

MSCI Inc.
2024 Benefit Program
Monthly Rates and Contributions

Carrier / Coverage Level	2024 Premium	2024 Employer Cost	2024 Employee Cost	% Ee. Pays	% Er. Pays
Medical - UHC Saver PPO					
Employee	\$814.94	\$696.28	\$118.67	14.6%	85.4%
Employee + Spouse	\$1,595.19	\$1,362.91	\$232.28	14.6%	85.4%
Employee + Child(ren)	\$1,344.83	\$1,149.00	\$195.82	14.6%	85.4%
Employee + Family	\$2,274.77	\$1,943.54	\$331.23	14.6%	85.4%
Medical - UHC Classic PPO					
Employee	\$969.90	\$828.67	\$141.23	14.6%	85.4%
Employee + Spouse	\$1,898.52	\$1,622.07	\$276.45	14.6%	85.4%
Employee + Child(ren)	\$1,600.56	\$1,367.50	\$233.06	14.6%	85.4%
Employee + Family	\$2,707.35	\$2,313.13	\$394.22	14.6%	85.4%
Medical - Kaiser (Closed Plan)					
Employee	\$970.33	\$766.02	\$204.31	21.1%	78.9%
Employee + Spouse	\$2,134.72	\$1,685.23	\$449.49	21.1%	78.9%
Employee + Child(ren)	\$1,698.07	\$1,340.53	\$357.54	21.1%	78.9%
Employee + Family	\$3,105.05	\$2,451.24	\$653.81	21.1%	78.9%
Medical - Priority Health (MI only)					
Employee	\$1,100.34	\$880.27	\$220.07	20.0%	80.0%
Employee + Spouse	\$2,420.74	\$1,936.59	\$484.15	20.0%	80.0%
Ee & Child (Hypothetical)	\$1,870.58	\$1,496.46	\$374.12	20.0%	80.0%
Employee + Family	\$3,190.98	\$2,552.78	\$638.20	20.0%	80.0%
Dental - Delta Option 1					
Employee	\$32.13	\$19.29	\$12.84	40.0%	60.0%
Employee + Spouse	\$70.77	\$42.47	\$28.30	40.0%	60.0%
Employee + Child(ren)	\$80.75	\$48.45	\$32.30	40.0%	60.0%
Employee + Family	\$134.24	\$80.54	\$53.70	40.0%	60.0%
Dental - Delta Option 2					
Employee	\$60.72	\$36.44	\$24.28	40.0%	60.0%
Employee + Spouse	\$133.58	\$80.16	\$53.42	40.0%	60.0%
Employee + Child(ren)	\$149.59	\$89.75	\$59.84	40.0%	60.0%
Employee + Family	\$246.32	\$147.80	\$98.52	40.0%	60.0%
Vision - EyeMed					
Employee	\$11.27	\$9.85	\$1.42	12.6%	87.4%
Employee + Spouse	\$21.38	\$18.69	\$2.69	12.6%	87.4%
Employee + Child(ren)	\$22.50	\$19.67	\$2.83	12.6%	87.4%
Employee + Family	\$33.07	\$28.90	\$4.17	12.6%	87.4%

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Other		
Legal - ARAG	\$24.24	Monthly
ID Watchdog	\$7.95	Employee Only Monthly
	\$9.95	Family Monthly
UNUM - Life Insurance and Disability Rates		
Group Life	\$0.09	(Per \$1,000 of coverage/\$500,000 coverage maximum)
Basic AD&D	\$0.01	(Per \$1,000 of coverage/\$500,000 coverage maximum)
Supplemental Life Insurance Rates		
<i>(Per \$1,000 of coverage)</i>		
Age	EE	Spouse
0-19	\$0.059	0.053
20-24	\$0.059	0.053
25-29	\$0.070	0.065
30-34	\$0.094	0.086
35-39	\$0.105	0.096
40-44	\$0.117	0.107
45-49	\$0.176	0.160
50-54	\$0.270	0.246
55-59	\$0.504	0.459
60-64	\$0.773	0.705
65-69	\$1.487	1.358
70 and up	\$2.412	2.202
Supplemental AD&D		
(Employee)	\$0.023	(per \$1,000 of coverage)
(Spouse)	\$0.024	(per \$1,000 of coverage)
Dependent Child Life	\$0.24	(\$10,000 coverage)
Long Term Disability (LTD)	\$0.180	(Per \$100 of coverage) Maximum salary - \$270,000
Short Term Disability (STD)	\$1.92	(per employee per month)
NY DBL	\$2.40	(per employee per month)
NY PFL	0.373%	of weekly wage (up to max. wage of \$1,151.16). Maximum premium contribution of \$333.2
FMLA Administration	\$2.03	(per employee per month)

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 Monthly COBRA Rates

Carrier / Coverage Level	Full Monthly Premium	Monthly COBRA Premium
<i>Medical - UHC Saver PPO</i>		
Employee	\$814.94	\$831.24
Employee + Spouse	\$1,595.19	\$1,627.10
Employee + Child(ren)	\$1,344.83	\$1,371.72
Employee + Family	\$2,274.77	\$2,320.27
<i>Medical - UHC Classic PPO</i>		
Employee	\$969.90	\$989.30
Employee + Spouse	\$1,898.52	\$1,936.49
Employee + Child(ren)	\$1,600.56	\$1,632.57
Employee + Family	\$2,707.35	\$2,761.50
<i>Medical - Kaiser (Closed Plan)</i>		
Employee	\$970.33	\$989.74
Employee + Spouse	\$2,134.72	\$2,177.41
Employee + Child(ren)	\$1,698.07	\$1,732.03
Employee + Family	\$3,105.05	\$3,167.15
<i>Medical - Priority Health (MI residents)</i>		
Employee	\$1,100.34	\$1,122.35
Employee + Spouse	\$2,420.74	\$2,469.15
Employee + Family	\$3,190.98	\$3,254.80
<i>Dental - Delta Option 1</i>		
Employee	\$32.13	\$32.77
Employee + Spouse	\$70.77	\$72.19
Employee + Child(ren)	\$80.75	\$82.37
Employee + Family	\$134.24	\$136.92
<i>Dental - Delta Option 2</i>		
Employee	\$60.72	\$61.93
Employee + Spouse	\$133.58	\$136.25
Employee + Child(ren)	\$149.59	\$152.58
Employee + Family	\$246.32	\$251.25
<i>Vision - EyeMed</i>		
Employee	\$11.27	\$11.50
Employee + Spouse	\$21.38	\$21.81
Employee + Child(ren)	\$22.50	\$22.95
Employee + Family	\$33.07	\$33.73