

2021 Employee Contributions

Active, International and Unpaid Leave Employees

Detailed in this document are the 2021 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.

2021 Tax Reporting	2
W-2 Reporting	2
2021 IRS Form 1095	2
Medical Plan Cost of Coverage	3
Cigna and UnitedHealthcare	3
2021 Preferred Health Plan Administrator by State	4
Kaiser and HMSA (California and Hawaii only)	5
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 – Employee or Spouse	8
Tobacco-Free Employee or Spouse	8
Tobacco-User Employee or Spouse	9
Child*	9
Supplemental Accidental Death and Dismemberment Insurance Cost of Coverage	10
Accident, Critical Illness and Hospital Indemnity Insurance Cost of Coverage	11
Aflac — Group Accident Insurance*	11
Aflac — Group Hospital Indemnity Insurance*	11
Aflac — Critical Illness Insurance*	11
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

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.

2021 Tax Reporting

W-2 Reporting

The full cost of coverage for your 2020 health benefits are reported as a separate line item on your 2021 IRS form W-2 that you will receive in January 2021. **This information is for reporting purposes only and the value of the health care coverage is not taxable to you.**

2021 IRS Form 1095

You will receive an IRS Form 1095 in February 2021. 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 2021 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	Option B	Option C
	Highest Paycheck Contributions Lowest Deductible & Out-of-Pocket Max	Moderate Paycheck Contributions Moderate Deductible & Out-of-Pocket Max	Lowest Paycheck Contributions Highest Deductible & Out-of-Pocket Max
Yourself Only			
≤ \$40,000.99	\$49.00	\$39.00	\$24.00
\$40,001 - \$60,000.99	\$63.00	\$48.00	\$33.00
\$60,001 - \$80,000.99	\$65.00	\$49.00	\$35.00
\$80,001 - \$100,000.99	\$81.00	\$65.00	\$48.00
\$100,001 - \$125,000.99	\$85.00	\$68.00	\$50.00
\$125,001 - \$150,000.99	\$116.00	\$93.00	\$76.00
\$150,001 - \$250,000.99	\$126.00	\$99.00	\$82.00
\$250,001 - \$300,000.99	\$129.00	\$101.00	\$83.00
\$300,001 - \$500,000.99	\$167.00	\$132.00	\$114.00
≥ \$500,001	\$185.00	\$146.00	\$131.00
Yourself + Spouse/Domestic Partner			
≤ \$40,000.99	\$108.00	\$84.00	\$49.00
\$40,001 - \$60,000.99	\$135.00	\$106.00	\$71.00
\$60,001 - \$80,000.99	\$140.00	\$110.00	\$75.00
\$80,001 - \$100,000.99	\$178.00	\$140.00	\$106.00
\$100,001 - \$125,000.99	\$185.00	\$146.00	\$111.00
\$125,001 - \$150,000.99	\$253.00	\$200.00	\$166.00
\$150,001 - \$250,000.99	\$272.00	\$214.00	\$180.00
\$250,001 - \$300,000.99	\$277.00	\$217.00	\$182.00
\$300,001 - \$500,000.99	\$361.00	\$284.00	\$249.00
≥ \$500,001	\$403.00	\$317.00	\$283.00
Yourself + Children			
≤ \$40,000.99	\$93.00	\$72.00	\$42.00
\$40,001 - \$60,000.99	\$114.00	\$91.00	\$61.00
\$60,001 - \$80,000.99	\$118.00	\$95.00	\$65.00
\$80,001 - \$100,000.99	\$151.00	\$118.00	\$90.00
\$100,001 - \$125,000.99	\$158.00	\$125.00	\$96.00
\$125,001 - \$150,000.99	\$216.00	\$171.00	\$141.00
\$150,001 - \$250,000.99	\$233.00	\$182.00	\$152.00
\$250,001 - \$300,000.99	\$236.00	\$185.00	\$156.00
\$300,001 - \$500,000.99	\$308.00	\$243.00	\$213.00
≥ \$500,001	\$344.00	\$271.00	\$241.00

* 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	Option B	Option C
	Highest Paycheck Contributions Lowest Deductible & Out-of-Pocket Max	Moderate Paycheck Contributions Moderate Deductible & Out-of-Pocket Max	Lowest Paycheck Contributions Highest Deductible & Out-of-Pocket Max
Yourself + Family			
≤ \$40,000.99	\$162.00	\$129.00	\$79.00
\$40,001 - \$60,000.99	\$203.00	\$158.00	\$111.00
\$60,001 - \$80,000.99	\$210.00	\$166.00	\$117.00
\$80,001 - \$100,000.99	\$268.00	\$211.00	\$163.00
\$100,001 - \$125,000.99	\$280.00	\$220.00	\$173.00
\$125,001 - \$150,000.99	\$381.00	\$299.00	\$252.00
\$150,001 - \$250,000.99	\$410.00	\$322.00	\$275.00
\$250,001 - \$300,000.99	\$415.00	\$327.00	\$279.00
\$300,001 - \$500,000.99	\$542.00	\$427.00	\$379.00
≥ \$500,001	\$606.00	\$476.00	\$430.00

2021 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. If the discount differential is expected to be greater than 3%, the vendor with the better discounts is designated the state's "preferred provider" and selecting that vendor typically reduces your out-of-pocket expenses for in-network medical services. If the expected discount differential is less than 3%, there is no preferred vendor.

State	Preferred Provider	State	Preferred Provider	State	Preferred Provider
Alabama	UnitedHealthcare	Maine	Cigna	Oklahoma	UnitedHealthcare
Alaska	Neutral	Maryland	Neutral	Oregon	Neutral
Arizona	Cigna	Massachusetts	Cigna	Pennsylvania	Cigna
Arkansas	Neutral	Michigan	UnitedHealthcare	Rhode Island	UnitedHealthcare
California	Neutral	Minnesota	Neutral	South Carolina	Cigna
Colorado	Neutral	Mississippi	UnitedHealthcare	South Dakota	UnitedHealthcare
Connecticut	Neutral	Missouri	Neutral	Tennessee	Neutral
Delaware	Cigna	Montana	Cigna	Texas	Cigna
Florida	Neutral	Nebraska	UnitedHealthcare	Utah	Cigna
Georgia	Neutral	Nevada	Cigna	Vermont	Cigna
Idaho	Neutral	New Hampshire	Cigna	Virginia	Cigna
Illinois	Neutral	New Jersey	Cigna	Washington	Neutral
Indiana	Neutral	New Mexico	Neutral	Washington D.C.	Neutral
Iowa	UnitedHealthcare	New York	Cigna	West Virginia	Cigna
Kansas	UnitedHealthcare	North Carolina	Neutral	Wisconsin	UnitedHealthcare
Kentucky	UnitedHealthcare	North Dakota	Neutral	Wyoming	Cigna
Louisiana	UnitedHealthcare	Ohio	UnitedHealthcare		

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	\$42.00	\$45.00	\$93.00	\$100.00	\$77.00	\$82.00	\$131.00	\$141.00
\$40,001 - \$60,000.99	\$54.00	\$59.00	\$119.00	\$129.00	\$98.00	\$105.00	\$168.00	\$182.00
\$60,001 - \$80,000.99	\$57.00	\$61.00	\$126.00	\$134.00	\$103.00	\$110.00	\$177.00	\$190.00
\$80,001 - \$100,000.99	\$75.00	\$80.00	\$164.00	\$176.00	\$135.00	\$144.00	\$232.00	\$249.00
\$100,001 - \$125,000.99	\$76.00	\$82.00	\$167.00	\$180.00	\$137.00	\$147.00	\$236.00	\$253.00
\$125,001 - \$150,000.99	\$106.00	\$113.00	\$234.00	\$251.00	\$191.00	\$205.00	\$329.00	\$353.00
\$150,001 - \$250,000.99	\$114.00	\$123.00	\$252.00	\$271.00	\$206.00	\$222.00	\$355.00	\$381.00
\$250,001 - \$300,000.99	\$116.00	\$125.00	\$256.00	\$275.00	\$209.00	\$225.00	\$360.00	\$387.00
\$300,001 - \$500,000.99	\$154.00	\$166.00	\$339.00	\$364.00	\$278.00	\$298.00	\$478.00	\$513.00
≥ \$500,001	\$173.00	\$186.00	\$381.00	\$408.00	\$311.00	\$334.00	\$536.00	\$576.00

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	\$104.00	\$106.00	\$85.00	\$86.00	\$147.00	\$149.00
\$40,001 - \$60,000.99	\$25.00	\$25.00	\$134.00	\$137.00	\$109.00	\$112.00	\$189.00	\$192.00
\$60,001 - \$80,000.99	\$37.50	\$37.50	\$140.00	\$143.00	\$115.00	\$118.00	\$197.00	\$202.00
\$80,001 - \$100,000.99	\$50.00	\$50.00	\$184.00	\$188.00	\$151.00	\$154.00	\$259.00	\$264.00
\$100,001 - \$125,000.99	\$62.50	\$62.50	\$187.00	\$190.00	\$153.00	\$156.00	\$263.00	\$268.00
\$125,001 - \$150,000.99	\$78.13	\$78.13	\$261.00	\$266.00	\$214.00	\$218.00	\$368.00	\$375.00
\$150,001 - \$250,000.99	\$93.75	\$93.75	\$283.00	\$288.00	\$231.00	\$235.00	\$397.00	\$405.00
\$250,001 - \$300,000.99	\$130.08	\$132.75	\$287.00	\$292.00	\$234.00	\$239.00	\$404.00	\$412.00
\$300,001 - \$500,000.99	\$158.00	\$134.71	\$380.00	\$386.00	\$311.00	\$316.00	\$535.00	\$545.00
≥ \$500,001	\$158.00	\$134.71	\$426.00	\$435.00	\$349.00	\$345.00	\$600.00	\$612.00

* 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	\$148.00	\$326.00	\$266.00	\$458.00
\$40,001 - \$60,000.99	\$190.00	\$420.00	\$342.00	\$590.00
\$60,001 - \$80,000.99	\$198.00	\$438.00	\$358.00	\$618.00
\$80,001 - \$100,000.99	\$260.00	\$574.00	\$470.00	\$808.00
\$100,001 - \$125,000.99	\$264.00	\$584.00	\$478.00	\$822.00
\$125,001 - \$150,000.99	\$372.00	\$814.00	\$666.00	\$1,148.00
\$150,001 - \$250,000.99	\$400.00	\$880.00	\$720.00	\$1,240.00
\$250,001 - \$300,000.99	\$406.00	\$894.00	\$732.00	\$1,260.00
\$300,001 - \$500,000.99	\$540.00	\$1,184.00	\$970.00	\$1,668.00
≥ \$500,001	\$604.00	\$1,330.00	\$1,088.00	\$1,874.00

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 Under Amount	Your Age on January 1, 2021												
	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 Under Amount	Your Age on January 1, 2019												
	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	22.40	17.73	28.92

Aflac — Critical Illness Insurance* *

Employee or Spouse Monthly Premiums				
Age (as of Jan. 1, 2021)	Option 1: Coverage Amount = \$20,000		Option 2: Coverage Amount = \$30,000	
	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 \$11.75 deducted on an after-tax basis. Employee Contributions for Legal Assistance Plan Option B is \$8.75 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 2021 benefits enrollment (November 6 to November 20, 2020).

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