.00	\$472.00	\$379.00	\$418.00
≥ \$500,001	\$606.00	\$670.00	\$476.00	\$526.00	\$430.00	\$474.00

2020 Preferred Health Plan Administrator by State

Depending on your state of residence, UnitedHealthcare or Cigna may have negotiated greater discounts on average with its network providers. Selecting your state's preferred administrator typically reduces your per-paycheck contributions.

UnitedHealthcare generally provides higher negotiated discounts in these states	Cigna generally provides higher negotiated discounts in these states	Both UnitedHealthcare and Cigna have negotiated comparable discounts and both are considered preferred providers in these states
Alaska	Arizona	California
North Dakota	New Hampshire	New Jersey
Alabama	Delaware	Colorado
Nebraska	Pennsylvania	Nevada
Arkansas	Maine	Connecticut
New Mexico	South Carolina	New York
Iowa	Massachusetts	Florida
Ohio	Utah	Oregon
Idaho	Montana	Georgia
Oklahoma	Vermont	Tennessee
Indiana		Illinois
Rhode Island		Texas
Louisiana		Kansas
South Dakota		Virginia
Michigan		Kentucky
Wisconsin		Washington
Mississippi		Maryland
		Washington D.C.
		Minnesota
		West Virginia
		Missouri
		Wyoming
		North Carolina

Kaiser and HMSA (California and Hawaii)*

Benefits Eligible Earnings (BEE)	Yourself Only		Yourself + Spouse/ Domestic Partner		Yourself + Children		Yourself + Family	
	Kaiser (Northern California)	Kaiser (Southern California)	Kaiser (Northern California)	Kaiser (Southern California)	Kaiser (Northern California)	Kaiser (Southern California)	Kaiser (Northern California)	Kaiser (Southern California)
California								
≤ \$40,000.99	\$41.00	\$43.00	\$91.00	\$95.00	\$75.00	\$78.00	\$128.00	\$134.00
\$40,001 - \$60,000.99	\$53.00	\$56.00	\$117.00	\$123.00	\$96.00	\$100.00	\$165.00	\$173.00
\$60,001 - \$80,000.99	\$56.00	\$58.00	\$123.00	\$128.00	\$101.00	\$105.00	\$173.00	\$181.00
\$80,001 - \$100,000.99	\$73.00	\$76.00	\$161.00	\$168.00	\$132.00	\$137.00	\$227.00	\$237.00
\$100,001 - \$125,000.99	\$74.00	\$78.00	\$164.00	\$171.00	\$134.00	\$140.00	\$231.00	\$241.00
\$125,001 - \$150,000.99	\$104.00	\$108.00	\$229.00	\$239.00	\$187.00	\$195.00	\$322.00	\$336.00
\$150,001 - \$250,000.99	\$112.00	\$117.00	\$247.00	\$258.00	\$202.00	\$211.00	\$348.00	\$363.00
\$250,001 - \$300,000.99	\$114.00	\$119.00	\$251.00	\$262.00	\$205.00	\$214.00	\$353.00	\$369.00
\$300,001 - \$500,000.99	\$151.00	\$158.00	\$332.00	\$347.00	\$272.00	\$284.00	\$468.00	\$489.00
≥ \$500,001	\$169.00	\$177.00	\$373.00	\$389.00	\$305.00	\$318.00	\$525.00	\$549.00

Benefits Eligible Earnings (BEE)	Yourself Only		Yourself + Spouse/ Domestic Partner		Yourself + Children		Yourself + Family	
	HMSA PPO (Hawaii)	Kaiser (Hawaii)	HMSA PPO (Hawaii)	Kaiser (Hawaii)	HMSA PPO (Hawaii)	Kaiser (Hawaii)	HMSA PPO (Hawaii)	Kaiser (Hawaii)
Hawaii								
≤ \$40,000.99	\$11.25	\$11.25	\$100.00	\$101.00	\$82.00	\$82.00	\$142.00	\$142.00
\$40,001 - \$60,000.99	\$25.00	\$25.00	\$129.00	\$130.00	\$105.00	\$107.00	\$182.00	\$183.00
\$60,001 - \$80,000.99	\$37.50	\$37.50	\$135.00	\$136.00	\$111.00	\$112.00	\$190.00	\$192.00
\$80,001 - \$100,000.99	\$50.00	\$50.00	\$177.00	\$179.00	\$145.00	\$147.00	\$249.00	\$251.00
\$100,001 - \$125,000.99	\$62.50	\$62.50	\$180.00	\$181.00	\$147.00	\$149.00	\$253.00	\$255.00
\$125,001 - \$150,000.99	\$78.13	\$78.13	\$251.00	\$253.00	\$206.00	\$208.00	\$354.00	\$357.00
\$150,001 - \$250,000.99	\$93.75	\$93.75	\$272.00	\$274.00	\$222.00	\$224.00	\$382.29	\$386.00
\$250,001 - \$300,000.99	\$125.24	\$126.42	\$276.00	\$278.00	\$225.00	\$228.00	\$389.00	\$392.00
\$300,001 - \$500,000.99	\$152.13	\$128.29	\$366.00	\$368.00	\$299.00	\$301.00	\$515.00	\$519.00
≥ \$500,001	\$152.13	\$128.29	\$410.00	\$414.00	\$336.00	\$329.00	\$578.00	\$583.00

* If you or your spouse is a user of tobacco products, your annual contributions to the Medical Plan will increase by \$500 per tobacco user.

Dental Plan Cost of Coverage

The costs shown below should be doubled to reflect monthly amounts.

	Yourself Only	Yourself + Spouse/ Domestic Partner	Yourself + Children	Yourself + Family
Delta Dental	\$13.67	\$27.38	\$27.38	\$41.04
MetLife Dental Plan – Option A	\$13.67	\$27.38	\$27.38	\$41.04
MetLife Dental Plan – Option B	\$7.75	\$15.50	\$15.50	\$23.50

Vision Plan Cost of Coverage

The costs shown below should be doubled to reflect monthly amounts.

	Yourself Only	Yourself + Spouse/ Domestic Partner	Yourself + Children	Yourself + Family
VSP Vision Plan A Cost	\$8.90	\$17.80	\$19.04	\$30.44
VSP Vision Plan B Cost	\$6.57	\$13.12	\$14.04	\$22.43

Cost of Coverage for U.S. Benefits-Eligible Expatriate and International Employees

IMPORTANT: The following Medical, Dental and Vision rates are deducted from your paycheck monthly. Rates shown elsewhere in this document are semi-monthly amounts.

These plans are available to benefits-eligible U.S. expatriates and international employees.

Cigna Global Health Medical Plan

Benefits Eligible Earnings (BEE)	Yourself Only	Yourself + Spouse/ Domestic Partner	Yourself + Children	Yourself + Family
≤ \$40,000.99	\$141.42	\$309.92	\$253.75	\$436.83
\$40,001 - \$60,000.99	\$181.00	\$399.33	\$326.58	\$561.58
\$60,001 - \$80,000.99	\$189.25	\$418.08	\$341.08	\$588.67
\$80,001 - \$100,000.99	\$247.50	\$547.00	\$447.17	\$769.58
\$100,001 - \$125,000.99	\$251.67	\$555.33	\$455.50	\$782.08
\$125,001 - \$150,000.99	\$353.58	\$775.83	\$634.42	\$1,094.08
\$150,001 - \$250,000.99	\$380.67	\$838.25	\$686.42	\$1,181.42
\$250,001 - \$300,000.99	\$386.92	\$850.75	\$696.83	\$1,200.17
\$300,001 - \$500,000.99	\$513.75	\$1,127.33	\$923.50	\$1,589.08
≥ \$500,001	\$576.17	\$1,266.75	\$1,035.83	\$1,784.67

Cigna Global Health Dental Plan

	Yourself Only	Yourself + Spouse/ Domestic Partner	Yourself + Children	Yourself + Family
Cigna Global Dental Plan	\$33.33	\$66.58	\$66.58	\$99.92

Vision Service Plan (VSP)*

	Yourself Only	Yourself + Spouse/ Domestic Partner	Yourself + Children	Yourself + Family
VSP Vision Plan A	\$17.80	\$35.60	\$38.08	\$60.87
VSP Vision Plan B	\$13.13	\$26.24	\$28.07	\$44.86

Supplemental Life Insurance Cost of Coverage – Employee or Spouse

Tobacco-Free Employee or Spouse *

Coverage Amount	Your Age on January 1, 2020												
	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80 & Over
\$50,000	\$0.65	\$0.75	\$1.03	\$1.15	\$1.28	\$1.95	\$2.95	\$5.53	\$8.50	\$16.33	\$30.14	\$31.73	\$31.25
\$75,000	\$0.98	\$1.13	\$1.54	\$1.73	\$1.91	\$2.93	\$4.43	\$8.29	\$12.75	\$24.49	\$45.21	\$47.59	\$46.88
\$100,000	\$1.30	\$1.50	\$2.05	\$2.30	\$2.55	\$3.90	\$5.90	\$11.05	\$17.00	\$32.65	\$60.28	\$63.45	\$62.50
\$150,000	\$1.95	\$2.25	\$3.08	\$3.45	\$3.83	\$5.85	\$8.85	\$16.58	\$25.50	\$48.98	\$90.42	\$95.18	\$93.75
\$200,000	\$2.60	\$3.00	\$4.10	\$4.60	\$5.10	\$7.80	\$11.80	\$22.10	\$34.00	\$65.30	\$120.56	\$126.90	\$125.00
\$250,000	\$3.25	\$3.75	\$5.13	\$5.75	\$6.38	\$9.75	\$14.75	\$27.63	\$42.50	\$81.63	\$150.69	\$158.63	\$156.25
\$300,000	\$3.90	\$4.50	\$6.15	\$6.90	\$7.65	\$11.70	\$17.70	\$33.15	\$51.00	\$97.95	\$180.83	\$190.35	\$187.50
\$400,000	\$5.20	\$6.00	\$8.20	\$9.20	\$10.20	\$15.60	\$23.60	\$44.20	\$68.00	\$130.60	\$241.11	\$253.80	\$250.00
\$500,000	\$6.50	\$7.50	\$10.25	\$11.50	\$12.75	\$19.50	\$29.50	\$55.25	\$85.00	\$163.25	\$301.39	\$317.25	\$312.50
\$600,000	\$7.80	\$9.00	\$12.30	\$13.80	\$15.30	\$23.40	\$35.40	\$66.30	\$102.00	\$195.90	\$361.67	\$380.70	\$375.00
\$750,000	\$9.75	\$11.25	\$15.38	\$17.25	\$19.13	\$29.25	\$44.25	\$82.88	\$127.50	\$244.88	\$452.08	\$475.88	\$468.75
\$1,000,000	\$13.00	\$15.00	\$20.50	\$23.00	\$25.50	\$39.00	\$59.00	\$110.50	\$170.00	\$326.50	\$602.78	\$634.50	\$625.00
\$1,250,000	\$16.25	\$18.75	\$25.63	\$28.75	\$31.88	\$48.75	\$73.75	\$138.13	\$212.50	\$408.13	\$753.47	\$793.13	\$781.25
\$1,500,000	\$19.50	\$22.50	\$30.75	\$34.50	\$38.25	\$58.50	\$88.50	\$165.75	\$255.00	\$489.75	\$904.16	\$951.75	\$937.50
\$1,750,000	\$22.75	\$26.25	\$35.88	\$40.25	\$44.63	\$68.25	\$103.25	\$193.38	\$297.50	\$571.38	\$1,054.86	\$1,110.38	\$1,093.75
\$2,000,000	\$26.00	\$30.00	\$41.00	\$46.00	\$51.00	\$78.00	\$118.00	\$221.00	\$340.00	\$653.00	\$1,205.55	\$1,269.00	\$1,250.00
\$2,500,000	\$32.50	\$37.50	\$51.25	\$57.50	\$63.75	\$97.50	\$147.50	\$276.25	\$425.00	\$816.25	\$1,506.94	\$1,586.25	\$1,562.50
\$3,000,000	\$39.00	\$45.00	\$61.50	\$69.00	\$76.50	\$117.00	\$177.00	\$331.50	\$510.00	\$979.50	\$1,808.33	\$1,903.50	\$1,875.00
\$3,500,000	\$45.50	\$52.50	\$71.75	\$80.50	\$89.25	\$136.50	\$206.50	\$386.75	\$595.00	\$1,142.75	\$2,109.71	\$2,220.75	\$2,187.50
\$4,000,000	\$52.00	\$60.00	\$82.00	\$92.00	\$102.00	\$156.00	\$236.00	\$442.00	\$680.00	\$1,306.00	\$2,411.10	\$2,538.00	\$2,500.00
\$4,500,000	\$58.50	\$67.50	\$92.25	\$103.50	\$114.75	\$175.50	\$265.50	\$497.25	\$765.00	\$1,469.25	\$2,712.49	\$2,855.25	\$2,812.50
\$5,000,000	\$65.00	\$75.00	\$102.50	\$115.00	\$127.50	\$195.00	\$295.00	\$552.50	\$850.00	\$1,632.50	\$3,013.88	\$3,172.50	\$3,125.00

* Costs should be doubled to reflect monthly amounts.

Tobacco-User Employee or Spouse*

Coverage Amount	Your Age on January 1, 2019												
	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80 & Over
\$50,000	\$0.78	\$0.93	\$1.25	\$1.45	\$1.58	\$2.35	\$3.63	\$6.78	\$10.43	\$20.10	\$36.88	\$51.50	\$38.23
\$75,000	\$1.16	\$1.39	\$1.88	\$2.18	\$2.36	\$3.53	\$5.44	\$10.16	\$15.64	\$30.15	\$55.33	\$77.25	\$57.34
\$100,000	\$1.55	\$1.85	\$2.50	\$2.90	\$3.15	\$4.70	\$7.25	\$13.55	\$20.85	\$40.20	\$73.77	\$103.00	\$76.45
\$150,000	\$2.33	\$2.78	\$3.75	\$4.35	\$4.73	\$7.05	\$10.88	\$20.33	\$31.28	\$60.30	\$110.65	\$154.50	\$114.68
\$200,000	\$3.10	\$3.70	\$5.00	\$5.80	\$6.30	\$9.40	\$14.50	\$27.10	\$41.70	\$80.40	\$147.54	\$206.00	\$152.90
\$250,000	\$3.88	\$4.63	\$6.25	\$7.25	\$7.88	\$11.75	\$18.13	\$33.88	\$52.13	\$100.50	\$184.42	\$257.50	\$191.13
\$300,000	\$4.65	\$5.55	\$7.50	\$8.70	\$9.45	\$14.10	\$21.75	\$40.65	\$62.55	\$120.60	\$221.30	\$309.00	\$229.35
\$400,000	\$6.20	\$7.40	\$10.00	\$11.60	\$12.60	\$18.80	\$29.00	\$54.20	\$83.40	\$160.80	\$295.07	\$412.00	\$305.80
\$500,000	\$7.75	\$9.25	\$12.50	\$14.50	\$15.75	\$23.50	\$36.25	\$67.75	\$104.25	\$201.00	\$368.84	\$515.00	\$382.25
\$600,000	\$9.30	\$11.10	\$15.00	\$17.40	\$18.90	\$28.20	\$43.50	\$81.30	\$125.10	\$241.20	\$442.61	\$618.00	\$458.70
\$750,000	\$11.63	\$13.88	\$18.75	\$21.75	\$23.63	\$35.25	\$54.38	\$101.63	\$156.38	\$301.50	\$553.26	\$772.50	\$573.38
\$1,000,000	\$15.50	\$18.50	\$25.00	\$29.00	\$31.50	\$47.00	\$72.50	\$135.50	\$208.50	\$402.00	\$737.68	\$1,030.00	\$764.50
\$1,250,000	\$19.38	\$23.13	\$31.25	\$36.25	\$39.38	\$58.75	\$90.63	\$169.38	\$260.63	\$502.50	\$922.09	\$1,287.50	\$955.63
\$1,500,000	\$23.25	\$27.75	\$37.50	\$43.50	\$47.25	\$70.50	\$108.75	\$203.25	\$312.75	\$603.00	\$1,106.51	\$1,545.00	\$1,146.75
\$1,750,000	\$27.13	\$32.38	\$43.75	\$50.75	\$55.13	\$82.25	\$126.88	\$237.13	\$364.88	\$703.50	\$1,290.93	\$1,802.50	\$1,337.88
\$2,000,000	\$31.00	\$37.00	\$50.00	\$58.00	\$63.00	\$94.00	\$145.00	\$271.00	\$417.00	\$804.00	\$1,475.35	\$2,060.00	\$1,529.00
\$2,500,000	\$38.75	\$46.25	\$62.50	\$72.50	\$78.75	\$117.50	\$181.25	\$338.75	\$521.25	\$1,005.00	\$1,844.19	\$2,575.00	\$1,911.25
\$3,000,000	\$46.50	\$55.50	\$75.00	\$87.00	\$94.50	\$141.00	\$217.50	\$406.50	\$625.50	\$1,206.00	\$2,213.03	\$3,090.00	\$2,293.50
\$3,500,000	\$54.25	\$64.75	\$87.50	\$101.50	\$110.25	\$164.50	\$253.75	\$474.25	\$729.75	\$1,407.00	\$2,581.86	\$3,605.00	\$2,675.75
\$4,000,000	\$62.00	\$74.00	\$100.00	\$116.00	\$126.00	\$188.00	\$290.00	\$542.00	\$834.00	\$1,608.00	\$2,950.70	\$4,120.00	\$3,058.00
\$4,500,000	\$69.75	\$83.25	\$112.50	\$130.50	\$141.75	\$211.50	\$326.25	\$609.75	\$938.25	\$1,809.00	\$3,319.54	\$4,635.00	\$3,440.25
\$5,000,000	\$77.50	\$92.50	\$125.00	\$145.00	\$157.50	\$235.00	\$362.50	\$677.50	\$1,042.50	\$2,010.00	\$3,688.38	\$5,150.00	\$3,822.50

Child*

Amount ("Principal Sum")	Under 25
\$5,000 coverage amount per child	\$0.28
\$10,000 coverage amount per child	\$0.55
\$15,000 coverage amount per child	\$0.83
\$20,000 coverage amount per child	\$1.10

* Costs should be doubled to reflect monthly amounts.

Supplemental Accidental Death and Dismemberment Insurance Cost of Coverage*

Amount ("Principal Sum")	Your Age on January 1, 2019			
	Yourself Only	Yourself + Spouse/DP	Yourself + Children	Yourself + Family
\$50,000	\$0.33	\$0.65	\$0.41	\$0.65
\$100,000	\$0.65	\$1.30	\$0.81	\$1.30
\$200,000	\$1.30	\$2.60	\$1.63	\$2.60
\$300,000	\$1.95	\$3.90	\$2.44	\$3.90
\$400,000	\$2.60	\$5.20	\$3.25	\$5.20
\$500,000	\$3.25	\$6.50	\$4.06	\$6.50
\$600,000	\$3.90	\$7.80	\$4.88	\$7.80
\$700,000	\$4.55	\$9.10	\$5.69	\$9.10
\$800,000	\$5.20	\$10.40	\$6.50	\$10.40
\$900,000	\$5.85	\$11.70	\$7.31	\$11.70
\$1,000,000	\$6.50	\$13.00	\$8.13	\$13.00
\$1,250,000	\$8.13	\$14.63	\$9.75	\$14.63
\$1,500,000	\$9.75	\$16.25	\$11.38	\$16.25
\$1,750,000	\$11.38	\$17.88	\$13.00	\$17.88
\$2,000,000	\$13.00	\$19.50	\$14.63	\$19.50
\$2,500,000	\$16.25	\$22.75	\$17.88	\$22.75
\$3,000,000	\$19.50	\$26.00	\$21.13	\$26.00
\$3,500,000	\$22.75	\$29.25	\$24.38	\$29.25
\$4,000,000	\$26.00	\$32.50	\$27.63	\$32.50
\$4,500,000	\$29.25	\$35.75	\$30.88	\$35.75
\$5,000,000	\$32.50	\$39.00	\$34.13	\$39.00

* Costs should be double to reflect monthly amounts.

Accident, Critical Illness and Hospital Indemnity Insurance Cost of Coverage

Aflac — Group Accident Insurance*

	Yourself Only	Yourself + Spouse/ Domestic Partner	Yourself + Children	Yourself + Family
Accident Insurance	\$9.83	14.73	17.22	22.12

Aflac — Group Hospital Indemnity Insurance*

	Yourself Only	Yourself + Spouse/ Domestic Partner	Yourself + Children	Yourself + Family
Hospital Indemnity Insurance	11.21	22.4	17.73	28.92

Aflac — Critical Illness Insurance* *

Employee or Spouse Monthly Premiums				
	Option 1: Coverage Amount = \$20,000		Option 2: Coverage Amount = \$30,000	
Age (as of Jan. 1, 2020)	Tobacco-Free	Tobacco User	Tobacco-Free	Tobacco User
18-25	\$3.625	\$4.915	\$5.060	\$6.995
26-30	\$4.850	\$6.600	\$6.895	\$9.520
31-35	\$5.645	\$8.295	\$8.085	\$12.060
36-40	\$7.395	\$11.315	\$10.715	\$16.590
41-45	\$8.975	\$13.680	\$13.080	\$20.140
46-50	\$10.755	\$16.415	\$15.755	\$24.240
51-55	\$16.745	\$26.025	\$24.740	\$38.655
56-60	\$16.310	\$26.300	\$24.085	\$39.070
61-65	\$33.865	\$52.890	\$50.415	\$78.955
66+	\$60.075	\$91.515	\$89.735	\$136.895

* Costs should be doubled to reflect monthly amounts.

Legal Assistance Plan Cost of Coverage

Employee Contributions for Legal Assistance Plan Option A coverage is \$11.25 deducted on an after-tax basis. Employee Contributions for Legal Assistance Plan Option B is \$8.25 deducted on an after-tax basis.

Long-Term Care Insurance Cost of Coverage

For an individual quote and to purchase this insurance, log on to youdecide.com/morganstanley. Long-Term Care insurance can be purchased any time during the year. Premiums are based on your age and health at the time of the election.

Long-Term Disability Plan Cost of Coverage*

Employee Contributions for Long-Term Disability Insurance coverage are deducted on an after-tax basis at a rate of **\$0.373 per \$100 of Benefits Eligible Earnings** (up to \$500,000)

Example: Assume Benefits Eligible Earnings are \$75,000:

$(\$0.373 \times \$75,000) \div \$100 = \279.75 per year

$\$279.75 \div 24 = \11.66 semi-monthly

Corporate Excess Disability Insurance Cost of Coverage

Corporate Excess Disability Insurance is available to all benefits-eligible employees under age 65. The amount and type of coverage available depends on your earnings. To purchase this insurance and learn more about the eligibility requirements log on to youdecide.com/morganstanley during 2020 benefits enrollment (November 8 to November 22, 2019).

Pinnacle Cost of Coverage

Semi-monthly employee contributions for Pinnacle Care are deducted on an after-tax basis. You may purchase individual or family coverage as shown below. Log on to youdecide.com/morganstanley to enroll during 2020 benefits enrollment (November 8 to November 22, 2019). That is the only time you may enroll until next year's enrollment period, unless you have a qualifying life event (such as a marriage or birth) or are a new employee.

Individual Coverage: \$8.50 per semi-monthly paycheck or \$204/year *(covers employee only)*

Family Coverage: \$15 per semi-monthly paycheck or \$360/year *(covers employee, spouse/partner and dependents)*

* Costs should be doubled to reflect monthly amounts for international employees paid monthly and employees on unpaid leave.