

2020 Semi-Monthly Imputed Income Amounts for Active Employees with Domestic Partners

The IRS generally does not recognize domestic partners as tax-qualified dependents for health care coverage purposes. As a result, the cost of coverage for your domestic partner (and/or your domestic partner's children) is subject to income taxes. The Firm adds the value of this cost of coverage to your semi-monthly paycheck, in the form of imputed income, and you pay tax on this amount.

If your domestic partner (and/or your domestic partner's children) qualifies as your tax-qualified dependent under the Internal Revenue Code, and you check the appropriate box on the Domestic Partnership Registration Form, the cost of coverage may not be subject to taxation. See IRS Publication 501, Exemptions, Standard Deduction, and Filing Information, for more information.

Note: If you and your same-sex spouse are legally married, contact HR Services at the phone number below to change your relationship status and avoid imputed income.

Imputed income is determined by subtracting the cost of coverage for you from the cost of coverage for you and your domestic partner (and/or your domestic partner's children, if applicable).

To see your semi-monthly imputed income amount in the table listed below:

- 1: Identify your Elected Coverage Level and the dependents you are covering.
- 2: Identify the plans you've elected under the Medical, Dental and Vision sections of the table.

If you are on an unpaid leave of absence, your imputed income amounts may differ from the amounts listed below. Please contact HR Services for details.

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 am to 7 pm ET, 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.

Semi-Monthly Imputed Income for Medical Plans

1. Your Elected Coverage Level?	Yourself Plus...					
	Domestic Partner	Children	Children	Family	Family	Family
2. Dependents Covered?	Domestic Partner Only	Domestic Partner's Children Only	Your Children and Domestic Partner's Children	Domestic Partner and Your Children	Domestic Partner and Domestic Partner's Children	Domestic Partner, Your Children and Domestic Partner's Children
UHC - Option A	\$414.13	\$300.87	\$300.87	\$414.13	\$799.95	\$799.95
UHC - Option B	\$380.64	\$276.53	\$276.53	\$380.64	\$735.25	\$735.25
UHC - Option C	\$345.13	\$250.73	\$250.73	\$345.13	\$666.66	\$666.66
Cigna - Option A	\$414.13	\$300.87	\$300.87	\$414.13	\$799.95	\$799.95
Cigna - Option B	\$380.64	\$276.53	\$276.53	\$380.64	\$735.25	\$735.25
Cigna - Option C	\$345.13	\$250.73	\$250.73	\$345.13	\$666.66	\$666.66
HMSA PPO (Hawaii)	\$372.55	\$232.85	\$232.85	\$372.55	\$683.01	\$683.01
Kaiser (Hawaii)	\$314.13	\$196.33	\$196.33	\$314.13	\$575.91	\$575.91
Kaiser (N. California)	\$361.22	\$225.76	\$225.76	\$361.22	\$662.24	\$662.24
Kaiser (S. California)	\$327.59	\$204.74	\$204.74	\$327.59	\$600.57	\$600.57
Cigna Global Medical	\$520.68	\$326.28	\$326.28	\$520.68	\$953.43	\$953.43

Semi-Monthly Imputed Income for Dental Plans

1. Elected Coverage Level?	Yourself Plus...					
	Domestic Partner	Children	Children	Family	Family	Family
2. Dependents Are Covered?	Domestic Partner Only	Domestic Partner's Children Only	Your Children and Domestic Partner's Children	Domestic Partner and Your Children	Domestic Partner and Domestic Partner's Children	Domestic Partner, Your Children and Domestic Partner's Children
MetLife - Option A	\$25.82	\$25.82	\$25.82	\$25.82	\$51.66	\$51.66
MetLife - Option B	\$20.48	\$20.48	\$20.48	\$20.48	\$40.97	\$40.97
Delta Dental - Premier Option	\$25.82	\$25.82	\$25.82	\$25.82	\$51.66	\$51.66
Cigna Global Dental	\$33.81	\$33.81	\$33.81	\$33.81	\$67.61	\$67.61

Semi-Monthly Imputed Income for Vision Plans

1. Elected Coverage Level?	Yourself Plus...					
	Domestic Partner	Children	Children	Family	Family	Family
2. Dependents Are Covered?	Domestic Partner Only	Domestic Partner's Children Only	Your Children and Domestic Partner's Children	Domestic Partner and Your Children	Domestic Partner and Domestic Partner's Children	Domestic Partner, Your Children and Domestic Partner's Children
VSP Vision Plan A	\$8.90	\$10.14	\$10.14	\$8.90	\$21.54	\$21.54
VSP Vision Plan B	\$6.56	\$7.47	\$7.47	\$6.56	\$15.87	\$15.87

HR Services

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