

2019 Employee Contributions

Active, International and Unpaid Leave Employees

Detailed in this document are the 2019 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.

2019 Tax Reporting	2
W-2 Reporting	2
2019 IRS Form 1095	2
Medical Plan Cost of Coverage.....	3
Cigna and UnitedHealthcare.....	3
2019 Preferred Health Plan Administrator by State	4
Kaiser and HMSA (California and Hawaii only)	4
Dental Plan Cost of Coverage.....	6
Vision Plan Cost of Coverage	6
Cost of Coverage for U.S. Benefits-Eligible Expatriate and International Employees	7
Cigna Global Health Medical Plan	7
Cigna Global Health Dental Plan	7
Vision Service Plan (VSP)	7
Supplemental Life Insurance Cost of Coverage – Employees	8
Tobacco-Free Employee	8
Tobacco-User Employee	9
Life Insurance Cost of Coverage – Spouse/Domestic Partner or Child	10
Tobacco-Free Spouse/Domestic Partner.....	10
Tobacco-User Spouse/Domestic Partner	10
Child.....	10
Supplemental Accidental Death and Dismemberment Insurance Cost of Coverage	11
Accident, Critical Illness and Hospital Indemnity Insurance Cost of Coverage.....	12
Legal Assistance Plan Cost of Coverage	12
Long-Term Care Insurance Cost of Coverage	12
Long-Term Disability Plan Cost of Coverage	12
Corporate Excess Disability Insurance Cost of Coverage.....	12
Pinnacle Cost of Coverage	12

2019 Tax Reporting

W-2 Reporting

The full cost of coverage for your 2019 health benefits are reported as a separate line item on your 2019 IRS form W-2 that you will receive in January 2019. **This information is for reporting purposes only and the value of the health care coverage is not taxable to you.**

2019 IRS Form 1095

You will receive an IRS Form 1095 form in February 2019. 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 2019 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	\$48.00	\$54.00	\$38.00	\$41.00	\$23.00	\$25.00
\$40,001 - \$60,000.99	\$61.00	\$66.00	\$47.00	\$52.00	\$32.00	\$35.00
\$60,001 - \$80,000.99	\$63.00	\$69.00	\$48.00	\$55.00	\$34.00	\$37.00
\$80,001 - \$100,000.99	\$79.00	\$88.00	\$63.00	\$69.00	\$47.00	\$52.00
\$100,001 - \$125,000.99	\$83.00	\$92.00	\$66.00	\$72.00	\$49.00	\$56.00
\$125,001 - \$150,000.99	\$113.00	\$126.00	\$90.00	\$99.00	\$74.00	\$81.00
\$150,001 - \$250,000.99	\$122.00	\$135.00	\$96.00	\$106.00	\$80.00	\$90.00
\$250,001 - \$300,000.99	\$125.00	\$137.00	\$98.00	\$107.00	\$81.00	\$91.00
\$300,001 - \$500,000.99	\$162.00	\$178.00	\$128.00	\$140.00	\$111.00	\$123.00
≥ \$500,001	\$180.00	\$200.00	\$142.00	\$157.00	\$127.00	\$140.00
Yourself + Spouse/Domestic Partner						
≤ \$40,000.99	\$105.00	\$114.00	\$82.00	\$91.00	\$48.00	\$54.00
\$40,001 - \$60,000.99	\$131.00	\$143.00	\$103.00	\$112.00	\$69.00	\$75.00
\$60,001 - \$80,000.99	\$136.00	\$149.00	\$107.00	\$117.00	\$73.00	\$80.00
\$80,001 - \$100,000.99	\$173.00	\$190.00	\$136.00	\$149.00	\$103.00	\$112.00
\$100,001 - \$125,000.99	\$180.00	\$200.00	\$142.00	\$157.00	\$108.00	\$119.00
\$125,001 - \$150,000.99	\$246.00	\$272.00	\$194.00	\$213.00	\$161.00	\$176.00
\$150,001 - \$250,000.99	\$264.00	\$291.00	\$208.00	\$231.00	\$175.00	\$193.00
\$250,001 - \$300,000.99	\$269.00	\$296.00	\$211.00	\$234.00	\$177.00	\$197.00
\$300,001 - \$500,000.99	\$350.00	\$387.00	\$276.00	\$305.00	\$242.00	\$268.00
≥ \$500,001	\$391.00	\$433.00	\$308.00	\$341.00	\$275.00	\$304.00
Yourself + Children						
≤ \$40,000.99	\$90.00	\$98.00	\$70.00	\$76.00	\$41.00	\$45.00
\$40,001 - \$60,000.99	\$111.00	\$122.00	\$88.00	\$97.00	\$59.00	\$65.00
\$60,001 - \$80,000.99	\$115.00	\$128.00	\$92.00	\$100.00	\$63.00	\$69.00
\$80,001 - \$100,000.99	\$147.00	\$163.00	\$115.00	\$128.00	\$87.00	\$97.00
\$100,001 - \$125,000.99	\$153.00	\$170.00	\$121.00	\$134.00	\$93.00	\$102.00
\$125,001 - \$150,000.99	\$210.00	\$232.00	\$166.00	\$182.00	\$137.00	\$150.00
\$150,001 - \$250,000.99	\$226.00	\$249.00	\$177.00	\$197.00	\$148.00	\$165.00
\$250,001 - \$300,000.99	\$229.00	\$252.00	\$180.00	\$199.00	\$151.00	\$167.00
\$300,001 - \$500,000.99	\$299.00	\$330.00	\$236.00	\$260.00	\$207.00	\$228.00
≥ \$500,001	\$334.00	\$369.00	\$263.00	\$290.00	\$234.00	\$259.00

* 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	\$157.00	\$172.00	\$125.00	\$136.00	\$77.00	\$84.00
\$40,001 - \$60,000.99	\$197.00	\$215.00	\$153.00	\$170.00	\$108.00	\$118.00
\$60,001 - \$80,000.99	\$204.00	\$224.00	\$161.00	\$176.00	\$114.00	\$126.00
\$80,001 - \$100,000.99	\$260.00	\$286.00	\$205.00	\$225.00	\$158.00	\$174.00
\$100,001 - \$125,000.99	\$272.00	\$299.00	\$214.00	\$236.00	\$168.00	\$184.00
\$125,001 - \$150,000.99	\$370.00	\$409.00	\$290.00	\$321.00	\$245.00	\$270.00
\$150,001 - \$250,000.99	\$398.00	\$438.00	\$313.00	\$345.00	\$267.00	\$294.00
\$250,001 - \$300,000.99	\$403.00	\$445.00	\$317.00	\$350.00	\$271.00	\$299.00
\$300,001 - \$500,000.99	\$526.00	\$581.00	\$415.00	\$458.00	\$368.00	\$406.00
≥ \$500,001	\$588.00	\$650.00	\$462.00	\$511.00	\$417.00	\$460.00

2019 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.

<p>UnitedHealthcare generally provides higher negotiated discounts in these states</p> <table border="1"> <tr><td>Alabama</td><td>Nebraska</td></tr> <tr><td>Arkansas</td><td>Nevada</td></tr> <tr><td></td><td>New Mexico</td></tr> <tr><td>Iowa</td><td>New York</td></tr> <tr><td></td><td>North Dakota</td></tr> <tr><td>Idaho</td><td>Ohio</td></tr> <tr><td>Indiana</td><td>Oklahoma</td></tr> <tr><td>Kansas</td><td>Rhode Island</td></tr> <tr><td>Louisiana</td><td>South Dakota</td></tr> <tr><td>Michigan</td><td>Wisconsin</td></tr> <tr><td>Mississippi</td><td>Wyoming</td></tr> </table>	Alabama	Nebraska	Arkansas	Nevada		New Mexico	Iowa	New York		North Dakota	Idaho	Ohio	Indiana	Oklahoma	Kansas	Rhode Island	Louisiana	South Dakota	Michigan	Wisconsin	Mississippi	Wyoming	<p>Cigna generally provides higher negotiated discounts in these states</p> <table border="1"> <tr><td>Arizona</td></tr> <tr><td>Connecticut</td><td>Pennsylvania</td></tr> <tr><td>Delaware</td><td>South Carolina</td></tr> <tr><td>Georgia</td><td>Tennessee</td></tr> <tr><td>Maine</td><td>Utah</td></tr> <tr><td>Massachusetts</td><td>Vermont</td></tr> <tr><td>Montana</td><td>West Virginia</td></tr> <tr><td>New Hampshire</td></tr> </table>	Arizona	Connecticut	Pennsylvania	Delaware	South Carolina	Georgia	Tennessee	Maine	Utah	Massachusetts	Vermont	Montana	West Virginia	New Hampshire	<p>Both UnitedHealthcare and Cigna have negotiated comparable discounts and both are considered preferred providers in these states</p> <table border="1"> <tr><td>Alaska</td><td>Illinois</td></tr> <tr><td></td><td>Kentucky</td></tr> <tr><td>California</td><td>New Jersey</td></tr> <tr><td>Colorado</td></tr> <tr><td>Florida</td><td>Oregon</td></tr> <tr><td>Maryland</td><td>Texas</td></tr> <tr><td>Minnesota</td><td>Virginia</td></tr> <tr><td>Missouri</td><td>Washington</td></tr> <tr><td>North Carolina</td><td>Washington D.C.</td></tr> </table>	Alaska	Illinois		Kentucky	California	New Jersey	Colorado	Florida	Oregon	Maryland	Texas	Minnesota	Virginia	Missouri	Washington	North Carolina	Washington D.C.
Alabama	Nebraska																																																						
Arkansas	Nevada																																																						
	New Mexico																																																						
Iowa	New York																																																						
	North Dakota																																																						
Idaho	Ohio																																																						
Indiana	Oklahoma																																																						
Kansas	Rhode Island																																																						
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Kaiser and HMSA (California and Hawaii only)*

Benefits Eligible Earnings (BEE)	Yourself Only		Yourself + Spouse/ Domestic Partner		Yourself + Children		Yourself + Family	
	Kaiser Permanente HMO (Northern California)	Kaiser Permanente HMO (Southern California)	Kaiser Permanente HMO (Northern California)	Kaiser Permanente HMO (Southern California)	Kaiser Permanente HMO (Northern California)	Kaiser Permanente HMO (Southern California)	Kaiser Permanente HMO (Northern California)	Kaiser Permanente HMO (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 Permanente HMO (Hawaii)	HMSA PPO (Hawaii)	Kaiser Permanente HMO (Hawaii)	HMSA PPO (Hawaii)	Kaiser Permanente HMO (Hawaii)	HMSA PPO (Hawaii)	Kaiser Permanente HMO (Hawaii)
Hawaii								
≤ \$40,000.99	\$11.25	\$11.25	\$97.00	\$99.00	\$79.00	\$81.00	\$137.00	\$140.00
\$40,001 - \$60,000.99	\$25.00	\$25.00	\$125.00	\$128.00	\$102.00	\$105.00	\$176.00	\$180.00
\$60,001 - \$80,000.99	\$37.50	\$37.50	\$131.00	\$134.00	\$107.00	\$110.00	\$184.00	\$189.00
\$80,001 - \$100,000.99	\$50.00	\$50.00	\$171.00	\$176.00	\$140.00	\$144.00	\$241.00	\$247.00
\$100,001 - \$125,000.99	\$62.50	\$62.50	\$174.00	\$178.00	\$142.00	\$146.00	\$245.00	\$251.00
\$125,001 - \$150,000.99	\$78.13	\$78.13	\$243.00	\$249.00	\$199.00	\$204.00	\$343.00	\$351.00
\$150,001 - \$250,000.99	\$93.75	\$93.75	\$263.00	\$269.00	\$215.00	\$220.00	\$370.00	\$379.00
\$250,001 - \$300,000.99	\$121.21	\$124.21	\$267.00	\$273.00	\$218.00	\$224.00	\$376.00	\$385.00
\$300,001 - \$500,000.99	\$147.25	\$126.21	\$354.00	\$362.00	\$289.00	\$296.00	\$498.00	\$510.00
≥ \$500,001	\$147.25	\$126.21	\$397.00	\$407.00	\$325.00	\$323.00	\$559.00	\$573.00

* 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	\$13.25	\$26.50	\$26.50	\$39.75
MetLife Dental Plan – Option A	\$13.25	\$26.50	\$26.50	\$39.75
MetLife Dental Plan – Option B	\$7.50	\$15.00	\$15.00	\$22.75

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	\$6.08	\$12.15	\$13.00	\$20.77

* VSP Vision Plan A is a new enhanced option available for 2019.

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	\$136.00	\$298.00	\$244.00	\$420.00
\$40,001 - \$60,000.99	\$174.00	\$384.00	\$314.00	\$540.00
\$60,001 - \$80,000.99	\$182.00	\$402.00	\$328.00	\$566.00
\$80,001 - \$100,000.99	\$238.00	\$526.00	\$430.00	\$740.00
\$100,001 - \$125,000.99	\$242.00	\$534.00	\$438.00	\$752.00
\$125,001 - \$150,000.99	\$340.00	\$746.00	\$610.00	\$1,052.00
\$150,001 - \$250,000.99	\$366.00	\$806.00	\$660.00	\$1,136.00
\$250,001 - \$300,000.99	\$372.00	\$818.00	\$670.00	\$1,154.00
\$300,001 - \$500,000.99	\$494.00	\$1,084.00	\$888.00	\$1,528.00
≥ \$500,001	\$554.00	\$1,218.00	\$996.00	\$1,716.00

Cigna Global Health Dental Plan

	Yourself Only	Yourself + Spouse/ Domestic Partner	Yourself + Children	Yourself + Family
Cigna Global Dental Plan	\$32.50	\$65.00	\$65.00	\$97.50

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	\$12.15	\$24.29	\$25.99	\$41.53

* VSP Vision Plan A is a new enhanced option available for 2019.

Supplemental Life Insurance Cost of Coverage – Employees

Tobacco-Free Employee*

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	\$0.90	\$1.23	\$1.38	\$1.53	\$2.33	\$3.53	\$6.60	\$10.15	\$19.50	\$31.73	\$31.73	\$31.25
\$75,000	\$1.16	\$1.35	\$1.84	\$2.06	\$2.29	\$3.49	\$5.29	\$9.90	\$15.23	\$29.25	\$47.59	\$47.59	\$46.88
\$100,000	\$1.55	\$1.80	\$2.45	\$2.75	\$3.05	\$4.65	\$7.05	\$13.20	\$20.30	\$39.00	\$63.45	\$63.45	\$62.50
\$150,000	\$2.33	\$2.70	\$3.68	\$4.13	\$4.58	\$6.98	\$10.58	\$19.80	\$30.45	\$58.50	\$95.18	\$95.18	\$93.75
\$200,000	\$3.10	\$3.60	\$4.90	\$5.50	\$6.10	\$9.30	\$14.10	\$26.40	\$40.60	\$78.00	\$126.90	\$126.90	\$125.00
\$250,000	\$3.88	\$4.50	\$6.13	\$6.88	\$7.63	\$11.63	\$17.63	\$33.00	\$50.75	\$97.50	\$158.63	\$158.63	\$156.25
\$300,000	\$4.65	\$5.40	\$7.35	\$8.25	\$9.15	\$13.95	\$21.15	\$39.60	\$60.90	\$117.00	\$190.35	\$190.35	\$187.50
\$400,000	\$6.20	\$7.20	\$9.80	\$11.00	\$12.20	\$18.60	\$28.20	\$52.80	\$81.20	\$156.00	\$253.80	\$253.80	\$250.00
\$500,000	\$7.75	\$9.00	\$12.25	\$13.75	\$15.25	\$23.25	\$35.25	\$66.00	\$101.50	\$195.00	\$317.25	\$317.25	\$312.50
\$600,000	\$9.30	\$10.80	\$14.70	\$16.50	\$18.30	\$27.90	\$42.30	\$79.20	\$121.80	\$234.00	\$380.70	\$380.70	\$375.00
\$750,000	\$11.63	\$13.50	\$18.38	\$20.63	\$22.88	\$34.88	\$52.88	\$99.00	\$152.25	\$292.50	\$475.88	\$475.88	\$468.75
\$1,000,000	\$15.50	\$18.00	\$24.50	\$27.50	\$30.50	\$46.50	\$70.50	\$132.00	\$203.00	\$390.00	\$634.50	\$634.50	\$625.00
\$1,250,000	\$19.38	\$22.50	\$30.63	\$34.38	\$38.13	\$58.13	\$88.13	\$165.00	\$253.75	\$487.50	\$793.13	\$793.13	\$781.25
\$1,500,000	\$23.25	\$27.00	\$36.75	\$41.25	\$45.75	\$69.75	\$105.75	\$198.00	\$304.50	\$585.00	\$951.75	\$951.75	\$937.50
\$1,750,000	\$27.13	\$31.50	\$42.88	\$48.13	\$53.38	\$81.38	\$123.38	\$231.00	\$355.25	\$682.50	\$1,110.38	\$1,110.38	\$1,093.75
\$2,000,000	\$31.00	\$36.00	\$49.00	\$55.00	\$61.00	\$93.00	\$141.00	\$264.00	\$406.00	\$780.00	\$1,269.00	\$1,269.00	\$1,250.00
\$2,500,000	\$38.75	\$45.00	\$61.25	\$68.75	\$76.25	\$116.25	\$176.25	\$330.00	\$507.50	\$975.00	\$1,586.25	\$1,586.25	\$1,562.50
\$3,000,000	\$46.50	\$54.00	\$73.50	\$82.50	\$91.50	\$139.50	\$211.50	\$396.00	\$609.00	\$1,170.00	\$1,903.50	\$1,903.50	\$1,875.00
\$3,500,000	\$54.25	\$63.00	\$85.75	\$96.25	\$106.75	\$162.75	\$246.75	\$462.00	\$710.50	\$1,365.00	\$2,220.75	\$2,220.75	\$2,187.50
\$4,000,000	\$62.00	\$72.00	\$98.00	\$110.00	\$122.00	\$186.00	\$282.00	\$528.00	\$812.00	\$1,560.00	\$2,538.00	\$2,538.00	\$2,500.00
\$4,500,000	\$69.75	\$81.00	\$110.25	\$123.75	\$137.25	\$209.25	\$317.25	\$594.00	\$913.50	\$1,755.00	\$2,855.25	\$2,855.25	\$2,812.50
\$5,000,000	\$77.50	\$90.00	\$122.50	\$137.50	\$152.50	\$232.50	\$352.50	\$660.00	\$1,015.00	\$1,950.00	\$3,172.50	\$3,172.50	\$3,125.00

* Costs should be doubled to reflect monthly amounts.

Tobacco-User Employee*

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	\$0.93	\$1.13	\$1.50	\$1.73	\$1.88	\$2.83	\$4.35	\$8.10	\$12.45	\$24.03	\$38.83	\$51.50	\$38.23
\$75,000	\$1.39	\$1.69	\$2.25	\$2.59	\$2.81	\$4.24	\$6.53	\$12.15	\$18.68	\$36.04	\$58.24	\$77.25	\$57.34
\$100,000	\$1.85	\$2.25	\$3.00	\$3.45	\$3.75	\$5.65	\$8.70	\$16.20	\$24.90	\$48.05	\$77.65	\$103.00	\$76.45
\$150,000	\$2.78	\$3.38	\$4.50	\$5.18	\$5.63	\$8.48	\$13.05	\$24.30	\$37.35	\$72.08	\$116.48	\$154.50	\$114.68
\$200,000	\$3.70	\$4.50	\$6.00	\$6.90	\$7.50	\$11.30	\$17.40	\$32.40	\$49.80	\$96.10	\$155.30	\$206.00	\$152.90
\$250,000	\$4.63	\$5.63	\$7.50	\$8.63	\$9.38	\$14.13	\$21.75	\$40.50	\$62.25	\$120.13	\$194.13	\$257.50	\$191.13
\$300,000	\$5.55	\$6.75	\$9.00	\$10.35	\$11.25	\$16.95	\$26.10	\$48.60	\$74.70	\$144.15	\$232.95	\$309.00	\$229.35
\$400,000	\$7.40	\$9.00	\$12.00	\$13.80	\$15.00	\$22.60	\$34.80	\$64.80	\$99.60	\$192.20	\$310.60	\$412.00	\$305.80
\$500,000	\$9.25	\$11.25	\$15.00	\$17.25	\$18.75	\$28.25	\$43.50	\$81.00	\$124.50	\$240.25	\$388.25	\$515.00	\$382.25
\$600,000	\$11.10	\$13.50	\$18.00	\$20.70	\$22.50	\$33.90	\$52.20	\$97.20	\$149.40	\$288.30	\$465.90	\$618.00	\$458.70
\$750,000	\$13.88	\$16.88	\$22.50	\$25.88	\$28.13	\$42.38	\$65.25	\$121.50	\$186.75	\$360.38	\$582.38	\$772.50	\$573.38
\$1,000,000	\$18.50	\$22.50	\$30.00	\$34.50	\$37.50	\$56.50	\$87.00	\$162.00	\$249.00	\$480.50	\$776.50	\$1,030.00	\$764.50
\$1,250,000	\$23.13	\$28.13	\$37.50	\$43.13	\$46.88	\$70.63	\$108.75	\$202.50	\$311.25	\$600.63	\$970.63	\$1,287.50	\$955.63
\$1,500,000	\$27.75	\$33.75	\$45.00	\$51.75	\$56.25	\$84.75	\$130.50	\$243.00	\$373.50	\$720.75	\$1,164.75	\$1,545.00	\$1,146.75
\$1,750,000	\$32.38	\$39.38	\$52.50	\$60.38	\$65.63	\$98.88	\$152.25	\$283.50	\$435.75	\$840.88	\$1,358.88	\$1,802.50	\$1,337.88
\$2,000,000	\$37.00	\$45.00	\$60.00	\$69.00	\$75.00	\$113.00	\$174.00	\$324.00	\$498.00	\$961.00	\$1,553.00	\$2,060.00	\$1,529.00
\$2,500,000	\$46.25	\$56.25	\$75.00	\$86.25	\$93.75	\$141.25	\$217.50	\$405.00	\$622.50	\$1,201.25	\$1,941.25	\$2,575.00	\$1,911.25
\$3,000,000	\$55.50	\$67.50	\$90.00	\$103.50	\$112.50	\$169.50	\$261.00	\$486.00	\$747.00	\$1,441.50	\$2,329.50	\$3,090.00	\$2,293.50
\$3,500,000	\$64.75	\$78.75	\$105.00	\$120.75	\$131.25	\$197.75	\$304.50	\$567.00	\$871.50	\$1,681.75	\$2,717.75	\$3,605.00	\$2,675.75
\$4,000,000	\$74.00	\$90.00	\$120.00	\$138.00	\$150.00	\$226.00	\$348.00	\$648.00	\$996.00	\$1,922.00	\$3,106.00	\$4,120.00	\$3,058.00
\$4,500,000	\$83.25	\$101.25	\$135.00	\$155.25	\$168.75	\$254.25	\$391.50	\$729.00	\$1,120.50	\$2,162.25	\$3,494.25	\$4,635.00	\$3,440.25
\$5,000,000	\$92.50	\$112.50	\$150.00	\$172.50	\$187.50	\$282.50	\$435.00	\$810.00	\$1,245.00	\$2,402.50	\$3,882.50	\$5,150.00	\$3,822.50

* Costs should be doubled to reflect monthly amounts.

Life Insurance Cost of Coverage – Spouse/Domestic Partner or Child

Tobacco-Free Spouse/Domestic Partner*

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
\$10,000	\$0.16	\$0.18	\$0.25	\$0.28	\$0.31	\$0.47	\$0.71	\$1.32	\$2.03	\$3.90	\$6.35	\$6.35	\$6.25
\$20,000	\$0.31	\$0.36	\$0.49	\$0.55	\$0.61	\$0.93	\$1.41	\$2.64	\$4.06	\$7.80	\$12.69	\$12.69	\$12.50
\$30,000	\$0.47	\$0.54	\$0.74	\$0.83	\$0.92	\$1.40	\$2.12	\$3.96	\$6.09	\$11.70	\$19.04	\$19.04	\$18.75
\$40,000	\$0.62	\$0.72	\$0.98	\$1.10	\$1.22	\$1.86	\$2.82	\$5.28	\$8.12	\$15.60	\$25.38	\$25.38	\$25.00
\$50,000	\$0.78	\$0.90	\$1.23	\$1.38	\$1.53	\$2.33	\$3.53	\$6.60	\$10.15	\$19.50	\$31.73	\$31.73	\$31.25
\$60,000	\$0.93	\$1.08	\$1.47	\$1.65	\$1.83	\$2.79	\$4.23	\$7.92	\$12.18	\$23.40	\$38.07	\$38.07	\$37.50
\$70,000	\$1.09	\$1.26	\$1.72	\$1.93	\$2.14	\$3.26	\$4.94	\$9.24	\$14.21	\$27.30	\$44.42	\$44.42	\$43.75
\$80,000	\$1.24	\$1.44	\$1.96	\$2.20	\$2.44	\$3.72	\$5.64	\$10.56	\$16.24	\$31.20	\$50.76	\$50.76	\$50.00
\$90,000	\$1.40	\$1.62	\$2.21	\$2.48	\$2.75	\$4.19	\$6.35	\$11.88	\$18.27	\$35.10	\$57.11	\$57.11	\$56.25
\$100,000	\$1.55	\$1.80	\$2.45	\$2.75	\$3.05	\$4.65	\$7.05	\$13.20	\$20.30	\$39.00	\$63.45	\$63.45	\$62.50
\$150,000	\$2.33	\$2.70	\$3.68	\$4.13	\$4.58	\$6.98	\$10.58	\$19.80	\$30.45	\$58.50	\$95.18	\$95.18	\$93.75
\$200,000	\$3.10	\$3.60	\$4.90	\$5.50	\$6.10	\$9.30	\$14.10	\$26.40	\$40.60	\$78.00	\$126.90	\$126.90	\$125.00

Tobacco-User Spouse/Domestic Partner*

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
\$10,000	\$0.19	\$0.23	\$0.30	\$0.35	\$0.38	\$0.57	\$0.87	\$1.62	\$2.49	\$4.81	\$7.77	\$10.30	\$10.30
\$20,000	\$0.37	\$0.45	\$0.60	\$0.69	\$0.75	\$1.13	\$1.74	\$3.23	\$4.98	\$9.61	\$15.53	\$20.60	\$20.60
\$30,000	\$0.56	\$0.68	\$0.90	\$1.04	\$1.13	\$1.70	\$2.61	\$4.85	\$7.47	\$14.42	\$23.30	\$30.90	\$30.90
\$40,000	\$0.74	\$0.90	\$1.20	\$1.38	\$1.50	\$2.26	\$3.48	\$6.46	\$9.96	\$19.22	\$31.06	\$41.20	\$41.20
\$50,000	\$0.93	\$1.13	\$1.50	\$1.73	\$1.88	\$2.83	\$4.35	\$8.08	\$12.45	\$24.03	\$38.83	\$51.50	\$51.50
\$60,000	\$1.11	\$1.35	\$1.80	\$2.07	\$2.25	\$3.39	\$5.22	\$9.69	\$14.94	\$28.83	\$46.59	\$61.80	\$61.80
\$70,000	\$1.30	\$1.58	\$2.10	\$2.42	\$2.63	\$3.96	\$6.09	\$11.31	\$17.43	\$33.64	\$54.36	\$72.10	\$72.10
\$80,000	\$1.48	\$1.80	\$2.40	\$2.76	\$3.00	\$4.52	\$6.96	\$12.92	\$19.92	\$38.44	\$62.12	\$82.40	\$82.40
\$90,000	\$1.67	\$2.03	\$2.70	\$3.11	\$3.38	\$5.09	\$7.83	\$14.54	\$22.41	\$43.25	\$69.89	\$92.70	\$92.70
\$100,000	\$1.85	\$2.25	\$3.00	\$3.45	\$3.75	\$5.65	\$8.70	\$16.15	\$24.90	\$48.05	\$77.65	\$103.00	\$103.00
\$150,000	\$2.78	\$3.38	\$4.50	\$5.18	\$5.63	\$8.48	\$13.05	\$24.23	\$37.35	\$72.08	\$116.48	\$154.50	\$154.50
\$200,000	\$3.70	\$4.50	\$6.00	\$6.90	\$7.50	\$11.30	\$17.40	\$32.30	\$49.80	\$96.10	\$155.30	\$206.00	\$206.00

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

For an individual quote and to purchase this insurance, log on to youdecide.com/morganstanley during 2019 benefit enrollment (November 2 to November 16, 2018). 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).

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. Visit mybenefits.morganstanley.com for more information.

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 2019 benefits enrollment (November 2 to November 16, 2018).

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 2019 benefits enrollment (November 2 to November 16, 2018). 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.