Morgan Stanley

MY WELLBEING

Select Your Benefits for 2024

Within 31 Days of Your Start Date or Benefits Eligibility



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ELECT THESE BENEFITS ONLY DURING 2024 ANNUAL ENROLLMENT

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Please take time to understand your options and select coverage to meet your needs in 2024.

To help control escalating health care costs for you and the Firm:

- Take advantage of Firm programs
- Look after your health
- Be a savvy and informed health care consumer

Welcome to Morgan Stanley. The Firm is pleased to offer an industry-leading slate of benefits to support your and your family's physical, mental and financial wellbeing. As a new or newly benefits-eligible employee, I encourage you to take time to review your options and evaluate your health care needs this year to make well-informed decisions.

You'll elect from a menu of core health and insurance benefits that includes medical, dental and vision coverages, tax-advantaged accounts, life and disability insurances, a legal plan and hospital insurance, among other programs. To learn more, review this guide.

The Firm works to stay ahead of health care trends, balancing the deployment of new, best-in-class resources with escalating costs in a post-Covid health care system. Against this evolving landscape, we are committed to providing comprehensive and competitive benefits and ensuring that you have easy access to affordable and quality care.

Plus, we offer <u>200 programs you may take advantage of at any time</u>, no enrollment needed, to support your and your family's physical, mental and financial wellbeing.

If you have questions about which benefits are right for you, contact the <u>Accolade Health</u> <u>Assistants</u>, our team of benefits specialists, now as you make your elections or year-round for help with benefits and health issues.



Be well,

David Stark, MD

Chief Medical Officer and
Global Head of Benefits

Benefits Enrollment 2024

Within 31 Days of Your Start Date or Benefits Eligibility

As a new employee, you'll elect Morgan Stanley benefits for the remainder of the year. Thereafter, each November during annual enrollment, you'll adjust your elections for the coming year. The Firm offers comprehensive and competitive benefits programs to help keep you and your family healthy and protected, including health care, mental wellbeing resources, life and accident insurances, legal protection and more.



Decide which <u>health care plans</u> are best for you. Having comprehensive coverage is critical, especially as we continue to navigate an everchanging world.



Elect your benefits within 31 days of your start date or benefits eligibility and coverage will be retroactive to that date.



Consider other programs the Firm offers. Supplemental health care insurances, for instance, help offset the financial burden of an accident, illness or injury. And if you plan to have inpatient surgery or a baby this year, we have programs to help.

Additionally, the <u>legal plan</u> is an affordable way for you and your dependents – as well as your parents and parents-in-law – to access a national network of attorneys.



Take advantage of no-cost Firm programs, resources and tools at any time – <u>expert medical second opinions</u> for your extended family, confidential <u>mental health benefits</u> and a <u>fitness subsidy</u>.

Find suggestions throughout this guide to protect your most valuable asset – your health and wellbeing

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About This Guide

Summarized in this guide are Morgan Stanley's US benefits as of January 1, 2024. For more detailed information, consult the Health Benefits and Insurance Summary Plan Description (SPD):

- Type **spds/** in your browser; or
- Visit <u>mybenefits.ms.com</u> and search for SPDs

US benefits-eligible employees may participate in the programs in this guide.

- For questions about your benefits eligibility or Benefits Eligible
 Earnings, see the Health Benefits and Insurance SPD. Or call
 HR Services at 877-MSHR-411 (674-7411) or web chat from MSToday.
- For questions about the Firm's **health benefits and programs**, call an Accolade Health Assistant at 866-386-0076 or send a secure message from the Accolade <u>member portal</u> or app.



Enroll in Your 2024 Benefits

Make your elections within 31 days of your start date or benefits eligibility. See a complete list of your benefits options on the next page.



Enroll Online (or by Phone)

When on the Firm network

Type <u>benefits/</u> in your intranet browser and enter your Firm computer username and password

When not on the Firm network

Visit <u>ms.com/benefits</u> and enter (or create) your Benefit Center credentials

By phone

Call HR Services at 877-MSHR-411 (674-7411) or web chat 9 am to 7 pm ET | M-F



Who You May Cover

You may enroll yourself and your eligible dependents in the Firm's benefits plans in the following coverage categories:

- Yourself Only
- Yourself + Spouse or Partner
- Yourself + Children (up to age 26)
- Yourself + Family

Important: You must select who you want to cover for each benefit.

Note: The legal plan allows you to also cover your parents and parents-in-law (Option A).



Dependent Verification

If you cover a dependent, you must verify they meet eligibility requirements. After enrolling, you will receive a letter from HR Services requesting supporting documentation verifying the relationship of your dependent, such as a marriage or birth certificate.

Failure to provide documentation could result in cancelation of your dependents' coverage.



Questions?

If you or your spouse/partner have questions about which programs are right for you, contact an Accolade Health Assistant:

866-386-0076

8 am to 8 pm ET, M-F

You may also send **secure**, **confidential messages** from the Accolade app (download from the Apple or Google store)

From Firm Network | Offline 8 am to 11 pm ET | M-F

Your Menu of Morgan Stanley Benefits

BENEFITS YOU MAY ELECT WITHIN 31 DAYS OF YOUR START DATE OR BENEFITS ELIGIBILITY

Medical and Medical Options A, B and C by Cigna or UnitedHealthcare¹ **Prescription Drugs Note:** The medical plan includes prescription drug coverage administered by Express Scripts Dental Options A and B by Delta Dental or MetLife Options A and B by VSP Vision Flexible Spending Health Care (Medical Plan Option A or B, or no coverage²) Accounts Limited Purpose (Medical Plan Option C only) · Dependent Day Care Administered by UHC Supplemental Life Administered by MetLife Supplemental Administered by MetLife **Accidental Death** and Dismemberment Long-Term Administered by MetLife Disability Corporate Excess Insured by Lloyd's of London Disability Legal Administered by MetLife Legal Plans Accidental, Critical Administered by Aflac Illness and Hospital Insured by Allstate Long-Term Care Note: Elect coverage only during annual enrollment

FIRM-PROVIDED BENEFITS AT NO COST TO YOU (NO ENROLLMENT REQUIRED)

rimary care benefit	through Cigna or UHC receive free membership to One Medical, a national concierge practice that offers in-person and virtual medical care for adults and childrer
Note: The following benefit	ts do not require enrollment in the Firm's medical plan
Mental Health Benefit	You, your spouse/partner and children up to age 26 each have 16 free sessions with a therapist or coach per year
	Administered by Lyra Health
Medical Second Opinion Service	For you, your spouse/partner, children and grand- children of all ages, parents, grandparents, parents- and grandparents-in-law
	Administered by 2nd.MD
Basic Life	Administered by MetLife
Basic Accidental Death and Dismemberment	Administered by MetLife
Business Travel Accident	Administered by Cigna
Short-Term Disability	Administered by MetLife

Employees and dependents in the Firm's medical plan.

USE THESE BENEFITS ANY TIME (NO ENROLLMENT REQUIRED)

Save for your retirement and earn a Firm match		
Sponsored by Morgan Stanley		
Medical Plan Option C only Administered by Smart-Choice		
Administered by HealthEquity (formerly called WageWorks)		

For a comprehensive collection of 200 Firm benefits, see the **Be In the Know Benefits Guide**

Primary Care Benefit

¹ Employees in **California** may elect medical coverage through Cigna, UHC or Kaiser. Employees in **Hawaii** may elect medical coverage through Kaiser or HMSA (Cigna and UHC are not available in Hawaii).

² If you do not participate in the Firm's medical plan, you may still elect to contribute to a Health Care Flexible Spending Account – as long as you do not participate in a high-deductible medical plan.

IRS Contribution Limits for 2024

Setting aside before-tax dollars through paycheck contributions will save you money on your income taxes and reduce the cost of:

- Health care
- Dependent day care
- Saving for retirement
- Your commute to/from the office

Note: All limits are annual – except the commuter limits, which are monthly.

	Contribution Limit		Year-to-Year Carryover of Unused Funds ¹	
	2023	2024	2023 to 2024	2024 to 2025
Flexible Spending Accounts				
 Health Care (Medical Plan Option A or B – or not in Firm plan²) 	\$3,050	\$3,200 (\$150)	\$610	\$640 (▲\$30)
Limited Purpose (Medical Plan Option C)	\$3,050	\$3,200 (\$150)	\$610	\$640(\(\) \$30)
Dependent Day Care (children aged 12 or younger)				
– Married and filing jointly – or single	\$5,000	\$5,000	Unused Dependent D	ay Care funds may not be carried
 Married and filing separately 	\$2,500	\$2,500	over to the and are forfeited back to the plan	
Health Savings Account (Option C)				
• Single	\$3,850	\$4,150 (▲\$300)	All unused funds carry over year to year and you may reimburse yourself at any time — now or in the future	
• Family	\$7,750	\$8,300 (▲\$550)		
Catch-up (age 55 and above)	\$1,000	\$1,000	even in retirement	
401(k)				
Contributions (before-tax and Roth combined)	\$22,500	\$23,000 (▲\$500)	_	
Catch-up (age 50 and above)	\$7,500	\$7,500	_	
 Total of employer and employee contributions³ 				
– Age 49 and below	\$66,000	\$68,000 (\$2,000)	_	
– Age 50 and above	\$73,500	\$75,500 (\$ \$2,000)	-	
Includable income	\$330,000	\$345,000 (▲\$15,000)		
Commuter				
• Transit	\$300/month	\$315/month (▲\$15/month)	_	
Parking	\$300/month	\$315/month (\(\) \$15/month)	_	
Social Security Taxable Wage Base	\$160,200	\$168,600 (▲\$8,400)	_	

Unused Health Care and Limited Purpose FSA funds carry over to the next year only if you enroll in the same FSA in both years (unused Dependent Day Care FSA funds do not carry over).
Note: For all types of FSAs, you have until April 30 of the following year to submit claims for eligible expenses for reimbursement.

² If you do not participate in the Firm's medical plan, you may still elect to contribute to a Health Care Flexible Spending Account – as long as you do not participate in a high-deductible medical plan.

³ Employees may make after-tax, non-Roth 401(k) contributions beyond the IRS limits to benefit from the Morgan Stanley plan's low fees.

The Cost of Your Morgan Stanley Benefits

Morgan Stanley and employees share in the cost of quality health care. The Firm contributes to the cost of your health care premiums based on 10 pay bands — employees who make less receive higher Firm contributions. Your premiums are deducted from your pay (twice monthly). Medical, dental and vision premiums are deducted before-tax.

Benefits Eligible Earnings

Your Benefits Eligible Earnings (BEE) are used to determine your:

- Medical premiums
- Long-term disability premiums
- Eligibility for an individual disability policy
- Maximum coverage amount for the following insurances:
- Long-term disability
- Supplemental life
- Supplemental accidental death and dismemberment
- Business travel accident

How BEE Is Calculated

Generally, your BEE is the higher of:

- Current base pay (2024); or
- Prior year W-2 earnings (2023), if submitted

View your BEE on to the Benefit Center website:

- Type benefits/ in your Firm browser; or
- When offline, go to ms.com/benefits
- From the homepage, look under Quick Links

More

Pay Bands

≤ \$40,000.99

\$40,001 to \$60,000.99

\$60,001 to \$80,000.99

\$80,001 to \$100,000.99

\$100,001 to \$125,000.99

\$125,001 to \$150,000.99

\$150,001 to \$250,000.99

\$250,001 to \$300,000.99

\$300,001 to \$500,000.99

≥ \$500,001

THREE WAYS TO SEE THE COST OF YOUR BENEFITS



Enrollment Site

When electing your benefits on the Benefit Center, you'll see costs for 2024 (**Tip:** In future years, you'll see a comparison of your current and next-year's costs)



Contribution Wizard

Generate the per-paycheck cost of medical, dental and vision coverages – and see your state's preferred medical administrator

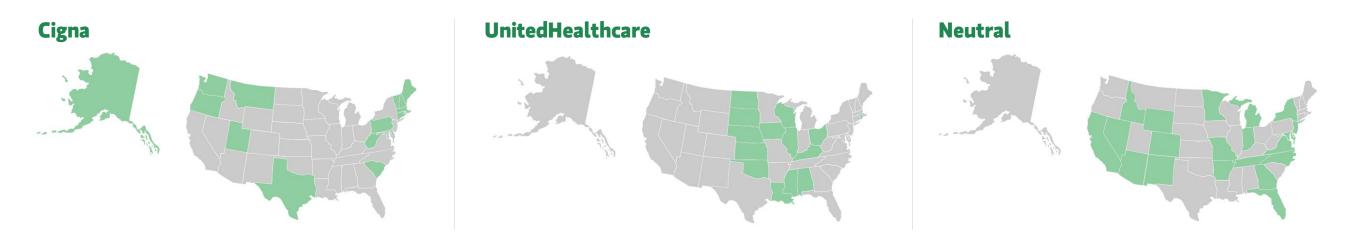


Contributions PDF

This <u>document</u> lists the 2024 cost of each benefit you may elect during annual enrollment

Your State's Preferred Medical Plan Administrator May Save You Money

Whether you elect medical coverage through Cigna and UnitedHealthcare, your paycheck contributions will be the same. However, depending on your state of residence, one medical plan administrator may have negotiated greater discounts – on average – with its providers (doctors, hospitals, labs, imaging centers, etc.). If the discount is greater than 3% in a state, that administrator is "preferred" in that state. Selecting your state's preferred administrator may reduce your out-of-pocket expenses when you seek in-network medical services. In "neutral" states, the Cigna and UnitedHealthcare discounts are on par and there is no preferred administrator.



View Your State's Preferred Medical Administrator

How do I know if my doctors are in-network?

Search for your provider on each administrator's website, indicating the network Morgan Stanley belongs to:

cigna.com: Open Access Plus (OAP) Network | myuhc.com: Choice Plus Network

Key Health Care Terms and Examples

In-Network, Preventive Care, Sick Visits

Health care providers or facilities that are part of a health plan's **network** – and with which the plan has negotiated a discount.

When you see an in-network provider, **preventive care** – such as annual exams and age-appropriate screenings and vaccinations – are free.

Non-preventive care – or **sick visits** – detect or treat a diagnosis and will require you to pay "out of pocket" a percentage of the bill while in the deductible (100%) or coinsurance (20%) phase. After reaching the out-of-pocket maximum, the plan pays 100% for the remainder of the year.

Deductible

Amount you pay out-of-pocket before the plan begins to cover cost of care.

ANNUAL IN-NETWORK MEDICAL DEDUCTIBLES

 Individual
 Family

 Option A - \$600
 Option A - \$1,250

 Option B - \$1,200
 Option B - \$2,500

 Option C - \$2,300
 Option C - \$4,600

Coinsurance

Amount you pay for a covered health care service, expressed as a percentage of total cost, once you've met your annual deductible.

For instance, you pay 20% of medical charges – and the Firm pays 80%.

Out-of-Pocket Maximum

Maximum amount you could pay for medical services in a plan year. Once this amount is met, the plan pays 100% of cost of your care.

ANNUAL IN-NETWORK MEDICAL OUT-OF-POCKET MAXIMUMS

Individual Family
Option A – \$2,000 Option

Deductible Phase	Coinsurance Phase	Out-of-Pocket Maximum Reached
You pay 100% for sick visits Plan pays 0%	You pay 20% for sick visits Plan pays 80%	You pay 0% for sick visits Plan pays 100%
In-network preventive care covered at 100%	In-network preventive care covered at 100%	In-network preventive care covered at 100%

Note: Deductibles and out-of-of pocket maximums are annual and reset on January 1 each year

Example 1: Individual Enrolled in Medical Plan Option C*

Alex is enrolled in Medical Plan Option C, covering just themself. That means their innetwork annual **deductible** is \$2,300 and **out-of-pocket maximum** is \$5,500 – combined across medical and prescription costs.

In January, Alex sees their in-network doctor for an annual checkup and flu shot. Since both are considered **preventive care** services, the cost of the care was covered at 100% and they paid nothing for the visit.

Unfortunately, Alex broke their arm in February, landing in the ER. The total cost was 1,000 for the medical care and an additional 200 for prescriptions. They had to pay the full 1,200 because they had not yet met the 2,300 deductible, leaving 1,100 of the deductible unmet.

Alex's arm break required surgery in March, performed by an in-network surgeon at an in-network hospital. The total charge was \$2,000. Of that, they paid \$1,100, the remaining deductible. Now that Alex had met the deductible, the plan begins sharing in the cost of care for the remaining \$900 – called **coinsurance**: The plan covers 80% (\$720) and Alex the remaining 20% (\$180).

Alex has paid a total of \$2,480 out-of-pocket to date. If they seek additional medical care in-network or fill prescriptions, they'll be responsible for 20% of the charges, while the plan covers 80%. If they incur \$5,500 total in charges for in-network care—hitting the out-of-pocket maximum—the plan will then cover the full cost of innetwork services for the remainder of the year.

Example 2: Family Enrolled in Medical Plan Option A*

Logan is enrolled in Medical Plan Option A, covering their partner and two children. The family's in-network *deductible* is \$1,250, and family *out-of-pocket maximum* \$5,000 (for medical costs only). Since Option A (and B because they are PPOs) have separate medical and prescription accumulators, Logan's family also has a separate \$150 family medication deductible and \$6,125 family medication out-of-pocket maximum.

In March, Logan got strep throat, requiring a **sick visit** to the doctor. The visit cost \$100 and an antibiotic prescription \$50. They were responsible for paying the full medical and prescription costs since they had not hit either deductible.

Unfortunately, Logan's two children also contracted strep. Each sick visit cost \$100 per child and each prescription \$50. Logan was responsible for paying the cost for the sick visits since the children hadn't met their medical deductible. However, they reached their \$150 family medication deductible, so Logan and the plan would share any additional prescription costs (known as coinsurance).

In August, all four family members have annual checkups with their in-network primary care physician. Since the visits are considered preventive care, the cost of the care was covered at 100% and Logan paid nothing.

In November, Logan has their third baby (congratulations). The total cost of OB-GYN visits and the hospitalization (both in-network providers) total \$8,500. What Logan and the plan pays breaks down as follows:

	Logan	Medical Plan
\$800 deductible remainder (\$1,250 minus \$450 Logan has paid this year for sick visits)	\$800	\$ 0
\$5,000 out-of-pocket maximum (coinsurance)	\$1,000 (20%)	\$4,000 (80%)
\$2,700 remainder of bill	\$0	\$2,700 (100%)

Note: For **Options A and B**: If an individual family member reaches their individual deductible amount, the plan will start to share in the cost of care for just that individual (coinsurance). The same applies for the out-of-pocket maximum: If an individual within a family reaches the individual out-of-pocket maximum amount, the plan will cover costs at 100% for just that family member. For **Option C**: The family must meet the entire combined medical and prescription drug deductible before the plan will pay coinsurance.

^{*} The cost of care amounts used in the two scenarios – excluding deductibles, out-of-pocket maximums, coinsurance percentages and preventive care – are illustrative and do not reflect actual costs for care under the Firm's medical plan.

Answers to Common Questions

I'm unable to log on to the Benefit Center to elect my benefits or set up 401(k) contributions. What should I do?

It can take up to 5 business days following your start/benefits eligibility date for your Benefits Center account to be created. Try to access the site in a few days. Thank you for your patience.

If I elect benefits within 31 days of my start/benefits eligibility date, when will my coverage be effective?

The benefits coverage you elect and premiums will be retroactive to your start/benefits eligibility date*. For example, if your first day with the Firm is August 1, you have until August 31 to enroll in benefits. Coverages you elect will be retro-actively effective to August 1 and premiums will be deducted from your pay back to August 1. **Note:** It can take up to two pay cycles for premiums to start.

*Supplemental life insurance for more than \$1 million (employees) or \$30,000 (spouses/partners), certain long-term disability elections, and long-term care insurance elections may require evidence of insurability. Coverage may not be effective under these plans until approved by the applicable plan insurer or administrator.

What if I need to see the doctor/dentist or fill a prescription during my first few weeks at the Firm?

Keep the receipts for amounts you pay and submit them once your benefits are in place. Claims for eligible expenses will retroactively count toward this year's annual deductibles for coverages you elect within your first 31 days.

Does the Firm limit coverage based on preexisting conditions?

No. Benefits eligibility for you and your eligible dependents is not limited by preexisting condition. And there are no waiting periods.

I do not want to elect any Morgan Stanley benefits. Do I need to take any action during the enrollment window?

Yes, you still must log on to the <u>Benefit Center</u> and decline all coverages within your first 31 days. **Important:** If you do nothing, you will be defaulted into the medical plan and long-term disability insurance.

Am I required to verify my dependents if I enroll them in health and insurance coverages?

Yes. The Firm requires you provide evidence of eligibility for each dependent you want to enroll in our plans. For spouses/partners, this would be a marriage license or domestic partnership agreement – for children under 26, a birth certificate. To enroll a dependent above the age of 26, they must be fully disabled as defined in the <u>Health Benefits and Insurance Summary Plan Description</u>.

When will I receive my health care ID cards? Also, does Morgan Stanley issue FSA/HSA debit cards?

Within 1-3 weeks of enrollment in the medical plan, you will be mailed a
combined medical and prescription drug card from Cigna or UnitedHealthcare.
Alternatively, access electronic cards online: mycigna.com | myuhc.com |
expressscripts.com.

Good to know: Also access your cards from the Cigna, UHC and Express Scripts mobile apps.

- The **dental and vision** plans do not issue physical cards providers typically ask for your Social Security number to verify plan participation. <u>Learn more</u>
- If you enroll in a Flexible Spending Account (FSA) or Health Savings
 Account (HSA), you'll be mailed a debit card by the FSA or HSA
 administrator to use to pay for qualifying health care expenses. Alternatively,
 manage reimbursements on the Benefit Center.

How do I determine if my current providers are in-network – or find new innetwork providers?

Contact your providers and ask if they are in-network or search in-network provider directories on each administrator's site. Also feel free to contact an <u>Accolade Health Assistant</u> for help and determining the right plan choices for you and your family.

Medical Plan Administrator | Network Name

<u>Cigna</u> | Open Access Plus Network <u>UnitedHealthcare</u> | Choice Plus Network <u>Maven</u> (fertility treatments only) | Performance Network

Dental Plan Administrator | Network Name

<u>Delta Dental</u> | PPO and Premier Network MetLife | PDP (Preferred Provider) Network

Vision Plan Administrator | Network Name

VSP | Signature Network

Good to know: One Medical is a convenient way to receive quality, in-work care for you and your dependents. They have 125+ offices nationwide and offer 24/7 virtual care. For employees in the New York metro area, One Medical also manages the Firm's three onsite health centers.

After enrolling in benefits days, when may I change my elections?

Elections you make within your first 31 days of benefits eligibility will be in place through December 31. Each November during annual enrollment, you'll elect benefits for next year, which will be start January 1. The only exception is if you have a qualifying life event (marriage or divorce, birth or adoption of a child, loss of coverage through your spouse or parent). You'll have 31 days following to event to change your Firm benefits. Learn more

Have more benefits questions or need help selecting the right benefits coverage for you and your family?

Don't hesitate calling an Accolade Health Assistant for individual support at **866-386-0076**

8 am to 8 pm ET, M-F



Medical

The Firm offers a choice of three medical plan options administered by Cigna and UnitedHealthcare for you and your dependents:

- Options A and B PPOs
- Option C High-Deductible Health Plan

Your paycheck contributions will be the same regardless of electing Cigna or UnitedHealthcare; however, some states have a <u>preferred administrator</u>. That means Cigna or UnitedHealthcare has negotiated greater discounts on average with its providers in your area, which may reduce your out-of-pocket expenses for innetwork medical services.

For employees in California or Hawaii

- California employees may also have medical coverage options through Kaiser: Northern CA | Southern CA (in addition to Cigna and UnitedHealthcare).
- Hawaii employees may elect medical coverage through Kaiser or HMSA only (Cigna and UnitedHealthcare are not available in Hawaii).

Cigna and UHC Medical Plan Options...

- Generally cover the same medical services, prescription drugs and health programs – although the provider network will vary by administrator
- Include free in-network preventive care, such as annual exams and age-appropriate screenings
- Offer 20% coinsurance (the amount you pay for in-network services after you meet your annual deductible; the plan pays the remaining 80%)
- Provide protection from high medical costs above the out-of-pocket maximum
- Cover in- and out-of-network services though your costs will be lower if you use in-network providers (out-of-network providers can balance bill you for their full charges, which could result in higher out-of-pocket costs in some cases)

Whether you choose Option A, B or C, the same provider networks apply:

- Cigna Cigna Open Access Plus Plan Network
- UnitedHealthcare UHC Choice Plus Network

To view plan features and determine which option may be right for you, refer to the medical plan comparison charts on pages 13 and 14.

A Note to Employees Not Enrolling in the Firm's Medical Plan

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Most Firm resources are available to all employees – except those below, which **require you enroll** in the Morgan Stanley medical plan through Cigna or United-Healthcare. For questions, call a Health Assistant at 866-386-0076.

One Medical

In-person and virtual primary care by **One Medical** is available only to employees and their dependents in the Medical Plan through Cigna or UHC.

Note: All employees – regardless of medical coverage – may use the Firm's three **onsite health centers** in the New York metro area, which One Medical manages.

Travel and Lodging Benefit

This \$10,000 lifetime benefit covers in-network care only for members of the Firm's medical plan through Cigna or UHC. More

Special Care Programs

The programs on **page 15** are part of the Firm's medical plan through Cigna and UHC.

Certain Portions of These Benefits:

- Mental Health The option to continue with your Lyra provider beyond the initial 16 free sessions (available to all employees and their dependents) and to consult with Lyra doctors about mental health medications are part of the Firm's medical plan through Cigna and UHC More
- Family Building Employees and dependents not enrolled in the Firm's medical plan through Cigna or UHC may not use this \$75,000 lifetime benefit for fertility treatments – only for adoption and surrogacy More
- Gender Affirmation While medical procedures are covered by the Firm's medical plans, all employees and dependents may use other resources such as the legal plan and hospital insurance (enrollment required), the mental health benefit and second opinion service More



COMPARE MEDICAL PLAN OPTIONS A, B AND C: CIGNA AND UNITEDHEALTHCARE

Note: The amounts shown in the table below are for **in-network care**. For *out-of-network* amounts, see the <u>Health Benefits and Insurance</u> Summary Plan Description.

	Option A	Option B	Option C	
Paycheck contributions	Highest	Moderate	Lowest	
Medical deductibles	Lowest Individual: \$600 Family: \$1,250	Moderate Individual: \$1,200 Family: \$2,500	Highest (combined medical + Rx deductible*) Individual: \$2,300 Family: \$4,600	
Prescription drug deductible	Lowest Individual: \$50 Family: \$150	Lowest Same as Option A		
Medical coinsurance	After deductible, you pay 20% and the plan pays 80%	After deductible, you pay 20% and the plan pays 80%	After deductible, you pay 20% and the plan pays 80%	
Medical out-of-pocket maximum	Lowest Individual: \$2,000 Family: \$5,000	Moderate Individual: \$3,000 Family: \$7,500	Highest (combined medical + Rx deductible*)	
Prescription drug out-of- pocket maximum	Lowest Individual: \$2,450 Family: \$6,125	Lowest Same as Option A	Individual: \$5,500 Family: \$11,000	
Tax-advantage accounts	Choose to contribute to a Health Care FSA to pay for eligible medical, prescription drug, dental, or vision costs Carry over up to \$640 of unused 2024 Health Care FSA funds to 2025 (Note: Dependent Day Care FSA is use-it-or-lose-it and does not allow you to carry over unused funds.)		Choose to contribute an HSA, a triple tax-advantaged account, to pay for eligible medical, prescription drug, dental or vision costs (no use-it-or-lose-it) and/or Limited Purpose FSA to pay for eligible dental or vision costs only	

^{*} Important information about Option C's deductibles and out-of-pocket maximums: Unlike Options A and B, which have separate annual medical and prescription drug deductibles, Option C combines the two deductibles. The same is true for the annual out-of-pocket maximums. Additionally, if you cover your dependents (spouse/partner and/or children), there is a single aggregate family deductible. Out-of-pocket medical and prescription drug costs for all covered individuals apply toward the combined medical-prescription drug deductible. Only when the family deductible is met, does coinsurance begin.

THE IMPORTANCE OF PREVENTIVE CARE: MEDICAL, DENTAL AND VISION

When you stay in-network, the medical plan pays 100% for annual exams and certain screenings.

Preventive care isn't limited to medical care – it also includes dental cleanings and vision exams.* Schedule your exams and cleanings.

Not sure what preventive care services or cancer screenings you need? Speak with your primary care provider – including One Medical providers – to determine what's best for you and your family.

You may be able to use sick days for preventive care visits. Speak with your manager about your business' policy and any concerns balancing work and time-off for care.

Flu shots. Everyone 6 months and older should get a flu shot. Do your part to help keep your family and community safe. You're also encouraged to get your Covid booster or vaccination.

* The **dental plan** covers two check-ups a year at 100% when you see an in-network provider – and the **vision plan** has a \$20 copay for an annual eye exam by an in-network provider.



WHICH MEDICAL PLAN OPTION IS RIGHT FOR YOU? CIGNA AND UNITEDHEALTHCARE

Consider the following when selecting the best coverage option for your health care needs next year.

	OPTION A	OPTION B	OPTION C
Heath Care Needs	You're a high user of health care services, have a chronic condition or special needs, or take high-cost prescription drugs. Or, you anticipate major medical needs , such as surgery or frequent doctor visits.	You use a moderate amount of health care services throughout the year, such as a few doctor visits and a few prescriptions.	You're a low user of health care and don't anticipate needing care beyond preventive services.
Cost	You prefer to pay more in paycheck contributions and less when you need care. You also prefer having separate medical and prescription drug deductibles and individual and family deductibles.	You prefer to pay less in paycheck contributions, but also worry about Option C's potentially high out-of-pocket costs. You also prefer having separate medical and prescription drug deductibles and individual and family deductibles.	You prefer to pay less in paycheck contributions and more when you need care. You're comfortable with combined medical and prescription drug deductibles and the true family deductible.
Preferences	You're comfortable paying more for coverage you may not use. Or, you plan to use one or more out-of-network providers .	You anticipate some minor services next year, but do not expect any significant health care needs.	You are comfortable taking a more active role in your care, such as researching costs before receiving care.
Tax Savings and Investment Options	You're comfortable with the <u>Health Care FSA</u> and are not looking for additional tax savings or investment options.	You're comfortable with the Health Care FSA and are not looking for additional tax savings or investment options. You have enough cash-on-hand to cover a higher annual deductible and out-of-pocket maximum (compared to Option A), in case of a high-cost injury or illness.	You're looking for additional ways to save money for the short- or long-term (including retirement) or to invest and want to take advantage of the tax benefits of the HSA. You have enough cash-on-hand to cover the full out-of-pocket maximum, in case of a high-cost injury or illness. Or, you plan to contribute to your HSA to cover such costs.



SPECIALIZED MEDICAL PROGRAMS, SUPPORT AND RESOURCES

The Firm's medical plan through Cigna and UHC includes programs and resources to help you manage medical conditions.

- The cancer program provides the best medical care and personal and financial support. Enroll within 60 days of diagnosis and the Firm will cover the cost of all eligible cancer-related medical services and procedures provided by in-network doctors and facilities, once you've hit your deductible. Also see: Memorial Sloan Kettering Cancer Center
- Diabetes management and support through Livongo helps you better manage your type 1 and type 2 diabetes and make living with diabetes easier and healthier.
 More
- The orthopedic health solutions program (previously "spine and joint") connects you with the best practitioners and top-ranked facilities. Also see: <u>Hospital for Special</u> <u>Surgery</u> and <u>onsite physical therapy</u> by ColumbiaDoctors (New York metro)
- Fertility services and healthy pregnancy programs are managed by Maven, giving employees/dependents in the Firm's medical plan access to expert fertility providers for in-person care and medications. Also see: \$75,000 family building benefit.

- **Bariatric surgery** centers of excellence offer personalized guidance throughout your health journey. More
- Substance and alcohol abuse support program covers the cost of eligible recovery-related expenses at 100% when you receive care at centers of excellence, also known as preferred facilities, which ensure you receive the highest quality care and can reach a successful outcome.
- Applied behavior analysis (ABA) therapy for autistic children and other special needs helps locate providers, identify therapy/support options and coordinate care. Also see: Resources for children with special needs and Maven classes
- Chronic condition management for asthma, heart disease, high cholesterol or blood pressure, and other conditions helps you effectively manage your health. Contact your medical plan administrator (Cigna or UnitedHealthcare)

Additionally, all employees (even those not enrolled in the Firm's medical plan) may use these programs.

Medical Second Opinions

866-841-2575

2nd.MD/MorganStanley | careteam@2nd.md

This life-saving program through 2nd.MD (also known as Expert MD) can help if...

- You have questions about a new diagnosis, surgery or medication, or about your current treatment plan
- You are seeking a referral to a specialist

Who may use: This program – which does not require that you enroll in the Firm's medical plan – is free of charge and available to you and your extended family:

- Spouse/partner
- Children and grandchildren of all ages
- Parents and parents-in-law
- Grandparents and grandparents-in-law

Hospital Partnerships

New York Metro

The Firm partners with three leading institutions in the tristate area (NY, NJ, CT) to ensure employees and their extended families receive the best experience when seeking care.

- Hospital for Special Surgery Priority access to expert orthopedic and rheumatologic care (back, muscle, bone and joint issues, sports injuries, autoimmune disorders, etc.). More
- Memorial Sloan Kettering Direct Priority status when scheduling appointments with MSK cancer specialists and personal guidance throughout your care. More
- New York-Presbyterian Hospital Priority access to hospital services, including a physician referral program, onsite physical therapy at Morgan Stanley offices in Manhattan and Purchase, NY, and an emergency response program in Manhattan. More

Nationwide

Across the US, <u>One Medical</u> partners with leading hospitals in cities where it operates.*

 $\hbox{* Benefit available only to employees and dependents in the Firm's medical plan through Cigna or UHC}\\$



ONE MEDICAL: EXCEPTIONAL PRIMARY CARE FOR ADULTS AND KIDS

The doctor's office you've always wanted – and deserved.

Nice to treat you. With same- and next-day appointments, comprehensive primary care for adults and children, onsite labs and free 24/7 virtual care,* One Medical is the doctor's office you've always wanted.

One Medical is there whether you need a primary care provider or your regular doctor can't see you.

- Annual Live Well checkups
- Sick visits for adults and kids of all ages
- Onsite labs and blood work
- Prescription renewals
- Colds, flu and Covid

- Sexual and reproductive health
- Anxiety and stress management
- Immunizations and travel health
- Specialist referrals
- Partnerships with leading hospitals

Family Offices

Make One Medical your family's one stop for medical care – These locations provide a full slate of care for adults and children of all ages

27/7* access care using the One Medical app

- Connect with a provider any time through the "Treat Me Now" service, to avoid unnecessary trips to the ER or urgent care
- Easy appointment booking and prescription drug renewals
- Experts to help navigate the health care maze
- Reminders about lab work, immunizations, cancer screenings and more
- * Cost: The Firm covers the cost of a membership for you and your dependents. For medical services other than preventive care, deductibles and coinsurance apply when you see a One Medical provider in-person or for a remote visit. Treat Me Now virtual care from the One Medical app is free.

Who may use: Employees and dependents in the Firm's medical plan through Cigna or UnitedHealthcare

Based in New York City or Purchase, NY? One Medical manages the Firm's three onsite health centers in the NY Metro area: 1585 Broadway, New York Plaza and Purchase. All employees may use the health centers – even those who are not enrolled in the Firm's medical plan.

125+ offices across the US

Atlanta Houston Austin Los Angeles Area Boston & Cape Cod Miami Seattle-Tacoma Charlotte Milwaukee (coming)

Chicago New York Columbus Orange County

Dallas-Ft. Worth Portland

Denver Raleigh-Durham

San Diego

San Francisco Bay

Triad (Greensboro, Winston-Salem & High Point, NC)

Tucson

Washington, DC Metro Area (DMV)

Full-service pediatric care

Well-child visits and vaccinations Rashes and skin issues

Phoenix

Sleep and potty-training guidance Minor injuries Lactation and bottle-feeding support Behavioral issues Growth and nutrition Chronic conditions

Colds, flus, fevers and illnesses Earaches, allergies and asthma

Connecticut

School, camp and sports forms

SEE A FULL LIST OF SERIVICES FOR CHILDREN

Activate your free, Firm-provided account and download the One Medical app from the Apple or Google store

onemedical.com/morganstanley

For questions, contact One Medical

212-441-4390

morganstanley@onemedical.com



Prescription Drug

Express Scripts

If you elect Cigna or UnitedHealthcare for your medical coverage, Express Scripts is your prescription drug provider. They also have a cost management program that allows you to split the cost of homedelivery medications over three months. More

Good to know: Express Scripts offers a <u>discount for your extended</u> <u>family and friends</u> who don't have prescription drug insurance, as well as a discount on human medications used to treat pets.

Capsule

Get free same-day delivery using Capsule Pharmacy. You can order prescription drugs — including 90-day maintenance medications. Capsule currently services select major cities and their suburbs, with plans to grow nationally. More

Tips to Save Time and Money



Set up auto refills on the Express Scripts website or with Capsule Pharmacy to ensure you always have your medication on hand.



Take advantage of no-cost medications to support your health and wellbeing, including HIV preventive medications, generic statins, certain tobacco cessation drugs, insulin and injectable diabetic drugs.



Share Express Scripts' discount with family and friends without prescription drug coverage. Also, save on human medications your pets may take.

Maintenance Medications

Under the Firm's prescription drug plan, long-term maintenance medications are required to be filled in a three-month supply. Maintenance medications are those that you take regularly — so filling them in a higher quantity will lower your out-of-pocket costs. You can save an average of 28% off a three-month supply compared to a one-month supply received at your local pharmacy.

If you are prescribed a maintenance medication (such as those for high blood pressure, high cholesterol or birth control), you must get a 90-day supply:

- From one of the pharmacies in the Express Scripts maintenance medication network, including home delivery
- CVS pick up your medications in person; or
- Capsule (select cities) see details in the left column

If after three fills at a retail pharmacy you do not enroll in Express Scripts Smart90, you will have to pay 100% of the cost of the medication starting with the fourth refill. If you are prescribed a maintenance medication, Express Scripts will notify you.



Lyra: Mental Health Medication Management

The Firm partners with **Lyra** to provide employees and their family with comprehensive mental health care. In addition to 16 free sessions with therapists and coaches per year, meet with mental health physicians who can prescribe evidence-based medications, track symptoms and side effects.

If you're facing issues such as depression and anxiety, Lyra offers high-quality treatment from providers in 50+ specialty areas to help you get the care you need.

Discover Lyra's clinically proven approach using a combination of video therapy sessions with personalized, between-session provider support and digital activities to help people make faster progress in improving their mental health.

Additionally, continue care with your Lyra provider after your 16 free sessions.

Eligibility and Cost: Only employees and dependents enrolled in the Firm's medical plan (Cigna or UHC) may use the medication management program and continue care with their Lyra provider beyond the initial 16 free sessions. You will be billed for medication management sessions and sessions 17+ based on standard medical plan deductibles and coinsurance (i.e., these services are not covered part of the 16 free annual sessions).



For more ways to save on quality health care, see page 35.



HOW YOUR PRESCRIPTION DRUG COVERAGE WORKS

All options generally cover the same prescription drugs, and coinsurance amounts are the same. The major difference is the deductible amount you must pay before coinsurance begins. The tables below show how your prescription drug coverage works.

FIRST, YOU PAY YOUR ANNUAL PRESCRIPTION DRUG DEDUCTIBLE

	IN-STORE up to 30-day supply	HOME DELIVERY up to 90-day supply
Medical Plan Option A or B Prescription drug only annual deductible	Individual: \$50 Family: \$150	None, skip to coinsurance
Medical Plan Option C Combined medical and prescription drug annual deductible	Individual: \$2,300 Family: \$4,600 (Deductible does not apply to preventive medications)	

THEN, YOU PAY COINSURANCE

Medical Plan Option A, B or C	IN-STORE up to 30-day supply	HOME DELIVERY up to 90-day supply
Generic drugs	You pay \$10 copay	You pay \$20 copay
Preferred brand-name drugs	You pay 30% coinsurance \$25 minimum; \$75 maximum	You pay 30% coinsurance \$65 minimum; \$150 maximum
Non-preferred brand-name drugs	You pay 40% coinsurance • Non-specialty drugs – \$50 minimum; \$150 maximum	You pay 40% coinsurance • Non-specialty drugs – \$125 minimum; \$300 maximum
	• Specialty drugs – \$200 maximum	 Specialty drugs – \$400 maximum



Dental

The Firm offers a choice of two dental plan options, each administered by two vendors:

Delta Dental or MetLifeOptions A and B

Note: Delta Dental and MetLife offer similar services, with different providers in each administrator's network, so you should check with your dentist to find out which network/s they are in.

Additionally, Delta Dental offers the Premier Network, which has greater discounts through select out-of-network providers.

All Options...

- Provide diagnostic and preventive care at no cost to you when you use in-network providers.
- Cover preventive, diagnostic, basic and restorative services.
- Include varying levels of in-network orthodontia coverage.
 (Note: MetLife and Delta Dental Option B does not cover out-of-network orthodontia services.)

Dental Networks

- Under MetLife, in-network providers include any providers in the Preferred Dental Providers (PDP) network. Out-of-network reimbursements and maximums are based on reasonable and customary charges as determined by each dental plan administrator.
- With Delta Dental, you have the option of using in-network providers, Premier Network providers and out-of-network providers:
- PPO In-Network Providers The cost of services has been negotiated and is generally the lowest.
- Premier Network provider service fees may be lower than out-of-network providers. If you use a Premier Network provider, your dental plan benefits will generally mirror the out-of-network plan design.
- Out-of-Network includes non-PPO providers.

Optimize Your Benefits

Receive in-network preventive care at no cost, which generally includes routine oral exams, X-rays, cleanings, sealants and fluoride treatments.



Per Person

COMPARE DENTAL OPTIONS: DELTA DENTAL AND METLIFE

	OPTION A		OPTION B	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual Deductible	No annual deductible	\$50	No annual deductible	\$100
Family Deductible	No annual deductible	\$150	No annual deductible	\$300
Diagnostic and Preventive Care Deductible Waived for Out-of-Network Services	100%	80% of reasonable & customary charges	100%	50% of reasonable & customary charges
Restorative Services	80% of discounted fee	75% of reasonable & customary charges, after annual deductible	80% of discounted fee	40% of reasonable & customary charges, after annual deductible
Orthodontics	50% of discounted fee, \$3,000 lifetime benefit maximum per person (children to age 26 and adults)	50% of reasonable & customary charges or allowed amount (Delta Premier), \$3,000 lifetime benefit maximum per person (children to age 26 and adults)	50% of discounted fee, \$2,000 lifetime benefit maximum per child (children only to age 19)	Not covered
Prosthodontics	50% of discounted fee	50% of reasonable & customary charges, after annual deductible	50% of discounted fee	25% of reasonable & customary charges, after annual deductible
Annual Benefit Maximum	\$3,000	\$2,000	\$2,000	\$1,000

FAQs to help you optimize your benefits



I plan to have a lot of dental work?

Option A has a higher annual maximum than Option B

Options A	Options B
\$3,000 in-network	\$2,000 in-network
\$2,000 out-of-network	\$1,000 out-of-network

I have cleanings and check-ups only?

All options cover diagnostic and preventive care at 100% when using in-network providers – but Options B will cost less out of your paycheck than Options A

I or a family member needs braces?

All options cover braces so it depends on the age of the covered dependent and total cost of the orthodontic work:

- Options A cover braces for adults and children up to age 26
- Options B cover braces for children up to age 19





Vision

The Firm offers a choice of two vision plan options through VSP: A and B. Both options offer a range of services and supplies from your provider of choice, including eye exams, eyeglass lenses, frames, contact lenses and laser surgery. Many services are 100% covered after a copay when you use an in-network provider. Plus, take advantage of discounts at Costco, Cohen's Fashion Optical and other retailers.

Option B offers standard coverage, while Option A is a buy-up option with increased frequency and allowances for frames and contact lenses, as well as increased out-of-network coverage.

COMPARE THE VISION OPTIONS

	OPTION A		OPTION B	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam	100%, after \$20 copay	Up to \$50 reimbursement, after \$20 copay	100%, after \$20 copay	Up to \$40 reimbursement, after \$20 copay
Single-Vision Eyeglass Lenses Once every calendar year	100%, after \$20 copay	Up to \$50 reimbursement, after \$20 copay	100%, after \$20 copay	Up to \$40 reimbursement, after \$20 copay
Frames	Up to \$250 every calendar year, after \$20 copay (total for both lenses and frames); 20% discount on cost exceeding \$250	Up to \$70 reimbursement, every calendar year after \$20 copay	Up to \$150 every other calendar year, after \$20 copay (total for both lenses and frames); 20% discount on cost exceeding \$150	Up to \$60 reimbursement every other calendar year, after \$20 copay
Contact Lenses	Once every calendar year instead of eyeglass lenses and frames			
Laser Vision Correction Surgery	10% to 25% discount off the cost of the surgery when you use an in-network a provider The maximum you'll pay – per eye – is: PRK: \$1,500 LASIK: \$1,800 Custom LASIK: \$2,300			

Optimize Your Benefits

How often you prefer to change your eyeglass frames or contacts can determine which vision plan option is right for you

Prescription glasses frequency

Option A – Every year Option B – Every 2 years

Contact lenses allowance

Option A – \$250 Option B – \$150

If you put off getting an annual vision exam during the pandemic, schedule one now. A comprehensive eye exam reveals a lot about your overall health, including whether you may have diabetes, heart disease, certain tumors and cancers and more.

Good-to-know: Employees who do not elect vision coverage, may receive an annual vision exam if you participate in the Firm's medical plan through Cigna and UnitedHealthcare. (Deductibles and copays apply.)

Use VSP network providers and stretch your vision care dollars.



Flexible Spending Accounts

Flexible Spending Accounts (FSAs) reduce your taxable income and save you money by letting you set aside before-tax dollars to pay for eligible health care and dependent day care expenses, which insurance doesn't cover. Depending on your tax bracket, you can save 25% to 40%. The Firm offers three types of FSAs.

Health Care FSA

Medical Plan Option A or B or No Firm Medical Coverage*

Pay for deductibles, copays and coinsurance for eligible medical, dental, vision and prescription drug expenses and more. You can participate in a Health Care FSA if you are enrolled in the Firm's Medical Plan Options A or B (or Kaiser, HMSA or Cigna Global) or waive coverage (and are not enrolled in a high-deductible plan). You may contribute between \$100 and \$3,200, the current 2024 IRS maximum. More

Limited Purpose FSA

Medical Plan Options C

Pay for deductibles, copays and coinsurance for eligible dental and vision expenses only (not medical). If you are enrolled in the Firm's Medical Plan Option C, you can contribute between \$100 and \$3,200, the current annual IRS maximum, to this type of FSA. More

Dependent Day Care FSA

All Benefits-Eligible Employees May Contribute – Regardless of Participation in the Firm's Medical Plan

Pay for eligible dependent care and elder care expenses that allow you and your spouse to work or attend school full-time. Expenses will also qualify if you work and your spouse is mentally or physically incapable of self-care. Eligible expenses include payments to a babysitter or companion in or outside your home for children until they reach age 13 – or qualifying dependents who are disabled or elderly and incapable of self-care.

You may contribute between \$100 and \$5,000 annually to the Dependent Day Care FSA if you are single or married and file a joint tax return, if applicable. (Lower limits may apply in certain circumstances.) If you are married and file separate tax returns, you may contribute between \$100 and \$2,500 annually.

Note: Any unused balance at the end of the year will be forfeited. **More**

FSA REIMBURSEMENT OPTIONS: DEBIT CARD, ONLINE OR AUTO-PAY

You'll receive an FSA debit card to pay for qualifying expenses with your FSA dollars. Alternatively, you may submit for reimbursement online or enroll in auto-pay to have funds deposited to your checking account. **IMPORTANT:** You should use either your debit card or auto-pay (not both) to avoid double deductions. **Note:** Health Care and Limited Purpose FSA funds are available as of your start/benefits eligibility date, while Dependent Day Care FSA funds are available as you contribute them throughout the year.

Eligible Expenses

- Health Care Medical, dental and vision care and products (prescription glasses, contact lenses, etc.), as well as prescription drugs.
- Dependent Day Care Child care, including daycare centers, preschool, nursery school (but excluding kindergarten), babysitters, nannies, au pairs, before- and after-school programs, day and summer day camps; adult day care center; and payroll taxes related to eligible care.
- Limited Purpose Dental and vision care and products (but not medical or prescription drugs).

For further details, see IRS Publication 502.

Unused Funds and Deadlines

Health Care and Limited Purpose

Unused funds up to \$640 will automatically carry over into the following year if you elect the same FSA type during the benefits enrollment. Unused amounts above \$640 will be forfeited. You must incur expenses for this year by December 31 and submit them for reimbursement by April 30 of next year. **Important:** Rollover funds are used last and cannot be rolled over again into the next year.

Dependent Day Care

Unused Dependent Day Care FSA funds at the end of each year will **not** carry over and will be forfeited. You must submit claims for reimbursement of eligible expenses incurred this year by April 30 of next year.

For whom may I use my Dependent Day Care FSA funds? Your children until they reach age 13 — or an adult dependent who is unable to care for themselves and you claim as a dependent on your taxes.

^{*} And are not enrolled in a high-deductible health plan elsewhere.



Health Savings Account

If you enroll in Medical Plan Option C, you may contribute to a Health Savings Account (HSA) to pay for eligible health care expenses incurred now or in the future, even in retirement.

HSAs have triple-tax advantages:

- Contribute before-tax dollars.
- Earn tax-free interest and earnings by investing unused funds. **Note:** HSA funds above \$500 may be invested in a menu of funds.
- Pay no taxes on earnings when you withdraw funds for eligible health care expenses.

Unused HSA funds carry over from year to year and are yours to keep if you leave the Firm. HSAs are administered by Smart-Choice with UMB Bank.

For 2024, the maximum amount you may contribute to an HSA is \$4,150 for single coverage or \$8,300 for family coverage. If you are age 55 or older, you are eligible to make an additional catch-up contribution of \$1,000 each year until you become eligible for Medicare.

Morgan Stanley does not contribute to employees' HSAs.

More

HSA DEBIT CARD AND ONLINE REIMBURSEMENTS

You'll receive an HSA debit card to pay for qualifying expenses with your HSA dollars. Alternatively, you may submit for reimbursement online. **Note:** HSA funds are available as you contribute them throughout the year.

Tip: Use the shoebox feature to save receipts for eligible expenses and reimburse yourself at any time.

Optimize Your Benefits

Save for medical expenses that occur today or tomorrow. Contribute to an HSA and use your savings for eligible medical expenses in 2024 and beyond, including when you retire.

Change your HSA contributions at any time. You can make before-tax contributions through your paycheck or contribute on an after-tax basis by check or online personal bank account.



Comparing FSAs and HSAs

The medical plan option you elect determines whether you may contribute to an FSA or HSA to save money on health expenses. All employees may contribute to a Dependent Day Care FSA, regardless of the medical plan option you elect or if you waive medical coverage.

As the name suggests, the goal with a Health Care Flexible Spending Account is to spend the funds in your account each year because you may carry over only some unused funds (up to \$640 from 2024 to 2025; unused funds above that amount are forfeited). So, estimating your expected health care costs this year and how much to contribute to a Health Care FSA is key.

Many people use their Health Savings Account – emphasis on savings – to build a health care nest egg for retirement. The paycheck contributions for Medical Plan Option C are lower than Options A and B. You may contribute more to an HSA than a Health Care FSA. HSA funds carry over from year to year and are yours to keep even if you leave the Firm; however, you must be comfortable with Medical Plan Option C's higher annual deductible.

	Health Care FSA	HSA	Limited Purpose FSA	Dependent Care FSA
Eligibility	Options A and B or no Firm medical coverage (and are not enrolled in a high-deductible health plan elsewhere)	Option C only	Option C only	All benefits-eligible employees may contribute regardless of medical plan enrollment
Use It or Lose It	Carry over up to \$640 from 2024 to 2025 (forfeit unused funds above \$640)	No – Unused funds carry over year to year	Carry over up to \$640 from 2024 to 2025 (forfeit unused funds above \$640)	Yes – you forfeit all unused funds at the end of the year
2024 IRS Limits	\$3,200	Individual: \$4,150 Family: \$8,300 Note: If age 55+, can contribute an extra \$1,000	\$3,200	Married, filing jointly: \$5,000 Married, filing separately – or single: \$2,500
Eligible Expenses	Medical, dental, vision, prescription drugs	Medical, dental, vision, prescription drugs	Dental and vision	Qualifying children under age 13 Qualifying dependents incapable of self-care
Availability of Funds	Account fully funded as of your start/benefits eligibility date	As you contribute funds	Account fully funded as of January 1	As you contribute funds
Investment Option	No	Invest funds above \$500	No	No

How Do FSAs and HSAs Differ?

Flexible Spending Accounts

- Available only though Medical Plan Option A or B or no Firm medical pan coverage (and not enrolled in a high-deductible health plan elsewhere)
- Save 25% to 40% on health care based on your tax bracket
- Contribute up to \$3,200 in 2024 and carry over up to \$640 of 2024 unused Health Care and Limited Purpose FSA funds to 2025

Good to know: Dependent Day Care FSAs save you money on child care, daycare centers, before- and after-school programs, day camps, etc.. They are available to all employees, regardless of medical plan enrollment. **Note:** All unused Dependent Day Care FSA funds are forfeited to the plan and do not roll over to the next year.

Health Savings Accounts

- Available only through Medical Plan Option C
- Save 25% to 40% **only** on health care expenses
- Contribute up to \$4,150 (single) or \$8,300 (family) and an additional \$1,000 (if age 55+) in 2024
- Triple-tax-advantaged savings
- Save for future health care costs, including in retirement
- Change contributions at any time and make lump-sum contributions
- Funds carry over year to year and are yours to keep when you leave the Firm

Note: To maximize your tax-saving options, Medical Plan Option C allows you to contribute to an HSA and/or Limited Purpose FSA. Limited Purpose FSA funds may be used to pay only for eligible dental and vision (and not medical or Rx) expenses – and allow you to carry over up to \$640 of 2024 unused funds to 2025.





Life

Life insurance helps safeguard you and your family against the unexpected. The Firm's two life insurance plans – basic and supplemental – are administered by MetLife.

Basic Life Insurance for Employees: The Firm provides employees with \$50,000 of Basic Life Insurance – at no cost to you.

Supplemental Life Insurance for You and Your Family: You may elect additional life insurance above the Firm-provided coverage, paying the full cost on an after-tax basis. Supplemental Life Insurance coverage is available in these varying amounts:

Yourself

Up to 10 times your Benefits Eligible Earnings subject to a maximum of \$5 million.

Your spouse/partner

Up to the lesser of the Employee Supplemental Life you elect for yourself or \$250,000.

Life coverage for yourself to elect life insurance for your spouse/partner

Your children

Up to \$20,000 per child, in increments of \$5,000. Note: You are not required to elect Supplemental Life coverage **Note:** You *are* required to elect Supplemental for yourself to elect life insurance for vour children.

Evidence of insurability

If evidence of insurability (EOI), that is, proof of good health, is required when electing (or changing) life insurance coverage, you will be directed to complete an online form. For details, see the Health Benefits and Insurance Summary Plan Description.

When EOI is required	Employee	Spouse/partner	Child
New Hire or Newly Benefits Eligible	If electing over \$1 million (if available)	If electing over \$30,000	No EOI required
Annual Enrollment or Qualified Life Event (any amount)	If previously eligible, but enrolling for the first time If increasing more than one level of coverage	If previously eligible but enrolling for the first time If increasing more than one level of coverage or over \$30,000	No EOI required

Good to Know

Supplemental Life Insurance through the Firm includes free will preparation. More

Save on Supplemental Life Insurance

Receive a discounted rate when you become certified as a nontobacco user or enroll in a tobacco cessation program to quit smoking.

Long-Term Care Insurance

Employees and their spouses/partners may purchase hybrid long-term care-life insurance. If you need long-term care, your policy will pay 6% of your selected life insurance amount each month you receive long-term care. The maximum allowed for long-term care is 2xyour elected benefit amount.

More





Accidental Death and Dismemberment

The Firm's Accidental Death and Dismemberment Insurance offers financial protection if you or a covered family member dies or loses a limb. The plans are administered by MetLife.

Basic Accident Insurances for Employees

At no cost to you, the Firm provides:

- Basic AD&D Insurance \$50,000
- Business Travel Accident Insurance Generally,
 5 times your benefits Eligible Earnings, with a
 \$100,000 minimum and a \$3 million maximum

Supplemental AD&D Coverage for You and Your Family

You may elect additional accidental death and dismemberment coverage for yourself, as well as for your dependents, paying the full cost on an after-tax basis:

- **Yourself:** In set increments, up to 10 times your Benefits Eligible Earnings, subject to a maximum of \$5 million. The amount you elect for yourself in addition to your basic coverage is your **Principal Sum**.
- Your eligible dependents: The coverage amount will be a percentage of your Principal Sum:
- Your spouse/partner: 100% of your elected Principal Sum, up to \$1 million
- Your children: 25% of your elected Principal Sum for each dependent child, up to \$250,000
- Your family: 75% of your elected Principal Sum for your spouse/partner, up to \$750,000 and 25% of your elected Principal Sum for each dependent child, up to \$250,000



Disability

Disability coverage protects your income if you are unable to work due to an illness or injury.

Short-Term Disability

The Firm provides Short-Term Disability (STD) coverage at no cost to you. STD pays salary continuation benefits for up to 180 days after you are disabled (as determined by MetLife) for eight or more consecutive calendar days.

Long-Term Disability

After you have been disabled (as determined by MetLife) for 180 days or more, Long-Term Disability (LTD) coverage provides a monthly income of up to 60% of your Benefits Eligible Earnings (in effect at the time you first go on disability), up to a maximum of \$25,000 per month. You pay the full cost of LTD and your contributions are deducted from your pay after taxes.

Additional Disability Coverages

Corporate Excess Disability Insurance

This individual policy, insured by Lloyd's of London, pays the elected benefit amount in the event you become permanently and totally disabled. The amount of coverage you may buy and your payout options are based on your Benefits Eligible Earnings and offset by any other disability policies you may have.

Individual Disability Insurance

Based on your Eligible Pay, you may have the option to buy individual disability coverage at discounted rates through Unum. You will be contacted in the spring if you are eligible to participate in this program.

Long-Term Care

Elect Coverage During Annual Enrollment

Long-term care coverage can help pay for services when you can't care for yourself.

- 1: Long-Term Care Benefit Receive 6% of your selected whole life insurance amount each month you receive long-term care with a maximum amount of 2 times your elected whole life insurance amount.
- 2: Whole Life Insurance Money that can be used any way your beneficiaries choose upon your death, including paying for mortgage or rent, education for children and grandchildren, retirement, family debt and final expenses.

Note: Coverage is portable and pricing will not increase as you age. Plus, no medical questions – you're guaranteed coverage.

Long-term disability coverage is must-have protection like car, homeowner, renter and health insurance – and is available only through your employer (your spouse/partner or parent cannot offer coverage).

If you're unable to work due to illness or injury, Firm-provided **short-term disability** covers your salary for 180 days.

To protect yourself beyond that, you will be automatically enrolled in **long-term disability** coverage each year unless you opt out of coverage.



Legal

The Legal Plan, administered by MetLife Legal Plans, provides affordable legal assistance and easy access to of experienced attorneys across the country

You have two legal plan coverage options:

Option A

Covers you, your spouse/partner and children up to age 26 – plus up to four sets of your **parents** and parents-in-laws

Option B

Covers **only** you, your spouse/ partner and children up to age 26 The plan covers attorneys' fees for a wide range of personal legal matters, including consumer protection and court appearances, debt matters, defense of civil lawsuits, document preparation, name changes, immigration, family law, real estate matters, traffic matters, wills, estate planning and up to 20 hours for divorce (spouses/partners are ineligible for divorce services).

Coverage also will include up to a total of four hours of attorney services each year for the following non-covered matters: DUI, plaintiff property damage, habeas corpus, custody establishment and support order modification. See full list of covered services.

Generally, attorneys' fees for covered services are covered at 100% innetwork. Out-of-network attorneys' fees are reimbursed based on the Out-of-Network Fee Reimbursement Schedule.



HIDDEN GEM NO. 1

Cover Your Parents

The legal plan is the only benefit in which you may elect coverage for your parents and parents-inlaw during annual enrollment.

HIDDEN GEM NO. 2

Will Preparation

You're eligible for a free will if you enroll in Supplemental Life Insurance (see page 25). Or, if you'd like additional legal services, elect the Legal Plan.



Supplemental Health Care

In additional to the medical plan, the Firm offers three incomeprotection benefits if you are injured, have a serious illness or plan to have a baby or inpatient surgery.

For those "what if" moments, you may purchase these voluntary group benefits at discounted rates. Administered by Aflac, these programs — enroll for each separately — pay lump-sum benefits directly to you to use as you wish.

Accident

Use cash benefits to cover the costs associated with unexpected accidents including sprains and breaks.

Amount You'll Receive

Varies by type of accident

More

Critical Illness

This coverage pays a lump sum if you are diagnosed with a covered critical illness, such as cancer or a stroke.

Amount You'll Receive

Based on the amount of coverage you elect: \$10,000, \$20,000, \$30,000 or \$40,000

More

Hospital

Receive benefits if you or a covered dependent is hospitalized due to a covered accident, illness, planned procedure or pregnancy.

Amount You'll Receive

\$1,500 for your first hospital admission within the year – plus a per diem for each night you are in the hospital (up to 30 nights annually):

- Standard \$200 per day
- ICU \$400 per day
- Intermediate intensive care stepdown unit – \$300

Note: You will also receive the per diem rate for the baby

More



HIDDEN GEM

Are you or your dependent planning surgery or giving birth in 2024?

Hospital insurance through Aflac provides

Hospital insurance through Aflac provides a cash benefit that you may use however you wish.



Reminder and Resources

Before electing your 2024 benefits, review your options to help you make smart choices that will help keep you and your family healthy and protected.



Compare the Firm's plan and benefit options to determine which are right for you.

Compare coverage through the Firm with other options that may be available to you through your spouse/partner or parents (if you're below age 26).

Review your past health care expenses and price anticipated services or procedures in the coming year.

An Accolade Health Assistant can help.



Confirm your providers are in-network by visiting your plan administrator's website.



Want to learn about new benefits and resources throughout the year? Join the **US Benefits Updates mailgroup**.



For information about other perks and resources, go to MSToday from the office or **mybenefits.morganstanley.com** from home or your cell phone.



For a list of Firm programs, type **beintheknow/** in your Firm browser.

Ready to Enroll?

Visit the Benefits Center website to set up your account and create your username and password.

- Go to morganstanley.com/benefits and create your username and password. Note: Use those credentials to log on to the site only when you are not on the Morgan Stanley network.
- Once you have an account, type <u>benefits/</u> in your MS browser and enter your Firm computer username and password

Tip: Enroll using the Alight app which you can download to any mobile device from your favorite app store.

For help selecting your benefits, you or your partner may contact an Accolade Health Assistant

866-386-0076 8 am to 8 pm ET, M-F

Or, send secure messages from the Accolade member portal or app:

From Firm Network | Offline

Download Accolade app from the Apple or Google store.



2024 Benefits Enrollment

IF YOU DONT ENROLL IN (OR WAIVE) BENEFITS WITHIN 31 DAYS OF YOUR START DATE OR BENEFITS ELIGIBILITY, YOU'LL AUTOMATICALLY BE ENROLLED IN THESE TWO MORGAN STANLEY COVERAGES FOR YOURSELF ONLY:

- Medical Plan Option B with your state's preferred provider, and
- **Long-Term Disability** (Note: If you do not actively elect "No Coverage" each year, you will be automatically enrolled in Long-Term Disability coverage)

You will **not** have dental, vision, spending or savings accounts, supplemental life, accidental or health care benefits, or legal coverage.

Enroll in your 2024 Morgan Stanley Benefits and the Morgan Stanley 401(k) Plan on the Benefits Center website to ensure you have the coverage you need.



Changing Your Benefits During the Year

Unless you have a qualifying life event (marriage or divorce, birth or adoption of a child, loss of coverage through your spouse or parent, etc.), your next chance to change your benefits will be benefits enrollment in the fall of 2024 for coverage in 2025. The full list of qualifying life events is included in the *Health and Insurance Benefits Summary Plan Description*.



BE IN THE KNOW ABOUT YOUR BENEFITS

Use These Programs at Any Time

Don't need to enroll during your first 31 days of benefits eligibility

Be In the Know Benefits Guide

Beyond core health care benefits and insurances, Morgan Stanley offers valuable and industry-leading programs to ensure the health and wellbeing of employees and their families.

So you and your family understand and get the most from the full suite of resources, review this guide that summarizes all your Firm benefits.

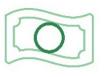
It's good to be part of Morgan Stanley.







Mental Health



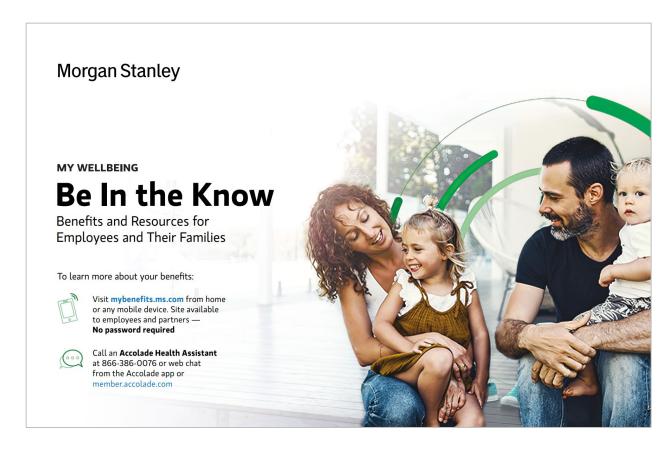
Financial Wellness



Family Support



Deals + Discounts



A comprehensive 30-page benefits guide which summarizes 200 Firm resources

View Digital Guide

401(k) Plan: Saving for Retirement

Saving for your future at every stage of your life is important. To help you meet your goals, the Firm sponsors the Morgan Stanley 401(k) Plan, a convenient way to invest and save for retirement. And Firm matching contributions, before-tax and after-tax Roth options, and a menu of funds with low fees make growing your retirement nest egg that much easier. Whether retirement is 30 years away or around the corner, the Firm helps you build a solid tomorrow.

Enrolling in the Plan

Enroll in the plan at any time on the Benefit Center website:

- Type benefits/in a Firm browser and enter the credentials you use to log on to your Morgan Stanley computer.
- When offline, go to morganstanley.com/benefits.

Note: It may take up to 5 business days after you start before you can log on to the Benefit Center and enroll.

Thank you for your patience.

Contributing to Your 401(k)

- Contribute 1% to 50% of your:
- Base salary
- Cash bonus (if applicable)
- Commissions or incentive compensation (if applicable)

Note: If you make before-tax contributions, you may set different percentages for each type of pay and adjust those rates throughout the year.

Tip: Set up auto-escalate to increase how much you contribute to your account each year.

- Make a mix of before-tax and Roth after-tax contributions up to the 2024 IRS limits:
- Age 49 and below Up to \$23,000
- Age 50 by December 31 this year or older –
 Additional "catchup" contributions up to \$7,500 for a total of \$30,500
- The annual IRS limits apply to contributions you make to all 401(k) plans. So, if you contributed to another 401(k) plan this year, you must consider them to ensure you don't exceed the IRS annual maximum.
- Did you know you may make after-tax non-Roth contributions beyond the IRS limits above and benefit from the plan's low fees? In 2024, total employer and employee 401(k) contributions may not exceed:
- <Age 49: \$69,000
- >Age 50: \$76,500

Discretionary Firm Match

The Firm matches a portion of your paycheck contributions, dollar for dollar, based on your eligible pay (up to the IRS limits):



If your eligible pay is <\$100k1the Firm matches up to 4% – and makes an additional non-matching 2% fixed contribution



If your eligible pay is \$100k to \$275k² – the Firm matches up to 5%



If your eligible pay is >\$275k – the Firm matches up to $4\%^3$

- ¹ Excludes Financial Advisors and Branch Management
- ² Excludes Advisory Directors and Senior Advisors
- ³ The 2024 IRS limit on employee compensation for calculating contributions is \$345,000

More about the Firm Match

- Your before-tax and Roth after-tax contributions are matched; however, catchup and regular non-Roth after-tax contributions are not.
- You must be employed by the Firm on December 31 to receive that year's match (except if your employment ends due to retirement, disability or death, as defined by the plan).
- The annual Firm match is contributed to your 401(k) account as a lump sum typically at the end of January.
- If you leave the Firm, your paycheck contributions are always yours to keep regardless of your tenure. You are fully vested in company contributions after 3 years of service. Note: If you're transferring to the US from another Morgan Stanley location, your previous service with the Firm counts toward the 3-year vesting requirement.

Investing Your 401(k) Funds

- The plan offers a menu of 40 investment options with preferred fees that are generally lower than what you could find on your own.
- Options include State Street target date funds
 (which have the lowest fees), as well actively and
 passively managed funds, giving you the chance to
 customize your 401(k) investments. For details –
 including a glossary, fund performance and fees –
 see the 401(k) Investment Guide and Fee Disclosure.

401(k) Plan continued

Have a 401(k) Account from a Previous Employer?

You have several options for your retirement savings assets:

- Leave them in your former employer's plan, if permitted
- Roll them into the Morgan Stanley 401(k) Plan
- Roll them into an individual retirement account (IRA)
- Take a lump-sum distribution subject to a 20% tax and/or 10% early-withdrawal penalty
- A combination of the above

Additional FAQs

Must I disclose 401(k) accounts I have from former employers or Individual Retirement Accounts (IRAs) on my Outside Business Interest form?

Only if the accounts are "self-directed" – that is, you may invest in individual stocks (versus mutual funds). If you are unsure, contact your compliance officer by clicking **Ask Compliance** in the upper-right of the OBI site.

What's the difference between a 401(k) loan for a primary residence and a regular loan?

You have up to 15 years to repay the former and only 5 years for the latter.

May all employees participate in the 401(k) regardless of pay?

Yes, the plan is open to all benefits-eligible employees (generally described as a full-time, part-time or hourly employees of a participating Morgan Stanley company).

More about the Plan

- You may take up to two 401(k) loans at once and continue to repay outstanding loans after leaving the Firm.
- The plan allows for unlimited hard-ship withdrawals and in-plan Roth conversions.
- You may keep your money in the plan and benefit from the low fees beyond age 72, the typical required minimum distribution age.

Learn More

For detailed information about the Firm's retirement plan, review the 401(k) Summary Plan Description.

Ouestions?

HR Services

877-MSHR-411 (674-7411); or Web chat from MSToday 9 am to 7 pm ET, M-F

Employee Stock Purchase Plan

Grow Your Portfolio by Investing in the Firm

Through the stock purchase plan, employees may elect to buy Morgan Stanley Stock at a discount:

- Enroll in the plan at any time during the year
- Contribute up to 50% of your eligible compensation, up to \$22,500 per year
- Receive a 10% discount on the monthly purchase of Morgan Stanley stock

Learn More

Type espp/ in a Firm browser

Questions?

800-470-0999

Mental Health Benefit: Lyra and Headspace

Easy, free access to quality care for you and your family – if you're feeling anxious, burned out, overwhelmed, stuck or dealing with something more complex







Spouse

Children under age 26

16 Sessions

per person, per year with experienced mental health therapists or coaches – in-person and virtually

Employees and dependents in the medical plan: Continue with your Lyra therapist beyond 16 sessions*

Solution-focused

Lyra providers use evidenced-based techniques

Medication

Lyra doctors can prescribe and manage mental health medications*

Individuals, Couples and Family Options

+ online self-care tool

Onsite counseling (NY metro)

Free, confidential mental health counseling in 1585, NY Plaza and Purchase.



Feel better if you...

- Are anxious, depressed or having problems sleeping
- Are finding it difficult to manage stress as work and home life blur
- Want to talk about illness or loss, or legal or financial concerns
- Are concerned your child is having issues at school or facing behavioral challenges
- Have relationship or family issues
- Are struggling with alcohol or substance use
- Feel lonely, hopeless or angry
- Think you need support and don't know where to start

Lyra Concierge: Specialized help finding in-network residential facilities



Free, Confidential

6 days

Median time to see a provider for first session after contacting Lyra

19,000+

employees and dependents have used Lyra for a total of 138,000+ sessions

82%

Saw an improvement in symptoms

4.75/5

Satisfaction rate



Get Started

lyrahealth.com/morganstanley

OR

844-926-2648 24/7 support

Note: Parents must schedule appointments for their children under age 18



Headspace: Mindfulness and Meditation Made Easy

Discover the mindfulness and meditation app that can help you stress less, move more and sleep soundly. Activate your free Firm-sponsored account to get started.

How Headspace Can Help

Headspace makes mindfulness easy with short exercises to improve your mood, energy levels, sleep and performance.

- Manage stress, anxiety, loneliness and financial worries
- Regain focus and motivation
- Improve personal and professional relationships
- Learn mindful parenting techniques
- Introduce children to mindfulness with content by Sesame Street and Star Wars
- Reprioritize sleep, exercise and nutrition
- Boost compassion and resilience to help build greater empathy for others
- Reduce negative emotions to help you navigate through tough moments

^{*} Continuing with your Lyra provider beyond the initial 16 free sessions and medication management are available only to employees and their dependents in the Firm's medical plan (Cigna or UnitedHealthcare). In-network deductibles and coinsurance apply. All other Lyra services are available regardless of medical plan participation.



14 Ways to Save on Quality Health Care with Your Firm Benefits

Whether you're maintaining your good health or dealing with an unexpected medical flare up, here are some practical tips to reduce your out-of-pocket health care costs.

"Shop around"

Did you know prices for the same health care service can vary significantly, even within the same ZIP code? Before seeking care, contact an Accolade Health Assistant for cost estimates for doctors, procedures, lab work, etc.

Stay in-network

You'll typically pay less when you use an in-network provider. Plus, innetwork providers take care of getting preauthorization for all services (something you must do yourself if you go out-of-network). Need help finding in-network providers? Contact an Accolade Health Assistant. **Tip**: Consider your state's preferred medical provider.

Use free preventive care

The health plans pay 100% for annual exams and certain screenings and services when you use in-network providers. And, we've made it easy to get exceptional preventive medical care for adults and children at One Medical.

Good to know: The dental plan covers two in-network cleanings annually. And through the vision plan, a yearly in-network eye exam costs only \$20.

Avoid the emergency room

Over 25% of ER visits aren't true emergencies and can cost thousands of dollars. In a true emergency, don't hesitate to go to the ER. For urgent needs, however, consider:

24/7 virtual care: One Medical <u>virtual visits</u> are available at the drop of a hat. You can also access virtual appointments through the Cigna or UHC site.

One Medical Offices: Schedule a <u>same-day</u>, in-person appointment.

Urgent care clinics: A convenient, low-cost option for after-hours or weekend care. Find centers on the mycigna and myuhc sites – or, contact an Accolade Health Assistant.

Save up to \$50 a month on your gym membership

Exercise today might help you avoid thousands of dollars in health care costs later according to a recent study. The Firm's fitness subsidy gives you discounted access to gyms and studios in Gympass' national network.

Mind Your Mental Health

Finding a quality therapist is easy when you use the Firm's free mental health benefit by Lyra. Schedule same-or next-day appointments, with a median wait of 6 days. You and your dependents each have 16 free sessions per year.

Seek medical second opinions

At no cost to you, 2nd.MD offers expert second opinions to confirm your diagnosis, identify alternate treatment options or get independent guidance to help make informed decisions about your care. Extended family – including spouses/partners, children and grandchildren of all ages, parents and parents and parents-and grandparents-in-law may use this service.

See specialists only when necessary

Your primary care physician can treat most common problems and costs less than a specialist. Don't have one? Contact One Medical to find a highquality PCP near you. You can also find a doctor on the mycigna and myuhc and sites.

Take generics and manage your prescriptions

Requesting three-month quantities of your maintenance (regular) medications reduces your prescription drug spend. Plus, did you know the Firm pays the full cost of certain generics to help with cholesterol, diabetes, tobacco cessation and HIV prevention?

Enjoy free same-day delivery of your medications

Manage all your medications from <u>Capsule's</u> phone app, including the delivery of 90-day supplies of your maintenance medications. Enjoy free same-day delivery in many cities and suburbs.

Get your shots

Vaccines can lessen the symptoms or even prevent many illnesses. Covid, flu, chicken pox and shingles are some of the vaccines covered by the medical plan. Ask your doctor which shots you need and at which age. **Tip:** Most travel vaccinations through One Medical are free, which can save you hundreds, if not thousands, of dollars.

Use tax-advantaged health care accounts

During benefits enrollment each fall, elect to contribute to a health care flexible spending account or health savings account to reduce your health

Good to know: You may carry over up to \$640 of unused 2024 health care flexible spending account funds to 2025. Health savings account funds carry over year to year – and are yours to keep if you leave the Firm.

Stay healthy at the office

If you work in the New York metro area, take advantage of these onsite wellbeing services:

- Health Centers by One Medical: 1585 | NY Plaza | Purchase
- Dermatology: 1585
- Mental Health Counseling: 1585 | NY
 Restorative Suites: Plaza | Purchase
- Physical Therapy by Columbia Doctors: 1585 | Purchase
- Fitness Centers: 1585 | Westchester
 - NY Plaza | Purchase

Review your claims

Medical, prescription drug, dental and vision bills can contain costly errors. Have an Accolade Health Assistant explain or audit your health care bills.

^{*}After visit 16, employees and dependents enrolled in the Firm's medical plan through Cigna or UnitedHealthcare may continue care with their Lura provider — and see a Lyra doctor who can manage mental health medications. In-network deductibles and coinsurance apply.

Family, Parenting and Menopause Support by Maven

Work with a dedicated care advocate – and enjoy free 24/7 unlimited access to Maven's network of virtual providers in 35+ disciplines – as well as coaches, classes and support groups



Family Support

Family Building

Help navigating fertility, adoption and surrogacy, agency referrals, expense management

Maternity and Newborn Care

Support during pregnancy through birth and postpartum, preparing for and returning from leave, miscarriage and loss

OB-GYNs • Pediatricians • Midwives and doulas Lactation, child sleep and potty-training consultants Career coaches • Physical therapists



Maven Milk

A free <u>breastmilk shipping</u> service for breast-feeding moms who are traveling for work

Parenting and Pediatrics

Pediatric specialists, parental coaching, special needs support, child care navigation



Menopause Support

Holistic, Specialized Support

Education about symptoms, prevention, screenings, treatments through all stages:

Perimenopause • Menopause • Postmenopause

Referrals to experienced in-person providers, online educational platform and drop-in support groups

Fertility Services

Whether you're considering starting a family or actively trying, Maven's virtual platform can help you with:

- Preconception planning
- Fertility guidance (IUI, IVF, etc.)
- Preservation support (egg- or spermfreezing, etc.)

Plus, employees and dependents enrolled in the Firm's medical plan with Cigna or UnitedHealthcare use Maven's provider network for all fertility-related medical and prescription drug services, including inperson care.

Good to know: Maven Wallet allows you to track expenses and request reimbursement for eligible fees under the Firm's **\$75,000 family building benefit**².

¹ Consultations with Maven's virtual network of providers are free of charge. If you are referred to an in-person provider, visits are subject to standard deductibles and coinsurance through your medical plan administrator.

² The fertility component of the family building benefit is available only to employees and dependents enrolled in the Firm's medical plan through Cigna or UnitedHealthcare. The adoption and surrogacy components are available to all employees regardless of medical plan participation.

Save on Your Commute and Insurances



Commuter Benefits

The Commuter Benefits Program is administered by HealthEquity (formerly known as WageWorks) and allows you to set aside before-tax dollars to pay for the cost of getting to and from the office. You can pay for both transit and parking expenses, saving 25% to 40%, depending on your tax bracket. Automatic payroll deductions make it easy to save big whether you drive, use park-and-ride, or take the subway, train, ferry or bus.

2024 IRS Limits

Parking: \$315 per month Transit: \$315 per month

You may participate in either or both of the parking and transit features up to the current combined monthly maximum of \$630.

Tip: To restart or change your commuter benefit elections, you have several options. Note: The deadline to change or cancel commuter orders is the 10th of the month. New York metro employees: Long Island Rail Road and Metro-North passes must make elections by the 4th of the month.

Questions?

- Log on to the **YouDecide site** and click Commuter Benefits.
- Call HealthEquity 24/7 at 877-924-3967.



Discount Group Insurances

Employees may take advantage of these group insurance options, which may save you money compared to your current coverage. To learn more or request a quote, visit the YouDecide site (type youdecide/ in your browser when on the Firm network.)

Auto

Identity Theft

Homeowner

Umbrella

Renter

Pet

PET PROGRAMS

The Firm provides care to all members of your family including your pets.

Help your pet live a happier and healthier life with pet insurance through Nationwide. Paired with Pet Assure, your pet will be covered for routine care and emergencies – and you'll save with discounts on products like medications, food and preventive supplements.

Additionally, you may find full-time care for your pets with your free SitterCity membership through Bright Horizons. More



Additional Programs

Morgan Stanley has hundreds of programs and person to help ensure the health and wellbeing of our employees and their families – here are just a few



Gender Affirmation Benefits and Resources

To assist employees and their dependents who are transgender, non-binary or intersex, the medical plan covers services crucial to transitioning*



Travel and Lodging Benefit

\$10,000 lifetime benefit to use if quality, in-network care is not available locally (cancer treatment; bariatric surgery; gender affirmation surgery; knee, hip and spine surgery; reproductive care; transplants; etc.)*
More



Fitness Subsidy

Enjoy up to \$50 a month to join Gympass' national network of 10,000+ gyms and studios



Backup Child and Elder Care

40 family support days each year to use for Bright Horizons care and education programs



Children with Special Needs

Through Bright Horizons, receive expert 1:1 guidance and resources to help your child overcome learning, emotional or developmental hurdles, from birth through young adulthood More



College Coach & Test Prep

Expert advice on applying to, saving and paying for college; webinars and 1:1 guidance – plus, free review of

your child's essays by former college admissions and financial counselors



Paid Parental Leave Enhancements

16 weeks for all new parents – plus an additional 6 to 8 weeks of disability leave for parents who give birth for a total of 22 to 24 weeks More

Paid Family Caregiver Leave

4 weeks to care for a seriously ill spouse/partner, child or parent More



Financial Wellness

This program by Morgan Stanley at Work includes a range of resources and programs, including an assessment, Webinar Wednesdays and 1:1 free money coaching More

^{*}Benefit available only to employees and dependents enrolled in the Firm's medical plan through Cigna or UnitedHealthcare

Deals and Discounts

The fun stuff. Enjoy cultural institutions, travel perks and discounts from leading retailers. It's good to be part of Morgan Stanley.

Cell Phone Plans

AT&T, Verizon Wireless MORE>

High-Speed Internet, Cable and Phone

Verizon Fios MORE>

Computers, Electronics and Software

Apple, Dell, Lenovo, Microsoft Office, Etc. MORE>

Headphones and Earbuds

Jabra, Master & Dynamic

Entertainment

Movies, Theater, Sports, Comedy Clubs, Theme Parks, Etc. Join <u>Plum Benefits</u>

Museums and More

Discounted or free admission for you and your guests at 50+ organizations in the US and UK (museums, zoos, aquariums, orchestras, etc.) MORE>

Publications

The Economist MORE>

Morgan Stanley Logo
Apparel and Merchandise MORE>
Automobiles

BMW and Mini, Chrysler, Ford, GM, Mercedes-Benz, Etc. MORE>

Rental Cars

Avis, Budget, Enterprise, Hertz, National, Thrifty MORE>

Leisure Travel

Hotels, Flights, Cruises, Disney, Vegas, Vaccinations, Etc. MORE>

Morgan Stanley Classifieds MORE>

Stationery

Crane & Co. MORE>

Three Ways to Learn More

- 1: Visit <u>mybenefits.ms.com</u> for the office, home or cell
- 2: Explore Life Resources from MST oday
- 3: Type **discounts/** in Firm browser



PerksAtWork.com

For big or small purchases, Perks at Work is a savings program with discounts across 20+ categories including electronics, home appliances, dining, travel, entertainment and more. Also earn WOW loyalty points to use toward future purchases. Employees may invite up to five family members to share in the savings. Join



Reserved Living and Giving

Employees may enroll in this perks program usually reserved for the Firm's top clients. Access offers, benefits and content from 120+ popular brands. Save on purchases such as automobiles, hotels, cruises, car rentals, concert tickets, vacations, electronics and more. The investment requirement for clients is waived for employees — just use your Firm email to enroll. Join

Hidden Gems

Don't miss out on these under-the-radar resources.



Medical Second Opinions

Did you know this service through 2nd.MD is available to you and your extended family at no cost?

- Spouse/partner
- Children and grandchildren of all ages
- Parents and parents-in-law
- Grandparents and grandparents-in-law

More



Wills

If you elected supplemental life insurance during annual enrollment, your policy includes free will preparation and estate planning through MetLife. (The legal plan also covers wills plus a full menu of personal legal services.) More



Your Commute

Save 25% to 40% on public transit and parking through HealthEquity (formerly called WageWorks). If you had suspended your account, remember to reenroll; it can take up to a month to receive a new pass, etc. More



College Coach

Access webinars, individual guidance and a virtual learning center, at no cost, to help you and your child save for, select, apply to and finance college. Good to know: Experts can also review your child's college essays and prep them for admissions interviews. More



In-Home Care and Tutoring

Employees and spouses/ partners may take advantage themselves of programs usually thought of for our kids and parents:

- Backup adult care: Recovering from surgery or just need a helping hand? Book an inhome caregiver. More
- Tutoring: The age cap of 18 is no more. You, your partner and your older children may hire a tutor for undergraduate and graduate subjects, including entrance exams.
 More



Hotels for Your Next Vacation

Here are three ways to save:

- Call American Express Travel at 800-851-8233 to see if the Firm's corporate rate is available at 500+ hotels worldwide.
- Activate your free Hotel Engine account at hotelengine.com with your Morgan Stanley email address and book online at 700,000 global properties.
- Find discounts at global chains like Hilton, Hyatt, Marriott, Omni and Rosewood by searching for "<u>leisure travel</u>" at mybenefits.ms.com.

See <u>more travel deals and</u> discounts.



Travel Vaccinations and Emergency Help

Does your next port of call require you be immunized? One Medical's got you covered for free as part of your Firmprovided membership.† More

Need care when traveling in the US? Book an in-person appointment at any One Medical office – or consult virtually with a provider 24/7 using Treat Me Now in the One Medical app.† More

Good to know: The Firm's medical plan covers you when you travel (care may be billed as out-of-network services).† For questions, contact Cigna or UHC.

Download the International SOS assistance app for 24/7 access to medical and security services while traveling outside the US. More

[†]Benefit available only to employees and their dependents enrolled in the Firm's medical plan (Cigna or UHC).

Learn More about Your Firm Benefits

Be In the Know Webinar Replays

Overviews with the Benefits Team

Deep Dives from Key Partners

Replays and Slides

Digital Guide + Websites

Employees + Partners

No password required

mybenefits.ms.com

Employees Only

From Firm network

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Benefits Support

Accolade Health Assistants

Health care, insurances, family programs, etc.

866-386-0076

Accolade app

member.accolade.com

HR Services

401(k), payroll, HR policies, etc. 877-MSHR-411 | Web chat

Benefits Center Website

Manage 401(k), enroll in benefits, etc. benefits/ or ms.com/benefits



Any inconsistency between this communication and the terms of an official plan document will be governed by the official plan document.

Morgan Stanley and its benefit plans are not responsible for any data errors or processing delays. The plan administrator may correct any errors at any time. The information contained in this document is general in nature, is not individual tax advice and may not be used to avoid any tax or tax penalty.

Tax laws are complex and may change, and their application may vary based on the circumstances. Morgan Stanley and its benefit plans do not provide tax or legal advice. You are responsible for consulting your own advisors.

The plan administrator may require you to verify your and your dependents' data. Providing false or misleading information may lead to legal or disciplinary action by Morgan Stanley, including employment termination and cancellation of executive compensation. This statement does not guarantee coverage; the plan administrators have ultimate authority for determining eligibility. Check your confirmations and statements to ensure that your elections are correctly reflected. Morgan Stanley's benefit plans may be amended or discontinued at any time, including to curtail benefits for some or all covered individuals.

