

2024 Employee Contributions

Access-Only Retiree Medical Plan Members

Detailed in this document are the 2024 **monthly** contribution rates for participants in the Morgan Stanley Retiree Medical Plans. You may also view your customized employee contribution rates online on the [Benefit Center website](#).

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Medical Plan Cost of Coverage for Retirees Under Age 65

Cigna and United Healthcare

	Option A	Option B	Option C
Yourself Only	\$1,577.20	\$1,450.21	\$1,245.28
Yourself + Spouse/Domestic Partner	\$3,154.40	\$2,900.42	\$2,490.56
Yourself + Children	\$2,418.44	\$2,223.43	\$1,946.35
Yourself + Family	\$3,995.64	\$3,673.63	\$3,191.61
Spouse/Domestic Partner Only	\$1,577.20	\$1,450.21	\$1,245.28
Spouse/Domestic Partner + Children	\$2,418.44	\$2,223.43	\$1,946.35
Children Only	\$841.24	\$773.21	\$701.05

Kaiser and HMSA (California and Hawaii)

	Northern California Kaiser Permanente HMO	Southern California Kaiser Permanente HMO	Hawaii HMSA PPO	Hawaii Kaiser Permanente HMO
	<i>Participants in California may also elect coverage through UnitedHealthcare or Cigna. See page 2.</i>		<i>Participants in Hawaii are eligible only for HMSA PPO or the Kaiser Permanente HMO.</i>	
Yourself Only	\$780.22	\$746.01	\$730.66	\$810.81
Yourself + Spouse/Domestic Partner	\$1,716.48	\$1,641.21	\$1,607.46	\$1,783.79
Yourself + Children	\$1,365.38	\$1,305.51	\$1,278.68	\$1,418.93
Yourself + Family	\$2,496.7	\$2,387.22	\$2,338.12	\$2,594.60
Spouse/Domestic Partner Only	\$780.22	\$746.01	\$730.66	\$810.81
Spouse/Domestic Partner + Children	\$1,365.38	\$1,305.51	\$1,278.68	\$1,418.93
Children Only	\$780.22	\$746.01	\$730.66	\$810.81

Cigna Global Health Medical Plan

This plan is available to benefits-eligible U.S. expatriates and international participants.

Yourself Only	\$1,097.31
Yourself + Spouse/Domestic Partner	\$2,418.03
Yourself + Children	\$1,924.92
Yourself + Family	\$3,515.70
Spouse/Domestic Partner Only	\$1,320.72
Spouse/Domestic Partner + Children	\$2,418.39
Children Only	\$1,097.31

Medical Plan Cost of Coverage for Retirees Age 65 or Older

Post Medicare Retiree Medical

	Northern California Kaiser Permanente HMO	Southern California Kaiser Permanente HMO	Cigna International
Yourself Only	\$323.63	\$300.97	\$1,097.31
Yourself + Spouse/Domestic Partner	\$647.26	\$601.94	\$2,418.03
Yourself + Children	\$908.79	\$860.47	\$1,924.92
Yourself + Family	\$1,427.48	\$1,347.95	\$3,515.70
Spouse/Domestic Partner Only	\$323.63	\$300.97	\$1,320.72
Spouse/Domestic Partner + Children	\$908.79	\$860.47	\$2,418.39
Children Only	\$780.22	\$746.01	\$1,097.31

HR Services

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

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

9 am to 7 pm ET, M - F, except certain U.S. holidays

Fax: +1 847-554-1553

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