

**2025 OPEN ENROLLMENT BENEFITS GUIDE  
REGULAR EMPLOYEES**



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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see **page 34** for more details.

## Benefits You Can Count On

SpaceX is committed to providing employees with a benefits program that is both comprehensive and competitive. Our benefits program offers health coverage and financial security to our employees and their families.

This guide provides a general overview of your benefit choices and enrollment information to help you select the coverage that is right for you. You can find more information about your benefits on ShareX. If you're not on the SpaceX network, visit [spxbenefits.com](https://spxbenefits.com) (password: **2025benefits**).

## Open Enrollment is Monday, October 28 through Friday, November 15, 2024 @ 5 PM Pacific Time

### Elections are effective January 1, 2025

Open Enrollment is the only time you can make changes to your benefit elections without a qualifying life event, such as marriage, divorce, birth/adoption of a child, etc. Take this opportunity to log into Workday to:

- Enroll in a new plan
- Add or drop a dependent
- Confirm that your dependents and beneficiaries are up-to-date
- Waive coverage
- Verify your mailing address

## Open Enrollment Checklist

- Visit the 2025 Annual Benefits Open Enrollment page on ShareX. Not on the network? Visit [spxbenefits.com](https://spxbenefits.com) (password: **2025benefits**).
- Go to [join.collectivehealth.com/spacex](https://join.collectivehealth.com/spacex) for coverage details about SpaceX medical, dental, and vision plans.
- Stop by for a drop-in session for 1:1 enrollment assistance. To request remote enrollment assistance, email [benefits@spacex.com](mailto:benefits@spacex.com).
- Complete your 2025 benefit elections by electronically signing and then clicking the "Submit" button at the bottom of the enrollment page in Workday. The deadline is **Friday, November 15, 2024 at 5 PM Pacific Time**. For your records, print the "2025 Benefits Statement" page that summarizes your 2025 elections, as no confirmation email will be sent.

## Logging into Workday

**Website:** [myworkday.com/spacex](https://myworkday.com/spacex)

**Username:** Your SpaceX network login

**Password:** Your SpaceX network password

**Need Workday help?** For Workday login assistance, open an HR JIRA service ticket by typing HRData/ in any browser bar on the SpaceX network.

**Need YubiKey assistance?** Call the IT Help Desk at **(310) 363-6999**.



## 2025 Benefits – What's New and Changing

Welcome to your Annual Benefits Open Enrollment at SpaceX! We carefully evaluate our benefit plans and programs every year. Our goal is always to offer our employees comprehensive, competitive, and affordable coverage. A summary of all 2025 changes are described below.

### MEDICAL, DENTAL, AND VISION EMPLOYEE CONTRIBUTIONS

The amount you pay each paycheck may change for medical, dental, and vision coverage:

- **Medical EPO:** Employee-only coverage will remain **FREE**, but contribution rates for all other coverage tiers will increase by 5%.
- **Medical PPO:** Employee-only coverage will decrease by about 17%. Contribution rates for all other coverage tiers will increase by 5%.
- **Guide PPO:** Employee-only coverage will increase by 10%. Contribution rates for all other coverage tiers will increase by 5%.
- **High-Deductible Health Plan (HDHP):** Contribution rates for all coverage tiers will increase by 5%.
- **Kaiser HMO:** Contribution rates for all coverage tiers will increase by 5%.
- **Dental:** Employee-only coverage will remain **FREE**, but contribution rates for all other coverage tiers will increase by 5%.

For more information about 2025 paycheck deductions, see "Employee Contributions" on [pages 32 – 33](#)

### MEDICAL PLAN CHANGES

#### New Pharmacy Benefit Manager for Medical EPO, Medical PPO, Guide PPO, and HDHP: Capital Rx

SpaceX is excited to partner with Capital Rx to administer your prescription benefits effective January 1, 2025. Capital Rx's top-tier customer service and resources are available to help you make the most informed decisions for you and your family.

As part of the transition, Capital Rx will work proactively to identify members who may be impacted by out-of-network pharmacy utilization, prior authorization requirements, or a medication coverage change.

For mail order and specialty medications, Capital Rx will be working directly with Express Scripts and Accredo Pharmacy to transfer your current, eligible prescriptions to Optum Pharmacy. This process does not include the transfer of expired prescriptions, controlled substances, or those with zero refills remaining. Additionally, Capital Rx will obtain and load current prior authorizations which are effective January 1, 2025 and beyond.

If you're among the few who will experience changes, Capital Rx will reach out directly by a personalized letter to make the transition as smooth as possible. Rest assured, you'll get advance notice to allow you time to work with your physician to review and select alternatives, find an in-network pharmacy, or submit a new prior authorization request.

You'll still have access to Collective Health as a resource for your pharmacy questions. You'll also receive a new medical insurance ID card with Capital Rx information.

#### Guide PPO

- **Inpatient hospital services:** The in-network copay will increase from \$200 to \$500.
- **Inpatient labor and delivery hospital services:** The in-network copay will increase from \$0 to \$500.
- **Emergency Room (ER) visits:** The copay will be \$200 per visit regardless of the number of ER visits during the year.

#### HDHP and Health Savings Account (HSA)

- **Annual deductibles:** The in-network deductible will increase to \$1,800/individual and \$3,600/family. The out-of-network deductible will increase to \$5,000/individual and \$10,000/family.
- **HSA contributions:** The annual maximum for HSA contributions will increase to \$4,300 for employee-only coverage and \$8,550 for family (employee + 1) coverage.

### HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

The annual maximum contribution limit for the Health Care FSA is projected to increase by \$100 to \$3,300 in 2025. However, the IRS had not yet released the actual contribution limit prior to the publication of this guide. The final 2025 Health Care FSA contribution limit adopted by SpaceX, which may be equal to or less than the IRS limit, will be reflected in your 2025 Open Enrollment benefit event in Workday.

### LIFE & AD&D PLANS

#### Life and AD&D Age Reduction

The reduction in coverage due to age will change. The principal amount will reduce by 35% at age 65 and by an additional 15% at 70.

#### Voluntary Life and AD&D

- **Guarantee issue:** For newly-eligible employees, the guarantee issue amount will be \$250,000 for employee coverage and \$50,000 for spouse coverage. For more information about guarantee issue, see [page 28](#).
- **Spouse coverage limit:** Spouse coverage will be the lesser of 100% of the employee's amount or up to \$250,000.

### VOLUNTARY ACCIDENT, CRITICAL ILLNESS, AND HOSPITAL INDEMNITY PLANS

We are introducing The Hartford as the new administrator for our voluntary Accident, Critical Illness, and Hospital Indemnity plans. With The Hartford, you'll have enhanced coverage at a lower cost.

**These voluntary plans offer financial support for the unexpected.** You can file a claim to receive a cash benefit to use however you like in situations like the following:

- **Accident Insurance:** Fracture, dislocation, concussion, ambulance service, emergency care, X-ray, MRI, physical therapy, or hospital admission due to a covered off-the-job injury.
- **Critical Illness Insurance:** Initial diagnosis of lupus, multiple sclerosis, Alzheimer's, stroke, coma (non-induced), cancer (invasive), transient ischemic attack (TIA), or other covered critical illnesses. Benefits may also be payable if illnesses reoccur.
- **Hospital Indemnity Insurance:** Hospital confinement due to injury, illness, and pregnancy.



### You need to take action during Open Enrollment if you want in 2025...

- ✓ **Lyra Health, 2nd.MD, Hinge Health, and Kindbody:** If you want access to Lyra Health (therapy and medication management), 2nd.MD, Hinge Health, and Kindbody (fertility benefits), you and your covered dependents must be enrolled in the Medical EPO, Medical PPO, Guide PPO, or HDHP.
- ✓ **Flexible Spending Accounts (FSA) for Health Care and Dependent Care:** You must re-elect the Health Care FSA and/or Dependent Care FSA every year and enter new 2025 annual goal amount(s). You can use the 2025 funds for eligible expenses incurred from January 1, 2025 through March 15, 2026.

### If you take no action during Open Enrollment...

- ✓ **Flexible Spending Accounts (FSA) for Health Care and Dependent Care:** If you do not re-elect a new 2025 annual goal amount, then your contribution will be set to \$0.
- ✓ **Medical, dental, vision, and voluntary benefit plans:** With the exception of FSAs, your 2024 elections will roll over to 2025 at the same coverage levels.



### Important information if you enroll in the HDHP for 2025....

If you enroll in the HDHP for 2025 and you're contributing to a Health Care FSA in 2024, you **MUST** use your entire Health Care FSA balance by December 31, 2024. If you don't, neither you nor SpaceX can begin contributing to your HSA on January 1, 2025. Instead, you'll be required to wait until **AFTER** April 1, 2025 to make or receive your HSA contributions.

## Eligibility

If you are a regular employee normally scheduled to work at least 20 hours per week, you may participate in SpaceX's benefit program upon meeting the eligibility requirements.

If you are a temporary employee or an intern (including an associate engineer) normally scheduled to work at least 20 hours per week, you may participate in only the medical and 401(k) plans upon meeting the eligibility requirements.

You also have the option to enroll your eligible dependents in certain benefits which include:

- Your legally-married spouse (including same-sex spouse)<sup>1,2</sup>
- Your child(ren) up to age 26, which may include natural, adopted, stepchildren, and children obtained through court-appointed legal guardianship
- Your unmarried child(ren) of any age who are incapable of supporting themselves due to a mental or physical disability and who are totally and indefinitely dependent on you.

<sup>1</sup> If you are legally married to your same-sex partner, you can enroll him/her as your spouse. The federal government recognizes legal marriages of same-sex couples in all states. Enrolling your same-sex spouse allows you to pay for certain benefits with pre-tax dollars.

<sup>2</sup> Your legally registered domestic partner (DP) and your DP's child(ren) constitute eligible dependents for certain fully-insured SpaceX benefits, such as Kaiser HMO (available in California only) and voluntary benefits. Premium contributions made by SpaceX on behalf of your DP and DP's child(ren) will be treated as taxable income to you, and applicable taxes and withholdings will be deducted from your wages. Please contact the SpaceX Benefits Team at [benefits@spacex.com](mailto:benefits@spacex.com) for additional information.

## Enrollment Periods

### NEW OR REHIRED EMPLOYEES (REGULAR)

As a new or rehired regular employee of SpaceX, you must complete your enrollment within 30 days of your latest date of hire. The effective date of your coverage will be the first day of the month following or coinciding with your latest date of hire. Our benefit plans run from January 1 through December 31.

### NEW OR REHIRED EMPLOYEES (TEMPORARY)

As a new or rehired temporary employee of SpaceX, you are eligible for medical and 401(k) benefits only. You must complete your enrollment for your medical coverage within 30 days of your latest date of hire. The effective date of your medical coverage will be the first day of the month following or coinciding with your latest date of hire. Our benefit plans run from January 1 through December 31.

### NEW OR REHIRED INTERNS

As a new or rehired intern (including a Graduate Engineer) of SpaceX, you are eligible for medical and 401(k) benefits only. You must complete your enrollment for your medical coverage within 30 days of your latest date of hire. The effective date of your medical coverage will be the first day of the month following or coinciding with your latest date of hire. Our benefit plans run from January 1 through December 31.

## OPEN ENROLLMENT

As a benefits-eligible employee, Open Enrollment is your annual opportunity to enroll in or make changes to your benefits or eligible dependents, without a qualifying life event. See "Making Changes during the Year" for more information on qualifying life events. Open Enrollment is typically held in October/November with elections effective the following January 1.

## OPTING OUT OF COVERAGE (WAIVER)

If you opt out of coverage, you will qualify for a benefit waiver credit of up to \$25 per pay period, as follows:

- If you decline medical coverage, you are eligible to receive a \$20 benefit waiver credit.
- If you decline dental and vision coverage, you are eligible to receive a \$5 benefit waiver credit.

Your benefit waiver credit will be added to your paycheck as taxable income.

**Note:** If you decline medical coverage, you will not have access to 2nd.MD, Hinge Health, Kindbody (fertility benefits) or mental health therapy and medication management services through Lyra Health. You will also have to pay for the full cost of all non-occupational health services you receive at the SpaceX Health Center. However, you and your eligible dependents may still enroll in other benefit plans, such as the Health Care FSA, Dependent Care FSA, and voluntary benefit plans, even if you waive medical and/or dental/vision coverage.

## Making Changes during the Year

Choose your benefits carefully. Medical, dental, vision, and flexible spending account contributions are made on a pre-tax basis, and per IRS regulations, elections cannot be changed unless you experience a qualifying life event. Refer to your Summary Plan Description (SPD) for a complete list of qualifying life events and benefit changes. Qualifying life events may include:

- Marriage or divorce;
- Death of your spouse or dependent;
- Birth or adoption of a child;
- Court-appointed legal guardianship of a child;
- Your spouse or dependent terminating or obtaining new employment (that affects eligibility for coverage);
- You, your spouse, or dependent switching employment status from full-time to part-time or vice versa (that affects eligibility for coverage);
- Your dependent no longer qualifies as an eligible dependent.

Within 30 days\* of the event, you need to log into **Workday** ([myworkday.com/spacex](https://myworkday.com/spacex)) to enter the details about your life event and make desired benefit changes. You will then need to submit any applicable forms and/or documentation in Workday or to [benefits@spacex.com](mailto:benefits@spacex.com). The SpaceX Benefits Team will review your request and determine whether the change you are requesting is allowed. Only benefit changes that are consistent with the qualifying life event are permitted.

*\*60 days if you, your spouse, or eligible dependent child loses coverage under Medicaid or a state Children's Health Insurance Program (CHIP) or becomes eligible for state-provided premium assistance.*



### IMPORTANT!

#### Remember 30 days.\*

That's how much time you have after a qualifying life event to make changes to your benefits. But don't wait until the 30-day deadline; log in to **Workday** as soon as possible and make your new elections. And don't forget to submit the appropriate paperwork in Workday or to [benefits@spacex.com](mailto:benefits@spacex.com). If you miss the 30-day window, you'll have to wait until the next Open Enrollment period in the fall to enroll your new child or your new spouse. Ouch.

*\*60 days if you, your spouse, or eligible dependent child loses coverage under Medicaid or a state Children's Health Insurance Program (CHIP) or becomes eligible for state-provided premium assistance.*

# Medical Benefits

SpaceX provides eligible employees with up to five medical plan options (depending on where you live):

- **Exclusive Provider Organization plan (Medical EPO):** Provides benefits for medical treatment from in-network physicians, facilities, and pharmacies. Care received from a provider outside the network is not covered, with the exception of certain office visits for mental health services and emergency room visits for emergency treatment. You are not required to get a referral for specialist care.
- **Preferred Provider Organization plan (Medical PPO):** Provides benefits regardless of where you receive care, in- or out-of-network. However, your out-of-pocket cost will be less if you use in-network providers.
- **Guide PPO:** Provides in- and out-of-network benefits, but your out-of-pocket costs will be less if you use in-network providers/facilities/services that are associated with better health outcomes. For details, see "A Closer Look at the Guide PPO" on [page 12](#).
- **High-Deductible Health Plan (HDHP) with Health Savings Account (HSA):** Offers a PPO-style medical plan along with the HSA that lets you build savings with before-tax payroll contributions. You can use the HSA to pay for eligible health care expenses throughout the year or roll over a balance each year and build savings for future health care expenses. For details, see "Health Savings Account (HSA)" on [page 14](#).
- **Kaiser Permanente Health Maintenance Organization (HMO) plan:** Available only to employees in California, this plan offers coverage exclusively through Kaiser providers and facilities.

With the exception of the Kaiser HMO, all medical plans are offered through our administrator, Collective Health, through a partnership with Blue Shield of California (BlueCard nationwide).

All medical plans include prescription drug coverage.

Keep in mind, if you want access to Lyra Health (mental health therapy and medication management), 2nd.MD, Hinge Health, and Kindbody (fertility benefits), you must be enrolled in the Medical EPO, Medical PPO, Guide PPO, or HDHP.

Also note, in order to receive care at the SpaceX Health Center for FREE (\$0 copay, except for lab services), you and your covered dependents (ages 14+) must be enrolled in the Medical EPO, Medical PPO, or Guide PPO. If you are enrolled in the HDHP, you can initially only receive preventive care at the SpaceX Health Center for free. Then after you satisfy your HDHP deductible, you can also get non-preventive services for free at the SpaceX Health Center (except for lab services).



## The Kaiser HMO plan is available only to employees in California.

With the Kaiser HMO, you must receive care from a Kaiser provider or facility. The plan requires you to meet an annual deductible. You will pay a copay or coinsurance for most services.

If you're interested in enrolling in the Kaiser HMO, make sure a Kaiser facility is near you as Kaiser facilities are only available in certain regions within California. If you travel a lot for work, you may not have a Kaiser facility near you when you need medical care.

**IMPORTANT!** If you are enrolled in the Kaiser HMO plan, you and your dependents will not have access to Lyra Health (mental health therapy and medication management), 2nd.MD, Hinge Health, and Kindbody (fertility benefits). Also, you will pay out-of-pocket for the full cost of all primary care, mental health, physical therapy, and phlebotomy services you receive at the SpaceX Health Center. These out-of-pocket expenses are not reimbursable under your Kaiser HMO insurance.

## Which Medical Plan Is Right for You?

Deciding which medical plan to enroll yourself or your family in takes some thinking and planning. Ask yourself, **How much medical care do I and my family use each year? Is it worth the extra coverage cost to have more flexibility in choosing health care providers, or is it more important to save on premiums?** The following chart compares some of the costs and features of each medical plan and might help you figure out which plan is right for you.

WHAT'S IMPORTANT TO ME	THEN THE BEST MEDICAL PLAN FOR ME MAY BE...
I want the freedom to choose any health care provider	Medical PPO, Guide PPO, or HDHP (in- and out-of-network)
I want to pay the least amount from my paycheck to cover myself only	Medical EPO (generally in-network only)
I want to pay a low copay to visit my primary care doctor	Guide PPO
I want to save more on taxes and save for future health care expenses	HDHP
I want the plan that has no annual deductible	Guide PPO (when you use in-network providers)



## MEDICAL PLANS COMPARISON CHART

The information below is a summary of medical coverage only. Please go to [join.collectivehealth.com/spacex](https://join.collectivehealth.com/spacex) for plan summaries with more detailed information. Any deductibles, copays, and coinsurance shown in the chart are the amounts for which you will be responsible.

PLAN TYPE	MEDICAL EPO	MEDICAL PPO		GUIDE PPO		HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)		HMO
PLAN ADMINISTRATOR NETWORK	COLLECTIVE HEALTH Blue Shield of California (BlueCard Nationwide)	COLLECTIVE HEALTH Blue Shield of California (BlueCard Nationwide)		COLLECTIVE HEALTH Blue Shield of California (BlueCard Nationwide)		COLLECTIVE HEALTH Blue Shield of California (BlueCard Nationwide)		KAISER PERMANENTE
	IN-NETWORK ONLY*	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
<b>Calendar Year Deductible</b>								
<b>Individual</b>	\$500	\$500	\$0	\$1,000	\$1,800	\$5,000	\$500	
<b>Family</b>	\$1,000	\$1,000	\$0	\$2,000	\$3,600	\$10,000	\$1,000	
<b>SpaceX HSA Account Funding</b>								
<b>Individual</b>	N/A	N/A	N/A	N/A	N/A	\$500	N/A	
<b>Family</b>						\$1,000		
<b>Annual Out-of-Pocket Limit</b>								
<b>Individual</b>	\$3,400	\$3,400	\$10,500	\$3,000	\$6,000	\$4,500	\$13,500	\$3,000
<b>Family</b>	\$6,800	\$6,800	\$21,000	\$6,000	\$12,000	\$9,000	\$27,000	\$6,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Physician Services</b>								
<b>Preventive Care Services**</b>	Covered in full	Covered in full	40% Coinsurance	See <a href="#">page 13</a>	50% Coinsurance	Covered in full	40% Coinsurance	Covered in full
<b>Doctor's Office Visit</b>	\$25 Copay (deductible waived)	\$25 Copay (deductible waived)	40% Coinsurance	\$10 Copay	50% Coinsurance	20% Coinsurance	40% Coinsurance	\$25 Copay (deductible waived)
<b>Specialist</b>	\$40 Copay (deductible waived)	\$40 Copay (deductible waived)	40% Coinsurance	\$50 Copay	50% Coinsurance	20% Coinsurance	40% Coinsurance	\$40 Copay (deductible waived)
<b>Lab and X-ray Services</b>	15% Coinsurance	20% Coinsurance	40% Coinsurance	See <a href="#">page 13</a>	50% Coinsurance	20% Coinsurance	40% Coinsurance	\$10 Copay
<b>Inpatient Hospital Services</b>	15% Coinsurance	20% Coinsurance	40% Coinsurance	\$500 Copay	50% Coinsurance	20% Coinsurance	40% Coinsurance	20% Coinsurance
<b>Emergency Treatment</b>								
<b>ER (true emergency)</b>	15% Coinsurance	20% Coinsurance	20% Coinsurance	\$200 Copay	\$200 Copay (deductible waived)	20% Coinsurance	20% Coinsurance	20% Coinsurance
<b>Ambulance</b>	15% Coinsurance	20% Coinsurance	20% Coinsurance	\$200 Copay	\$200 Copay (deductible waived)	20% Coinsurance	20% Coinsurance	\$150 Copay
<b>Urgent Care</b>	\$25 Copay (deductible waived)	\$25 Copay (deductible waived)	40% Coinsurance	\$10 Copay	\$10 Copay (deductible waived)	20% Coinsurance	40% Coinsurance	\$25 Copay (deductible waived)

This information is provided for summary purposes only. Please refer to the Summary Plan Description for specific plan information. In the event of a discrepancy, the official plan document prevails.

**Note:** Reasonable and Customary (R&C) charges apply to out-of-network coverage.

PLAN TYPE	MEDICAL EPO	MEDICAL PPO		GUIDE PPO		HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)		HMO
PLAN ADMINISTRATOR NETWORK	COLLECTIVE HEALTH Blue Shield of California (BlueCard Nationwide)	COLLECTIVE HEALTH Blue Shield of California (BlueCard Nationwide)		COLLECTIVE HEALTH Blue Shield of California (BlueCard Nationwide)		COLLECTIVE HEALTH Blue Shield of California (BlueCard Nationwide)		KAISER PERMANENTE
	IN-NETWORK ONLY*	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
<b>Mental Health/Substance Abuse</b>								
<b>Inpatient</b>	15% Coinsurance (in-network) Not Covered (out-of-network)	20% Coinsurance	40% Coinsurance	\$500 Copay	50% Coinsurance	20% Coinsurance	40% Coinsurance	20% Coinsurance
<b>Office Visits</b>	\$25 Copay (in-network; deductible waived) 40% Coinsurance (out-of-network)	\$25 Copay (deductible waived)	40% Coinsurance	\$10 Copay	50% Coinsurance	20% Coinsurance	40% Coinsurance	\$25 Copay (deductible waived)
<b>Lyra Health (mental health therapy or medication consultations)</b>	\$25 Copay (deductible waived)	\$25 Copay (deductible waived)	N/A	\$10 Copay	N/A	20% Coinsurance	N/A	N/A
<b>Outpatient Facility or Inpatient/Residential Stay</b>	15% Coinsurance (in-network) Not Covered (out-of-network)	20% Coinsurance	40% Coinsurance	\$200 Copay Outpatient \$500 Copay Inpatient	50% Coinsurance	20% Coinsurance	40% Coinsurance	\$25 Copay (deductible waived) Outpatient 20% Coinsurance Inpatient
<b>Other Services</b>								
<b>Chiropractic/Acupuncture</b>	\$40 Copay (deductible waived) (limited to 30 visits per calendar year)	\$40 Copay (deductible waived) (limited to 30 visits per calendar year)	40% Coinsurance	\$50 Copay (limited to 20 visits per calendar year)	50% Coinsurance (limited to 20 visits per calendar year)	20% Coinsurance (limited to 30 visits per calendar year)	40% Coinsurance (limited to 30 visits per calendar year)	\$15 Copay (deductible waived) (limited to 30 visits per calendar year combined chiropractic and acupuncture session limit)

\*Out-of-network mental health office visits as well as care received at out-of-network emergency departments are covered under the Medical EPO.

\*\*Includes well woman exams, mammograms, adult periodic exams with preventive tests.

## A CLOSER LOOK AT THE GUIDE PPO

With straightforward cost-sharing and proactive, year-round guidance from Collective Health's team of experts, the Guide PPO plan is designed with your health in mind. This medical plan is designed to make it easy to determine what you can expect to pay for your health care, and allow you to pay less for care associated with better health outcomes.

### Simplified Cost-Sharing

There are two kinds of cost-sharing arrangements built into most medical benefit plans that determine how much you will pay out-of-pocket for a given service:

#### Copay

You'll pay a fixed dollar amount for covered health care services or products (think medications, office visits, etc.).

#### Coinsurance

After you have met your deductible (if any), you'll pay a percentage of the cost for some health care services and products. Keep in mind that the percentage you'll owe will vary based on what services or products you're getting (i.e., you'll pay different amounts for procedures, medications, office visits, etc.).

While there are both copays and coinsurances built into the Guide PPO plan, you'll pay a copay for the majority of the most frequently used services. Again, copays allow you to know what you'll owe before you go (and they aren't subject to a deductible, if any).



### Benefits with Higher (50%) Coinsurance

Health care experts have identified services that may present more risks than benefits, or have newer or better alternatives. For these high-cost/low-value services, you pay 50% coinsurance, even if services are performed by an in-network provider. This applies to spinal fusions, spinal injections, vertebroplasty, kyphoplasty, asymptomatic renal artery angioplasty or stenting, knee arthroscopy, proton beam for prostate cancer, intensity-modulated radiation therapy, in-lab sleep studies, and subset of back imaging.

If you plan to have any of the above services performed this year and have questions about your coverage, please reach out to the Collective Health Member Advocates at **(844) 803-0209**.

### Advanced Imaging

Did you know that an MRI that costs \$300 at a non-hospital based, "freestanding" imaging centers can cost up to \$3,000 at an outpatient hospital? For people that have to pay a coinsurance, or a percentage of that amount, that can come as an unwelcome surprise. We're taking the guesswork out of it with simplified copays.

For advanced imaging (like CT/PET scans, MRIs) at a freestanding imaging center, you'll pay \$50 (as long as it's in-network).

For advanced imaging at an in-network, hospital-based imaging center, you'll pay \$500.

To find a freestanding imaging center near you, you can use Collective Health's Cost Information tool, available on your Collective Health web account and app, or call the Collective Health Member Advocates at **(844) 803-0209**.

GUIDE PPO	IN-NETWORK	OUT-OF-NETWORK
<b>Calendar Year Deductible</b>		
Individual	\$0	\$1,000
Family	\$0	\$2,000
<b>Annual Out-of-Pocket Limit</b>		
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
<b>Preventive Care</b>		
Preventive services	\$0 copay	50% coinsurance
<b>Doctor's Office Visits</b>		
Primary care physician	\$10 copay	50% coinsurance
Specialist	\$50 copay	50% coinsurance
<b>Labs</b>		
Diagnostic tests (like x-rays, bloodwork)	\$50 copay	50% coinsurance
Advanced Imaging (like CT/PET scans, MRIs) at a non-hospital based facility	\$50 copay	50% coinsurance
Advanced Imaging (like CT/PET scans, MRIs) at an outpatient hospital	\$500 copay	50% coinsurance
<b>Emergency and Urgent Care</b>		
Ambulance	\$200 copay	\$200 copay
Emergency room	\$200 copay	\$200 copay
Urgent care centers	\$10 copay	\$10 copay
<b>Maternity</b>		
Delivery in a hospital	\$500 copay	50% coinsurance
Breast pumps	\$0 copay	\$0 copay
<b>Behavioral Health</b>		
Office visits	\$10 copay	50% coinsurance
Hospital (overnight)	\$200 copay	50% coinsurance
Outpatient care	\$200 copay	50% coinsurance
Habilitation	\$10 copay	50% coinsurance
Applied behavioral analysis	\$10 copay	50% coinsurance
<b>Inpatient Hospital Services</b>		
Inpatient hospital facility	\$500 copay	50% coinsurance

GUIDE PPO	IN-NETWORK	OUT-OF-NETWORK
<b>Outpatient Hospital</b>		
Outpatient hospital facility	\$200 copay	50% coinsurance
<b>Ambulatory Surgical Center</b>		
Ambulatory surgery facility	\$50 copay	50% coinsurance
<b>Allergy</b>		
Allergy testing	20% coinsurance	50% coinsurance
Allergy serum or therapy	20% coinsurance	50% coinsurance
<b>Transplants</b>		
Transplant surgery	Cost varies by place of service	Not covered
<b>Recovery or Special Health Needs</b>		
Physical, occupational, or speech therapy (combined 60 session limit for rehabilitative therapy; session limit does not apply for habilitative therapy)	\$10 copay	50% coinsurance
Home health (100 day limit per year)	20% coinsurance	50% coinsurance
Hospice care	\$0 copay	50% coinsurance
Skilled nursing facility (100 day limit per year)	\$200 copay	50% coinsurance
Durable medical equipment	20% coinsurance	50% coinsurance
<b>Other Services</b>		
Acupuncture (20 session limit per year)	\$50 copay	50% coinsurance
Chiropractor (20 session limit per year)	\$50 copay	50% coinsurance
Infusion therapy	20% coinsurance	50% coinsurance
Dialysis	20% coinsurance	50% coinsurance
Chemotherapy	\$10 copay	50% coinsurance
Bariatric surgery (PA)	Cost varies by place of service	Not covered



## HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the HDHP for medical coverage, it comes with an HSA. The HSA offers many great advantages to help you budget for and save on your health care costs:

- **You own it:** You own your HSA and can even take it with you if you leave SpaceX.
- **You choose how to use it:** You choose how much you want to contribute to your HSA and can change your contribution throughout the year. The way you use your HSA is up to you, whether you use it for expenses during the year or let it roll over from one year to the next to use for eligible expenses in the future. And SpaceX contributes to your HSA.
- **You save:** All of your per-paycheck contributions to the HSA are on a pre-tax basis. However, if you live in California or New Jersey, state taxes may apply to your contributions.

### A Triple Tax Advantage!

All of these are federal and, in most states, state tax-free!

1. **Contributions** (except in California and New Jersey, you'll pay state taxes on both employer and employee contributions).
2. **Interest** earnings on account growth are tax-free (except in New Hampshire and Tennessee, where you'll pay state tax on earnings).
3. **Funds you use** for eligible medical expenses.

### HSA Contributions

Contributions to your HSA can come from two sources — you and SpaceX. SpaceX will automatically contribute up to \$500 for individual coverage and \$1,000 for family coverage annually, in equal parts each pay period, irrespective of whether you choose to contribute to your HSA or not.

The table below shows the maximum amount you can contribute to your HSA in 2025 combined with SpaceX's annual contributions. You can make changes to your HSA contributions anytime during the year.

COVERAGE LEVEL	2025* IRS HSA CONTRIBUTION LIMIT	SPACE X AUTOMATICALLY CONTRIBUTES ...	FOR 2025* YOU CAN CONTRIBUTE UP TO ...
Employee Only	\$4,300	\$500	\$3,800
Employee + Spouse	\$8,550	\$1,000	\$7,550
Employee + Child(ren)	\$8,550	\$1,000	\$7,550
Employee + Family	\$8,550	\$1,000	\$7,550

\* If you will be age 55 or older in 2025, you can contribute an additional \$1,000 to your HSA.

## Dental Benefits

Dental coverage is key to your overall health and wellness. Collective Health partners with Delta Dental to deliver dental coverage. Keep in mind, when you elect dental coverage you automatically receive vision benefits at the same coverage level.

SpaceX dental coverage has four main types of expenses that are indicated below.

- **Diagnostic and preventive services** such as routine exams and cleanings, X-rays, fluoride treatments, sealants, and space maintainers
- **Basic services** such as fillings (amalgam, silicate or composite), simple tooth extractions, root canals, gum treatment (periodontics), and oral surgery
- **Major services** such as crowns, inlays, onlays and cast restorations, bridges, dentures, and implants
- **Orthodontia**

BENEFITS	DENTAL PPO & PREMIER IN-NETWORK*	DENTAL PPO OUT-OF-NETWORK
<b>Annual Calendar Year Maximum</b>	\$2,000	\$2,000
<b>Calendar Year Deductible</b>		
<b>Individual</b>	\$50	\$75
<b>Family</b>	\$150	\$225
<b>Diagnostic &amp; Preventive Services (deductible waived)</b>	Covered in full	Covered in full
<b>Basic Services</b>	20% after deductible	30% of allowable amount after deductible
<b>Major Services</b>	50% after deductible	60% of allowable amount after deductible
<b>Orthodontia (Adults &amp; Children)</b>	50% after deductible	50% of allowable amount after deductible
<b>Lifetime Maximum</b>	\$2,500	\$1,500

\*Visit an in-network PPO dentist to maximize your savings. These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill. Find an in-network PPO dentist at [join.collectivehealth.com/spacex](https://join.collectivehealth.com/spacex).

**Note:** Please refer to the plan documents from the carrier for specific plan information. In the event of a discrepancy in this plan summary, the official plan document prevails.

## Vision Benefits

Collective Health has partnered with Vision Service Plan (VSP) to provide vision coverage. You must elect vision coverage at the same level as your dental coverage. Benefits include eye exams plus frames with lenses, or contacts, every 12 months.

BENEFITS	VISION PLAN IN-NETWORK	VISION PLAN OUT-OF-NETWORK
<b>Exam</b>	Paid in full after \$25 copay	\$50 allowance
<b>Lenses*</b>		
<b>Single Vision</b>	Paid in full	\$50 allowance
<b>Bifocal</b>	Paid in full	\$75 allowance
<b>Lined Trifocal</b>	Paid in full	\$100 allowance
<b>Lenticular</b>	Paid in full	\$125 allowance
<b>Frames</b>	\$200 allowance**	\$70 allowance
<b>Contacts**</b>		
<b>Exam and Fitting</b>	Up to \$60 copay	\$105 allowance for exam, fitting and materials
<b>Elective</b>	\$200 allowance for contacts only**	
<b>Medically Necessary</b>	Paid in full	\$210 retail allowance

\*Most popular lens enhancements are covered with a copay, saving an average of 20-25% through a VSP provider.

\*\*Contacts are in lieu of lenses and frame for each calendar year.

**Note:** Please refer to the plan documents from the carrier for specific plan information. In the event of a discrepancy in this plan summary, the official plan document prevails.



## Prescription Drug

The prescription drug program for SpaceX's Medical EPO, Medical PPO, Guide PPO, and HDHP medical plans includes four different copay levels based on the category of drug prescribed (generic or brand) and whether or not the drug is a preferred, non-preferred, or specialty medication. The prescription drug program for SpaceX's HMO medical plan with Kaiser Permanente is based on two copay levels (generic and brand) within the formulary.

**Mail order:** For prescriptions you take on a regular basis (called maintenance medications), you can receive them through mail order with any SpaceX medical plan. Mail order is convenient and less expensive — the medication gets delivered to your door, you can receive a larger supply, and at a lower cost per dosage. For more information, contact Collective Health or Kaiser Permanente.

**Mail order refills for members in the Medical EPO, Medical PPO, Guide PPO, and HDHP:** Capital Rx offers an auto-refill program through Optum Rx. It's a service where prescriptions are automatically refilled and delivered to you without needing to request a refill each time. To participate, log into Collective Health and access the Capital Rx member portal to enroll your eligible prescriptions. You will receive reminders before an order is shipped.

PRESCRIPTION DRUG	MEDICAL EPO, MEDICAL PPO & GUIDE PPO (IN-NETWORK)	HDHP (IN-NETWORK)	KAISER HMO (IN-NETWORK)
<b>Retail Pharmacy</b>	<b>30- to 90-Day Supply</b>	<b>30- to 90-Day Supply</b>	<b>30-Day Supply</b>
<b>Generic</b>	\$10 Copay (1-30 days supply) \$10 Copay (31-90 days supply)	20% Coinsurance	\$10 Copay
<b>Name Brand Within Formulary</b>	\$30 Copay (1-30 days supply) \$60 Copay (31-90 days supply)	20% Coinsurance	\$25 Copay
<b>Name Brand Outside of Formulary</b>	\$60 Copay (1-30 days supply) \$120 Copay (31-90 days supply)	20% Coinsurance	Not Applicable
<b>Self-administered Injectable Medication</b>	30% Coinsurance (maximum payment of \$150)	30% Coinsurance (maximum payment of \$150) after deductible	Not Applicable
<b>Mail Order</b>	<b>Up to 90-Day Supply</b>	<b>Up to 90-Day Supply</b>	<b>100-Day Supply</b>
<b>Generic</b>	\$10 Copay	20% Coinsurance	\$20 Copay
<b>Name Brand Within Formulary</b>	\$60 Copay	20% Coinsurance	\$50 Copay
<b>Name Brand Outside of Formulary</b>	\$120 Copay	20% Coinsurance	Not Applicable
<b>Self-administered Injectable Medication</b>	30% Coinsurance (maximum payment of \$300)	30% Coinsurance (maximum payment of \$300) after deductible	Not Applicable

## SPECIALTY MEDICATIONS

Specialty medications are used to treat chronic conditions including multiple sclerosis, cancer, HIV, and certain forms of rheumatoid arthritis.

**Medical EPO, Medical PPO, Guide PPO, and HDHP members:** Specialty medications are dispensed through Optum Specialty Pharmacy. They offer a team of nurses, pharmacists, and care coordinators to help you achieve the best possible outcomes from your treatments.

- **To learn more, contact Collective Health's Member Advocates:** They're trained to guide you through the process with Optum Specialty Pharmacy to ensure proper fulfillment. Collective Health Member Advocates are available by calling **(844) 803-0209** from 4 AM to 6 PM Pacific Time, Monday – Friday; 7 AM to 11 AM Pacific Time, Saturday.
- **Capital Rx's specialty medications and Optum Home Delivery:** You can manage all medications (including speciality medications) from the same Capital Rx member portal by logging into Collective Health.

**Kaiser members:** Specialty medications are distributed through your physician.

## FORMULARY DRUGS

A formulary is a list of recommended brand and generic medications. These medications have been included in the formulary based on their therapeutic value, safety, and cost. Collective Health Member Advocates will help you understand if your medications are on the formulary. Give them a call at **(844) 803-0209** from 4 AM to 6 PM Pacific Time, Monday – Friday; 7 AM to 11 AM Pacific Time, Saturday.

**New for 2025: Capital Rx**

We are excited to introduce Capital Rx as our pharmacy benefit manager. Capital Rx is a next-generation pharmacy benefit manager. Prescription drug benefits and services will remain the same for 2025. However, Capital Rx will work hard to enhance your member experience.

Capital Rx's role will be to help you find the best price for your medications, provide 24/7 customer support, and more. You'll still have access to Collective Health — but you can also contact Capital Rx directly as another option for support.

**Note:** You'll receive a new ID card from Collective Health with your Capital Rx information.





## Health Care Plan Information

### IN-NETWORK ADVANTAGE

Consider your health care options highlighted in this guide. Some plans give you the freedom to use any health care provider of your choice. However, when you use an in-network provider, the percentage you pay out-of-pocket will be based on a negotiated fee, which is usually lower than the actual charges. If you use a provider who is outside of the network, you may be responsible for paying the difference between the allowable charges and what the provider charges. Allowable amounts are set by the insurance carrier and are generally considered reasonable based on what most providers charge for a particular service in a geographic area.

### COPAYMENTS AND COINSURANCE

A copayment (copay) is the fixed dollar amount you pay (for example, \$25) for covered health care, usually when you receive the service.

Coinsurance is your share of the costs of a covered service, calculated as a percentage of the allowed amount for the service. For example, if the plan's allowed amount for an overnight hospital stay is \$1,000, your coinsurance payment of 20% would be \$200. This may change if you haven't met your deductible.

### ANNUAL DEDUCTIBLE

Your annual deductible is the amount of money you must first pay out-of-pocket before your plan begins paying for services covered by coinsurance. Some services, such as office visits in some plans, require copays without having to meet your annual deductible.

After you meet your deductible, the plan pays for a percentage of eligible expenses (coinsurance) until you meet your out-of-pocket maximum. If you receive services from an out-of-network provider, the plan pays a lower percentage of coinsurance. The deductible starts over every January 1. Refer to your health care plan summaries for more information.

### OUT-OF-POCKET MAXIMUM

Some plans feature an out-of-pocket maximum, which limits the amount of coinsurance you will pay for eligible health care expenses. Once you reach that maximum, the plan begins to pay 100% of eligible expenses. There may be separate in- and out-of-network annual out-of-pocket maximums. Due to health care reform, copays and deductibles, including those incurred for prescriptions, will apply to your out-of-pocket maximum accumulation.

### SPECIAL NOTE FOR KAISER HMO PARTICIPANTS

- You must use providers who are part of the Kaiser HMO network within the region where you live (Southern or Northern California) to receive benefits unless you are in an emergency situation.
- You can change your Kaiser doctor anytime for any reason online, in person or over the phone.
- You will need a referral before you receive care from a specialist (some exceptions).
- You will receive a medical record number (MRN). If you were a Kaiser member previously, you will keep the same MRN.
- There is an annual deductible to satisfy for inpatient and outpatient surgery as well as emergency services. For most services you typically pay a copay or coinsurance.
- Due to health care reform, most plan copays will apply to the out-of-pocket maximum.

### PREVENTIVE AND NON-PREVENTIVE SERVICES

Eligible preventive care services are covered at no cost to you. These are the services generally linked to routine wellness exams. Non-preventive services are those that are considered treatment or diagnosis for an illness, injury, or other medical condition. There may be limits on how often you can receive preventive care treatments and services. You should ask your health care provider whether your visit is considered routine/preventive or non-preventive care. Examples of preventive care include:

- Annual routine physicals (see plan for guidelines and details)
- Immunizations
- Bone-density tests
- Cholesterol screenings
- Mammograms
- Pap smears
- Pelvic exams
- Prostate Specific Antigen (PSA) exams
- Prenatal exams and gestational diabetes tests
- Screenings and counseling for HIV, HPV, and domestic violence
- Breastfeeding supplies and counseling
- Contraceptive drugs, devices, and sterilization (see plan for details)



## SpaceX Health Center

### POWERED BY ONE MEDICAL

We care about your health and well-being. To give you the best, easy-to-access care while at work, we established the onsite SpaceX Health Center, in partnership with One Medical, at our Hawthorne, CA campus. The SpaceX Health Center provides primary care, physical therapy, mental health, phlebotomy, and occupational health services. One Medical's team of experienced health care providers offers full-spectrum care — from allergies and dermatological issues to physical exams and stress management.

The SpaceX Health Center is open to all employees (regular, temporary, and interns). Spouses and dependent children (ages 14 – 25) can also access the SpaceX Health Center for primary care, physical therapy, and phlebotomy services.

Your out-of-pocket costs for non-occupational health services received at the SpaceX Health Center may vary, depending on the type of medical insurance coverage you have:

- **Medical EPO, Medical PPO, and Guide PPO:** Services at the onsite SpaceX Health Center are free (\$0 copay!) for you and your covered dependents (except for lab services). Specifically, lab work at the SpaceX Health Center is sent out to an in-network 3rd party lab partner (e.g., LabCorp or Quest Diagnostics). You will receive a separate bill, after insurance payments are applied, from the 3rd party lab partner with the lab processing fees, which will be your financial responsibility.
- **HDHP with HSA:** Preventive services, such as an annual wellness exam, are free. However, in accordance with IRS rules, you will pay out-of-pocket for the fair market value of non-preventive services you receive at the onsite SpaceX Health Center, until you satisfy your HDHP deductible. After you meet your HDHP deductible, services at the onsite SpaceX Health Center will be free for the rest of the year (except for lab services). Specifically, lab work at the SpaceX Health Center are sent out to an in-network 3rd party lab partner (e.g., LabCorp or Quest Diagnostics) for processing. You will receive a separate bill, after insurance payments are applied, from the 3rd party lab partner with the lab processing fees, which will be your financial responsibility.

- **Kaiser HMO:** You will pay out-of-pocket for the full cost of all primary care, mental health, physical therapy, and phlebotomy services you receive at the SpaceX Health Center. These out-of-pocket expenses are not reimbursable under your Kaiser HMO.
- **Non-SpaceX Medical Insurance:** For employees and dependents not actively covered under a SpaceX medical plan (e.g., waived coverage, ineligible, or within waiting period), you will pay out-of-pocket for the full cost of all primary care, mental health, physical therapy, and phlebotomy services you receive at the SpaceX Health Center. At your request, the SpaceX Health Center can provide you with a "super-bill" that you may present to your non-SpaceX medical insurance plan to request any applicable reimbursement.

For those enrolled in the Medical EPO, Medical PPO, Guide PPO, and HDHP, you will receive a Medical Benefits Statement (MBS) from Collective Health indicating your financial responsibility for non-occupational health services you receive at the SpaceX Health Center. Your financial responsibility will vary depending on your medical insurance plan, as noted above.

**Note:** For employees receiving occupational health services at the SpaceX Health Center to treat work-related injuries or illnesses, these services are provided free to you, irrespective of your health insurance plan.

The SpaceX Health Center is generally open Monday – Friday, 8 AM – 5 PM (closes at 4 PM on Wednesdays). Walk-in lab hours are Monday – Friday, 8 AM – 12 PM and 1 PM – 4 PM. To book appointments at the onsite SpaceX Health Center, you must first register with One Medical at [onemedical.com/spacex](https://onemedical.com/spacex) and use SpaceX company code **SXJCXOM15**.

Then, download the free mobile app (One Medical) to book an appointment (select specific location and choose SpaceX Health Center). You can also contact the SpaceX Health Center at **(310) 706-8992** or [spacex@onemedical.com](mailto:spacex@onemedical.com).

## Additional Benefits with One Medical

One Medical is a membership-based primary care practice designed around the relationship between you and a team of expert providers. From same-day or next-day appointments that start on time to free, on-demand virtual care 24/7, One Medical makes it easy to get the care you deserve, when and where you need it. One Medical streamlines everything to make getting medical care convenient, efficient, and even enjoyable. Best of all, your One Medical membership fee (normally \$199 per person, per year) is 100% covered by SpaceX.

### YOUR ONE MEDICAL BENEFITS INCLUDE:

- Access to expert primary care at any of One Medical's 150+ community offices across the U.S. One Medical Kids (pediatrics) also available in select locations, including El Segundo, CA.
- Employees without access to a One Medical office nearby, still have access to free 24/7 on-demand, virtual care through One Medical Now.
- One Medical's membership fee is 100% paid by SpaceX for employees, spouses, and dependent children under age 26, if enrolled in the Medical EPO, Medical PPO, Guide PPO, or HDHP.

### HOW ONE MEDICAL WORKS WITH YOUR MEDICAL INSURANCE

- Visits to One Medical community offices are in-network with SpaceX's Medical EPO, Medical PPO, Guide PPO, and HDHP.
- Office visits (both remote and in-person) at One Medical's community offices are billed to insurance and your standard copays, coinsurances, and deductibles apply.
- 24/7 on-demand virtual care through the One Medical mobile app is not billed to your medical insurance and is provided to you for free.

## 2nd.MD

SpaceX employees and their family members enrolled in the Medical EPO, Medical PPO, Guide PPO, or HDHP can consult with leading physicians about their treatment plan or diagnosis through 2nd.MD at no cost. 2nd.MD is a leading expert medical opinion service that connects individuals with board-certified, nationally-recognized expert doctors for live consultations, via phone or video — within 3-5 days.

### WHEN TO USE 2ND.MD

When dealing with illness, injury or chronic pain, 2nd.MD makes it easy to speak to an expert doctor on a wide range of conditions. 2nd.MD works with doctors from major academic institutions who are highly credentialed in their field. 2nd.MD can help when you have medical questions like:

- Do I have the right diagnosis?
- Am I on the best treatment path and medications?
- Is this surgery or procedure the best option for me?

### STEPS TO REQUEST AN EXPERT SECOND OPINION

- Activate your 2nd.MD account by visiting [2nd.md/spacex](https://2nd.md/spacex) or by calling **(866) 841-2575**.
- Discuss your medical questions with a 2nd.MD specialized nurse who will handle all the details and paperwork, making it convenient and easy for you.
- Consult with a leading medical specialist — via video or phone — at a time that works for you within 3-5 days of requesting a consult (including evenings and weekends!).

### CONDITIONS THAT 2ND.MD CAN HELP WITH

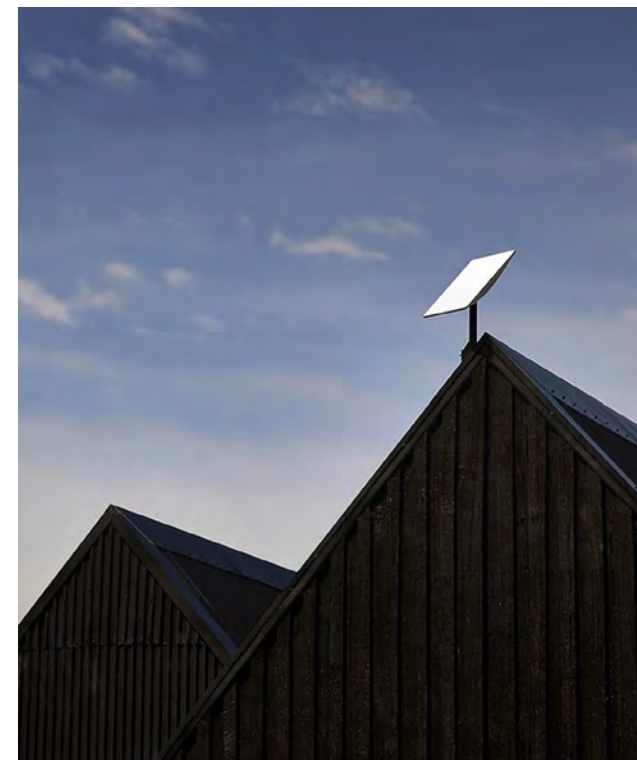
2nd.MD experts are industry leaders across hundreds of subspecialties and thousands of conditions, like:

- Cancer
- Heart disease & stroke
- Digestive problems
- Cardiac concerns and conditions
- Immunological disorders (type 1 diabetes, rheumatoid arthritis)
- Mental health issues
- And thousands more!

### ELIGIBILITY

SpaceX extends 2nd.MD's services at no cost to employees and their dependents enrolled in the Medical EPO, Medical PPO, Guide PPO, or HDHP. To activate your account and request a consult:

- Visit [2nd.md/spacex](https://2nd.md/spacex)
- Call **(866) 841-2575**
- Download the 2nd.MD app via App Store or Google Play



## Lyra Health

Lyra makes it easy for you to find and get high-quality, personalized care for your mental and emotional health, so you can be your best self at SpaceX and at home. The Lyra Health benefit is split into two distinct programs — Lyra Coaching and Lyra Therapy (with access to medication management) — each with different eligibility criteria and cost sharing. If you want access to mental health therapy and medication management from Lyra Health, you must be enrolled in the Medical EPO, Medical PPO, Guide PPO, or HDHP.

### LYRA COACHING

Lyra Coaching is a six-session mental health coaching program, designed by Lyra clinicians and grounded in principles of evidence-based treatments, that will empower you to better manage stress, make difficult decisions, and improve relationships, both at work and at home. Meet with a certified coach via video, who is trained in proven methods and will personalize a plan to you and your life.

- Available via live video
- Supported by digital therapeutic tools and exercises

### Access and Cost

Lyra Coaching is available for **FREE** as an employee assistance program (EAP) to all SpaceX employees (regular, temporary, and interns), who are normally scheduled to work at least 20 hours per week, their legally-married spouse, and their dependent children (ages 18 – 25). No employee contributions are required to access Lyra Coaching and there are no copays, coinsurance, or deductibles applicable for Lyra Coaching sessions.

### LYRA THERAPY (WITH ACCESS TO MEDICATION MANAGEMENT)

#### About Therapy

Lyra providers practice evidence-based treatments, such as Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT), which are effective for many common mental health issues. Evidence-based treatments are typically short-term and most people make meaningful progress in 8-12 therapy sessions. Extended therapy to treat certain high-risk conditions and children/adolescents may also be available through Lyra Health.

- Available in-person or live video
- Supported by digital therapeutic tools and exercises

### About Medication Management

Medication management offers in-depth consultation to help members learn about and understand if a medication may or may not be right for them. This service also offers ongoing support between visits and rigorous symptom monitoring to ensure medications are effective.

- 90-minute consultation available via live video
- Supported by digital therapeutic tools and exercises
- Often even more effective when combined with therapy

### Access and Cost

Lyra Therapy (with access to medication management) is available **ONLY** to SpaceX employees and their dependents enrolled in the SpaceX Medical EPO, Medical PPO, Guide PPO, or HDHP.

Access to mental health therapy and medication management consultations through Lyra Health is included in the bi-weekly employee contributions that you pay via payroll deductions for your Medical EPO, Medical PPO, Guide PPO, or HDHP coverage. However, any therapy session or medication consultation with a Lyra network provider, conducted either in-person or via video, will be subject to the same copay, coinsurance, and/or deductible as office visits to other in-network mental health providers under the SpaceX Medical EPO, Medical PPO, Guide PPO, or HDHP. This means that if you elect the Medical EPO, Medical PPO, or Guide PPO, you will generally be subject to a \$25 copay (Medical EPO and Medical PPO) or a \$10 copay (Guide PPO) for each therapy session or medication consultation, with the deductible waived. In accordance with IRS rules, if you elect the HDHP, you must pay the full cost of each Lyra therapy session or medication consultation until you satisfy your HDHP deductible. After you meet your HDHP deductible, you generally will be subject to 20% coinsurance for each therapy session or medication consultation.

Lyra's tools and services are 100% confidential.

To get started with Lyra, visit [spacex.lyrahealth.com](https://spacex.lyrahealth.com) or contact the Lyra care team 24/7 by phone at **(855) 240-0049** or email at [care@lyrahealth.com](mailto:care@lyrahealth.com).

## Hinge Health

Hinge Health offers exercise therapy programs to treat joint and muscle pain from your head to your toes, which may include chronic back, knee, hip, shoulder pain, and more. It's convenient and fits your schedule — it can be done anywhere, at any time. Each user is paired with a health coach who acts as an accountability partner and works with you throughout the program to help you create and stick to your goals. The Hinge Health program only takes 45 minutes per week, and the average participant reports a 60% pain reduction by the end of the program.

Best of all, this program is available at no cost to you and your dependents (age 18+) enrolled in the Medical EPO, Medical PPO, Guide PPO, or HDHP.

Once enrolled, you'll receive:

- **Convenient Exercise Therapy:** Complete less than 45 minutes of exercise therapy sessions per week, anytime and anywhere.
- **Coaching and Peer Support:** To motivate you and help you meet your goals.
- **Education:** To help you understand treatment options and how you can manage your pain.

### ELIGIBILITY

SpaceX employees and dependents (age 18+) enrolled in the Medical EPO, Medical PPO, Guide PPO, or HDHP are eligible to apply by taking a short, clinical questionnaire online. No referral or diagnosis is needed from a physician.

If you're experiencing back or joint pain, Hinge Health is available to help. They deliver everything you need to your home so you can participate remotely. Visit [hinge.health/spacex](https://hinge.health/spacex) to apply.

You can also contact Hinge Health at **(855) 902-2777** or [hello@hingehealth.com](mailto:hello@hingehealth.com).

## Kindbody

Kindbody is a modern-day fertility and family planning provider helping you understand and take control of your family planning and future. Through Kindbody, you will have access to gynecology, fertility, and family-building services — from preconception through postpartum. You will receive best-in-class care at affordable prices in clinics that are modern, warm, and welcoming. A dedicated care navigation team is available to guide you through your journey and give you peace of mind, every step of the way.

### YOUR KINDBODY BENEFIT SPONSORED BY SPACEX

Your fertility and family-building benefits through Kindbody include:

#### Fertility Services

- Up to four (4) KindCycle\* fertility treatments (lifetime limit), inclusive of medication, subject to 20% coinsurance.
- Discounted retail rates on services at Kindbody Signature clinics, after the four (4) KindCycles sponsored by SpaceX are exhausted.
- KindCycle treatments available at Kindbody Signature clinics or at 400+ partner clinics nationwide.
- Dedicated care navigation team available to guide you through your journey.
- Access to end-to-end fertility services, including standard gynecological care.\*\*
- 24/7 virtual care options, online appointment scheduling, and a personalized patient portal for convenient visibility into your care plan.
- **Eligibility:** You and your dependents must be enrolled in the SpaceX Medical EPO, Medical PPO, Guide PPO, or HDHP to be eligible for the Kindbody fertility benefits.

#### Adoption, Donor & Surrogacy Services

- Up to \$40,000 in reimbursement (lifetime limit) available for eligible adoption, donor, and surrogacy services. Reimbursement of eligible expenses will be administered by Kindbody.\*\*\*
- Referrals to vetted third party agencies, procurement of surrogacy or adoption agency, financial consultation, and more through Kindbody's third party services.
- **Eligibility:** Employees normally scheduled to work at least 20 hours per week will be eligible for this reimbursement.

*\*A KindCycle is comprised of various fertility services, such as IVF, IUI, and egg freezing. Kindbody determines how the different fertility services count towards a KindCycle. Contact Kindbody for details.*

*\*\*Certain services provided by Kindbody (e.g., gynecological care, well-woman exams, etc.) may be covered through your SpaceX medical plan, subject to applicable cost-sharing.*

*\*\*\*Contact Kindbody for a list of reimbursable adoption, donor, and surrogacy services. Eligible expenses reimbursed by Kindbody on SpaceX's behalf are considered taxable wages to you. SpaceX will tax assist (i.e., gross-up) these reimbursements for applicable incomes taxes (at supplemental rates) and employment taxes.*

### HOW TO GET STARTED WITH KINDBODY

**Step 1:** Go to [kindbody.com/spacexbenefits](https://kindbody.com/spacexbenefits)

**Step 2:** Create your Kindbody account using any email address

**Step 3:** Confirm your eligibility by entering your access code **KINDSPACEX** (case sensitive) and unique ID.

- Employees will use their 6-digit SpaceX **Employee ID**
- Spouses will use the same 6-digit SpaceX **Employee ID + S**

If you have an existing Kindbody account, please contact Kindbody to ensure your account is updated to reflect the SpaceX-sponsored Kindbody benefits.

Have questions? Contact Kindbody at [employeebenefits@kindbody.com](mailto:employeebenefits@kindbody.com) or **(844) 519-0425**.

## RethinkCare

RethinkCare is an award-winning web-based program that provides childhood development support to caregivers raising children with learning challenges, behavioral issues, and developmental disabilities (for example, autism spectrum disorder, attention-deficit/hyperactivity disorder (ADHD), learning disabilities, etc.). Through RethinkCare, SpaceX employees gain access to 14 hours of remote consultations annually with a Board Certified Behavior Analyst to address specific challenges. Consultations may be divided into 30-minute increments, and may be conducted by phone or video chat. Common consultation topics include:

- Detailed review of the child's specific needs
- Addressing behavioral problems at home
- Recommendations on strategies for school collaboration
- Coping with the stress of a new diagnosis or ongoing daily struggles at home
- Recommendations regarding school delivery of Individualized Educational Plan (IEP) and community resources

Additionally, when you join, you get access to RethinkCare's platform and mobile app that is filled with step-by-step videos and research-based resources to teach hundreds of skills to children of all ages and abilities. The program has no age restrictions, requires no diagnosis and is completely confidential. RethinkCare doesn't replace in-home consultation or in-person therapy. RethinkCare does not work directly with children — instead, it's a benefit for parents. Behavior experts at RethinkCare help parents generalize the strategies and interventions to situations outside of therapy.

This program is provided to SpaceX employees. To receive access to RethinkCare, sign up by visiting [rethinkbenefits.com/spacex](https://rethinkbenefits.com/spacex) and use the enrollment code SPACEX. For questions, contact RethinkCare at **(800) 714-9285** or [support@rethinkbenefits.com](mailto:support@rethinkbenefits.com).

# Flexible Spending Accounts

Flexible spending accounts (FSAs) help you save money by allowing you to pay for certain types of health care and dependent care expenses on a pre-tax basis. You decide how much money to put aside each payday to cover these expenses, up to the plan maximum. This amount is then deducted from your pay before taxes and deposited into your FSA.

When you need money to cover an eligible expense, you can be reimbursed using a variety of reimbursement methods. Remember to always keep your receipts.

**Note:** Per IRS rules, if you choose to enroll in the HDHP for 2025, you will NOT be eligible to contribute to the Health Care FSA. Instead, the Health Savings Account (HSA) will be available to you. For more information, please refer to "Health Savings Account (HSA)" on [page 14](#).

ACCOUNT	ANNUAL CONTRIBUTION
Health Care FSA	\$3,300* maximum per employee
Dependent Care FSA	\$5,000** maximum per household

*\*This is the projected limit for 2025. The IRS had not yet released the actual contribution limit prior to the publication of this guide. The final 2025 limit adopted by SpaceX, which may be equal to or less than the IRS limit, will be reflected in your 2025 Open Enrollment benefit event in Workday.*

*\*\*If you are married and file income taxes separately from your spouse, the maximum is \$2,500.*

## HEALTH CARE FSA

### Eligible Health Care Expenses

- Prescription medicines and drugs
- Hearing aids
- Orthopedic goods, prosthetic devices
- Doctors
- Dentists, orthodontics
- Chiropractors
- Optometrists, ophthalmologists, opticians, eyeglasses
- Over-the-counter medicines and drugs (prescription needed)
- Chiroprodists, podiatrists
- Nursing and personal care facilities
- Medical and dental laboratories
- Medical services and health practitioners
- Ambulance services, equipment, and supplies

### Ineligible Health Care Expenses

- Cosmetic expenses such as teeth whitening and hair removal or hair growth treatments
- Massage therapy (unless accompanied with doctor's note specifying medical necessity and listing specific diagnosis with length of treatment)
- Health club dues
- Insurance premiums of any type
- Weight loss programs (unless accompanied by doctor's note specifying medical necessity and listing specific diagnosis with length of treatment)

## DEPENDENT CARE FSA

### Eligible Dependent Care Expenses

- Childcare provided at a daycare center or through a private provider
- Nanny services with the care of a dependent
- Day camps associated with the care of a dependent
- Pre-school tuition that is daycare related (price of tuition alone is not eligible)
- Annual registration fees for daycare providers
- After-hours care that results from working odd hours or overtime
- Elder care

### Ineligible Dependent Care Expenses

- Costs claimed as a dependent care tax credit on your tax return
- Services provided by one of your dependents for whom you or your spouse can claim a deduction on IRS Form 1040
- Expenses for babysitting un-related to your gainful employment
- Your own dependents, under age 19, babysitting
- Expenses paid for schooling kindergarten and above, which are primarily educational in nature

For more information on eligible expenses, go to [healthequity.com/spacex](https://healthequity.com/spacex).

To submit FSA claims for reimbursement, log in to your HealthEquity account at [healthequity.com](https://healthequity.com).



### CAUTION!

#### Do you know the difference between a Health Care FSA vs. Dependent Care FSA?

A Health Care FSA is a pre-tax account that is used to pay for eligible health care expenses for you and your qualifying dependents (as defined under the Internal Revenue Code). Generally, qualifying dependents include your spouse and dependent children.

A Dependent Care FSA is a pre-tax account used to pay for eligible dependent care expenses, such as day care, day camps, nannies, elder care, etc. The Dependent Care FSA is typically available to employees with dependent children under the age of 13.

A Dependent Care FSA CANNOT be used to pay for the health care expenses of your dependents. Please be very careful to select the correct FSA account type when you make your FSA elections. Otherwise, you risk forfeiting your account balance!



### Use it or lose it.

If you do not spend all the money in your FSAs during the year, IRS regulations require that you forfeit any remaining balance. Use your 2025 FSA funds on eligible expenses by March 15, 2026. Submit all FSA claims for reimbursement to HealthEquity (SpaceX's FSA administrator) by March 31, 2026.

**Note:** If you terminate your employment with SpaceX prior to March 15, 2026, your deadline to use your 2025 FSA funds changes to your termination date. All claims incurred by your termination date must be filed by the earlier of 90 days from your termination date or March 31, 2026.



## Income Protection

SpaceX provides you with a variety of insurance plans to provide replacement income to you or your beneficiaries in the event of disability, accident, or death.

### SHORT-TERM DISABILITY (STD)

SpaceX provides eligible employees with Short-Term Disability benefits at no cost. STD provides income protection after seven consecutive days of a qualified accident or illness. The plan pays 66.67% of your weekly base pay, up to a maximum of \$1,600 per week for up to 12 weeks. This benefit is coordinated with other disability income benefits you may receive.

### LONG-TERM DISABILITY (LTD)

If you have exhausted your Short-Term Disability benefits and still are unable to return to work, SpaceX provides you with Long-Term Disability benefits at no cost. LTD insurance pays a monthly benefit in the event you cannot work after 90 continuous days of disability. Your LTD benefit is equal to 66.67% of your monthly base pay, up to a maximum of \$10,000 per month. Benefits continue until you are no longer disabled under the plan or until you reach normal retirement age. This benefit is coordinated with other disability income benefits you may receive.

#### Pre-existing Condition Limitations

The Long-Term Disability plan does not cover any disabilities caused by, contributed to, or resulting from a pre-existing condition. You have a pre-existing condition if, for example, you received medical treatment, consultation, care, or services, including diagnostic measures, or took prescribed drugs or medicines in the three months just prior to your effective date of coverage. After you have been covered under the plan for 12 months, pre-existing condition limitations no longer apply.

## BASIC LIFE AND AD&D

SpaceX provides you with basic life insurance and accidental death and dismemberment (AD&D) coverage in the amount of 1x your base pay (up to \$200,000) at no cost to you. The principal amount reduces by 35% at age 65, and by an additional 15% at 70.

## VOLUNTARY TERM LIFE AND AD&D

You can purchase voluntary group term life and AD&D insurance coverage through The Hartford to provide you and your family additional financial security.

You can elect additional group term life and AD&D insurance for:

- **Yourself:** In increments of \$5,000, up to a maximum of \$500,000; guarantee issue\* of \$250,000.
- **Your Spouse:** In increments of \$5,000, up to the lesser of 100% of employee's amount or \$250,000; guarantee issue\* of \$50,000.
- **Your Child(ren):** \$10,000 from live birth to age 26 per child.

The principal amount reduces by 35% at age 65, and by an additional 15% at 70. For the cost of this coverage, please refer to the Voluntary Life and AD&D Rate Summary chart at right.

If you elect voluntary life insurance you must also elect voluntary AD&D as well and at the same coverage level.

*\*Guarantee issue (GI) is the amount of coverage you can elect without answering health questions. If you request coverage over the GI amount, The Hartford will send you an Evidence of Insurability form to complete. After you have completed and submitted it, The Hartford will notify you of the coverage approval or denial. Please note that the GI amount only applies if you are newly eligible. If you were previously eligible and are electing coverage for the first time or electing to increase your current coverage, you will need to provide Evidence of Insurability that is satisfactory to The Hartford before coverage can become effective.*

**Note:** To purchase coverage for either your spouse or child(ren), you must purchase employee coverage. If you elect voluntary life insurance for yourself or your spouse, you must also elect voluntary AD&D as well at the same coverage level. You pay 100% of the cost for this coverage.

## Portability and Conversion Features

If you reduce your hours or your employment terminates, you can take this coverage with you according to the terms outlined in the contract. Portability/conversion is available for both basic and voluntary life.

### Voluntary Term Life and AD&D Rate Summary Employee & Spouse Monthly Life Rates (Spouse Rates Based on Employee's Age)

AGE BAND	RATE PER 1,000	AGE BAND	RATE PER 1,000
<25	\$0.0500	50-54	\$0.3317
25-29	\$0.0600	55-59	\$0.4901
30-34	\$0.0800	60-64	\$0.8069
35-39	\$0.0900	65-69	\$1.4553
40-44	\$0.1337	70-74	\$2.0600
45-49	\$0.2228	75+	\$4.4550

*AD&D Rate (regardless of age): \$0.0198 per \$1,000 in coverage*

*Child Life Rate (regardless of the number of children): \$.08 per \$1,000 in coverage*

## 401(k) Retirement Savings Plan

All SpaceX employees (regular, temporary, and interns) who are over the age of 18 are eligible to join the 401(k) Retirement Savings Plan on the date of hire. You can make pre-tax and/or Roth 401(k) contributions to your 401(k), up to an annual maximum of \$23,000. If you are age 50 or older in 2025, you can make additional "catch-up" contribution of \$7,500. Currently, there are no company matching contributions. You are always 100% vested in your participant contributions and may choose from a variety of investment options.

Your contributions will be automatically deducted from your paycheck and deposited into your account. You direct the investment of your account balance in your Plan. You may transfer existing assets among investment options on a daily basis through the web or by telephone.

You may change the contribution rate to the Plan anytime you would like. To change your contribution rate, you must go online to [401k.com](https://401k.com). The change will be effective the following month. If you have had Fidelity in the past, you will be able to use your old login information; otherwise, you will need to register as a first-time user.

You can go online to [401k.com](https://401k.com) anytime to view information, access tools or make changes to your account. You may also call Fidelity directly at **(800) 835-5095**. Personal account statements are available online at [401k.com](https://401k.com) within 15 business days of the end of each quarter.

You may take a withdrawal from your 401(k) account for the following reasons:

- Separation from service
- Retirement
- Death
- Disability
- Financial hardship
- Loans
- Age 59½





# Voluntary Benefits

## ACCIDENT INSURANCE THROUGH THE HARTFORD

Accident insurance through The Hartford is an optional, employee-paid plan. It provides benefits that can help you cover the costs associated with unexpected bills you incur as the result of an accident (off-the-job). (You can purchase coverage for your spouse and/or children as well.) The benefit pays in addition to any other insurance you have (including your medical benefit through SpaceX). Accident insurance pays a benefit to help you cover costs including emergency room, inpatient or outpatient treatment, hospital confinement, the ambulance ride, anesthesia, crutches, etc. — legitimate expenses you incur as the result of a covered accident.

ACCIDENT INSURANCE	BI-WEEKLY RATES
Employee	\$2.98
Employee + Spouse	\$4.70
Employee + Child(ren)	\$5.05
Family	\$7.92

Benefits are also available for accidental death and dismemberment (such as the loss of a limb) and specific injuries or paralysis. The amount of money the plan will provide depends on the services received and the injury suffered as a result of an accident. You can find the detailed benefit schedule on ShareX or [spxbenefits.com](https://spxbenefits.com) (password: 2025benefits).

## CRITICAL ILLNESS INSURANCE THROUGH THE HARTFORD

Critical Illness insurance through The Hartford is an optional, employee-paid plan. This insurance helps you pay for the costs associated with battling a specific Critical Illness. The benefit pays in addition to any other insurance you have (including your medical benefit through SpaceX). Critical Illness insurance can help you and your family focus on recovery instead of the financial stress associated with a major illness. Covered Critical Illnesses include cancer, heart attack, stroke, major organ transplant, coma, paralysis, end-stage renal failure, and more. Specific details can be found on ShareX or [spxbenefits.com](https://spxbenefits.com) (password: 2025benefits).

The cost for Critical Illness coverage for you and your spouse depends on your age, the amount of coverage you choose, and whether you use tobacco. Insured employees are eligible for 100% of the benefit amounts listed; covered spouses and children are eligible for 100% of the employee benefit amount.

NON-TOBACCO – BI-WEEKLY RATES										
Ages	\$10,000		\$20,000		\$30,000		\$40,000		\$50,000	
	EE Only or EE & CH	EE & SP or Family	EE Only or EE & CH	EE & SP or Family	EE Only or EE & CH	EE & SP or Family	EE Only or EE & CH	EE & SP or Family	EE Only or EE & CH	EE & SP or Family
<34	\$1.29	\$2.58	\$2.58	\$5.17	\$3.88	\$7.75	\$5.17	\$10.34	\$6.46	\$12.92
35-49	\$3.09	\$6.18	\$6.18	\$12.37	\$9.28	\$18.55	\$12.37	\$24.74	\$15.46	\$30.92
50-59	\$7.15	\$14.31	\$14.31	\$28.62	\$21.46	\$42.92	\$28.62	\$57.23	\$35.77	\$71.54
60+	\$16.34	\$32.68	\$32.68	\$65.35	\$49.02	\$98.03	\$65.35	\$130.71	\$81.69	\$163.38

TOBACCO – BI-WEEKLY RATES										
Ages	\$10,000		\$20,000		\$30,000		\$40,000		\$50,000	
	EE Only or EE & CH	EE & SP or Family	EE Only or EE & CH	EE & SP or Family	EE Only or EE & CH	EE & SP or Family	EE Only or EE & CH	EE & SP or Family	EE Only or EE & CH	EE & SP or Family
<34	\$1.66	\$3.32	\$3.32	\$6.65	\$4.98	\$9.97	\$6.65	\$13.29	\$8.31	\$16.62
35-49	\$4.29	\$8.58	\$8.58	\$17.17	\$12.88	\$25.75	\$17.17	\$34.34	\$21.46	\$42.92
50-59	\$11.26	\$22.52	\$22.52	\$45.05	\$33.78	\$67.57	\$45.05	\$90.09	\$56.31	\$112.62
60+	\$24.37	\$48.74	\$48.74	\$97.48	\$73.11	\$146.22	\$97.48	\$194.95	\$121.85	\$243.69

EE = Employee CH = Child(ren) SP = Spouse

## HOSPITAL INDEMNITY INSURANCE THROUGH THE HARTFORD

Hospital Indemnity insurance through The Hartford is an optional, employee-paid plan. Hospital Indemnity coverage pays benefits in addition to your core medical plan benefits. The Plan pays up to \$1,500 per hospital admission and up to \$150 per day of hospital charges (up to 10 days in confinement), and covers most hospital stays, including alcohol and drug treatment and pregnancy. Specific details about the plan can be found on ShareX or [spxbenefits.com](https://spxbenefits.com) (password: 2025benefits).

HOSPITAL INDEMNITY INSURANCE	BI-WEEKLY RATE
Employee	\$2.79
Employee + Spouse	\$9.87
Employee + Child(ren)	\$7.50
Family	\$15.36

## GROUP LEGAL PLAN THROUGH METLIFE LEGAL PLANS

MetLife Legal Plans provides you with telephone and office consultations for an unlimited number of matters with the attorney of your choice. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options, and recommend a course of action.

Types of legal representation available include:

- Estate planning
- Immigration assistance
- Money matters, such as identity theft defense and garnishment defense
- Juvenile matters
- Real estate matters
- Consumer protection
- Elder law matters
- Defense of civil lawsuits
- Family law
- Personal property protection
- Traffic offenses
- Divorce
- Document preparation
- Lifestages — Identity Management Services

## How to get started

**Step 1:** Visit [Legalplans.com](https://legalplans.com)

**Step 2:** Create an account with your preferred email

**Step 3:** Confirm your eligibility by entering "SpaceX" as your employer

Covers employee, spouse, and dependents. If elected, \$8.54 will be deducted from each paycheck.

Have questions? Contact MetLife's Client Service Center at **(800) 821-6400** (Monday – Friday, 8 AM – 8 PM ET).

## Additional Plan Features

REDUCED FEES	FAMILY MATTERS™*	E-SERVICES
Network attorneys provide representation for personal injury, probate & estate administration matters at reduced fees.	Available for an additional fee. Separate plan for parents of participants for estate planning documents.	Attorney Locator; Law Firm E-Panel™; Free, downloadable legal documents; Life Guide; Links to financial planning, insurance & work/life matters resources.

*Group Legal Plans and Family Matters are provided by MetLife Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, group legal plans and Family Matters are provided through insurance coverage underwritten by Metropolitan Property and Casualty Company and Affiliates, Warwick, Rhode Island. Please contact MetLife Legal Plans for complete details on covered services including trials. No service, including advice and consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the company, MetLife and affiliates, and Plan Attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm matters, business or investment matters, matters involving property held for investment or rental, or issues when the Participant is the landlord; 6) patent, trademark and copyright matters; 7) costs or fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the Participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters listed above under Legal Representation.*

*\*For Family Matters, different terms and exclusions apply.*

# Employee Contributions

Your benefit contributions are automatically payroll deducted each pay period. Each benefit choice you make has a corresponding cost. Medical, dental, vision, FSA, and HSA employee contributions are deducted on a pre-tax basis.

ADMINISTRATOR / NETWORK	COVERAGE	CATEGORY	PER PAY PERIOD COST
<b>Medical Coverage</b>			
<b>Collective Health Blue Shield of California (BlueCard Nationwide)</b>	Medical EPO	Employee Only	Paid by SpaceX
		Employee + Spouse	\$111.98
		Employee + Child(ren)	\$82.64
		Employee + Family	\$185.60
<b>Collective Health Blue Shield of California (BlueCard Nationwide)</b>	Medical PPO	Employee Only	\$33.23
		Employee + Spouse	\$129.07
		Employee + Child(ren)	\$95.25
		Employee + Family	\$212.69
<b>Collective Health Blue Shield of California (BlueCard Nationwide)</b>	Guide PPO	Employee Only	\$33.99
		Employee + Spouse	\$138.38
		Employee + Child(ren)	\$101.24
		Employee + Family	\$227.58
<b>Collective Health Blue Shield of California (BlueCard Nationwide)</b>	High-Deductible Health Plan (HDHP)	Employee Only	\$28.07
		Employee + Spouse	\$119.72
		Employee + Child(ren)	\$87.58
		Employee + Family	\$196.89
<b>Kaiser Permanente</b>	HMO	Employee Only	\$126.18
		Employee + Spouse	\$221.00
		Employee + Child(ren)	\$179.79
		Employee + Family	\$396.29
<b>2nd.MD</b>	Expert Medical Second Opinion & Physician Referrals	All coverage tiers	Included with Medical EPO, Medical PPO, Guide PPO, or HDHP.
<b>Hinge Health</b>	Musculoskeletal Pain Management	All coverage tiers	Included with Medical EPO, Medical PPO, Guide PPO, or HDHP.

ADMINISTRATOR / NETWORK	COVERAGE	CATEGORY	PER PAY PERIOD COST
<b>Dental Coverage</b>			
<b>Delta Dental</b>	Dental	Employee Only	Paid by SpaceX
		Employee + Spouse	\$11.42
		Employee + Child(ren)	\$15.13
		Employee + Family	\$20.05
<b>Vision Coverage (automatic when you enroll in dental coverage)</b>			
<b>Vision Service Plan</b>	Vision	Employee Only	Paid by SpaceX
		Employee + Spouse	Paid by SpaceX
		Employee + Child(ren)	Paid by SpaceX
		Employee + Family	Paid by SpaceX
<b>Life &amp; Disability Coverage</b>			
<b>The Hartford</b>	Short-Term & Long-Term Disability	Employee Only	Paid by SpaceX
<b>The Hartford</b>	Basic Life and AD&D	Employee Only	Paid by SpaceX
<b>The Hartford</b>	Voluntary Life and AD&D		Employee-Paid
<b>Group Legal</b>			
<b>MetLife Legal Plans</b>	Group Legal		\$8.54
<b>Behavioral Health</b>			
<b>Lyra Coaching</b>	Mental Health Coaching		Paid by SpaceX
<b>Pre-Tax Accounts</b>			
<b>HealthEquity</b>	Health Savings Account (only available if enrolled in HDHP)	You determine the amount you want to contribute up to \$4,300 (Employee Only) or \$8,550 (Employee + 1 or more) annually for 2025	Employee-Paid
<b>HealthEquity</b>	Health Care Flexible Spending Account (not available if enrolled in HDHP)	You determine the amount you want to contribute up to \$3,300* annually for 2025	Employee-Paid
	Dependent Care Flexible Spending Account	You determine the amount you want to contribute up to \$5,000 annually for 2025	Employee-Paid
<b>Retirement Savings Plan 401(k)</b>			
<b>Fidelity Investments</b>	401(k) Plan	You determine the amount you want to defer up to \$23,000 annually and an additional \$7,500 if over age 50	Employee-Paid

\*This is the projected amount for 2025. The actual limit was not released by the IRS prior to the publication date of this guide and may be different.



## Your Rights Notices for SpaceX Employees

### MEDICARE PART D PRESCRIPTION DRUG NOTICE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with SpaceX, and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. You should compare your current or 2025 coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

SpaceX has determined that the 2025 prescription drug coverage offered through Capital Rx and Kaiser is on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because your 2025 coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) to join a Part D plan.

If you do decide to join a Medicare drug plan, your SpaceX coverage may be affected. Benefits may not be coordinated with a Medicare Part D plan.

If you do decide to join a Medicare drug plan and drop your SpaceX prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back or may need to wait for an Open Enrollment period.

You should also know that if you drop or lose your current or 2025 creditable coverage with SpaceX and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

*For more information about this notice or your current prescription drug coverage...*  
Contact SpaceX for further information.

**Note:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan. If this coverage through SpaceX changes, you also may request a copy.

*For more information about your options under Medicare prescription drug coverage...*  
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **(800) MEDICARE ((800) 633-4227)**. TTY users should call **(887) 486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or you call them at **(800) 772-1213 (TTY: (800)-325-0778)**.



Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date: October 1, 2024

Name of Entity/Sender: SpaceX

Contact-Position/Office: Benefits Department

Address: 1 Rocket Road, Hawthorne, CA 90250

Phone: **(310) 363-6000**

## WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call the Benefits Department at **(310) 363-6000**.

## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

SpaceX sponsors a group health plan for the benefit of its employees and their eligible beneficiaries. The plan maintains a Notice of Privacy Practices in accordance with the Health Insurance Portability and Accountability Act ("HIPAA"), which informs the Plan's participants about the Plan's use and disclosure of protected health information. You can find the Notice of Privacy Practices on ShareX.

## HEALTH INSURANCE MARKETPLACE

You have the option to purchase medical coverage through the online marketplace. As an employee of SpaceX, you will likely not be eligible for a subsidy from the federal government because the SpaceX plans are considered affordable coverage.

All employers are required to provide a notice to their employees regarding the availability of the Health Insurance Exchange for 2025. This notice provides information about the existence of state and/or federal insurance exchanges, eligibility for premium tax credits or cost-sharing subsidies, and other required information. You can read the Health Insurance Exchange Notice on ShareX.

## PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State with premium assistance programs, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **(877) KIDSNOW ((877) 543-7669)** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

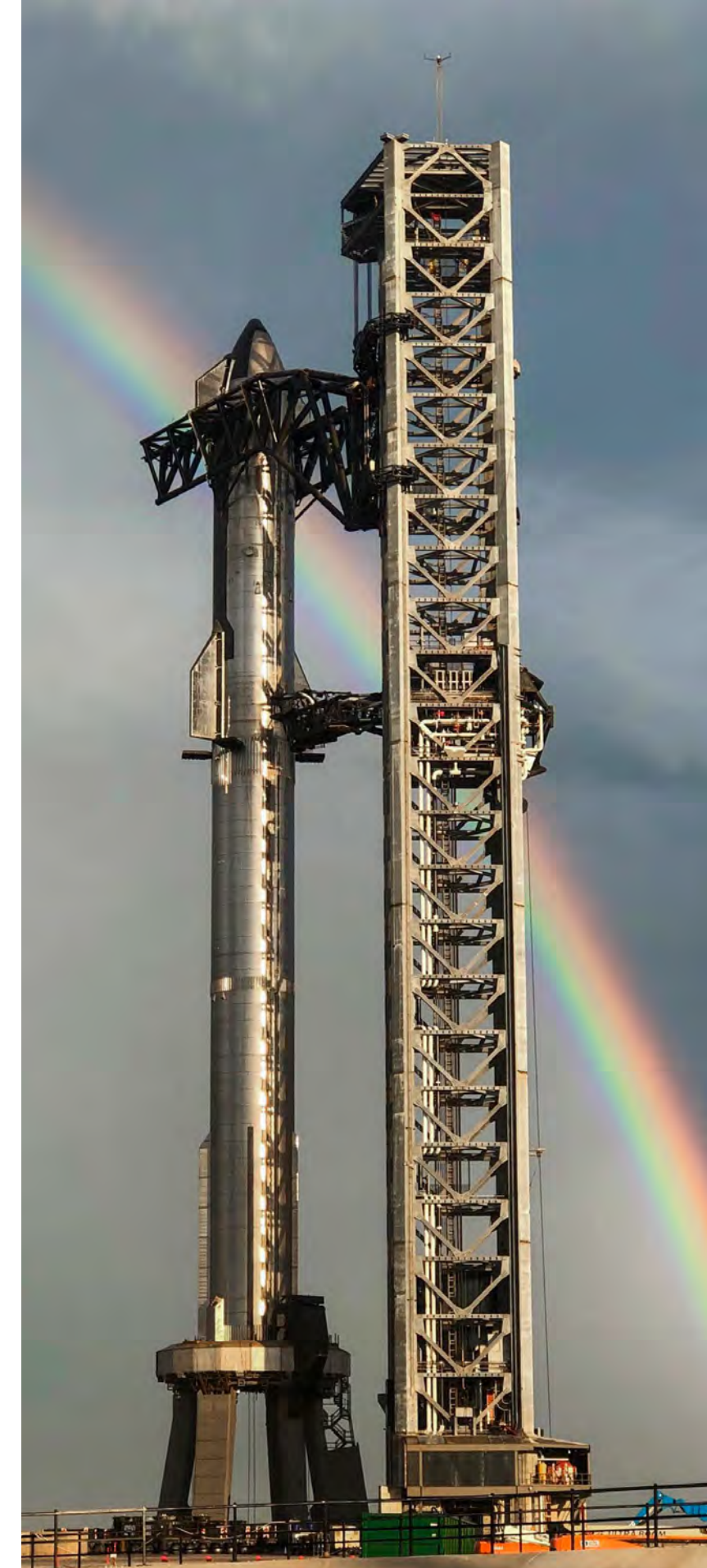
If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **(866) 444-EBSA (3272)**.

To view a list of states with premium assistance programs, please go to ShareX.

For more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
**(866) 444-EBSA (3272)**

U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
**(877) 267-2323**, Menu Option 4, Ext. 61565



# Benefits Contact Information

## COLLECTIVE HEALTH MEMBER ADVOCATES

Representatives are available from 4 AM to 6 PM Pacific Time, Monday – Friday; 7 AM to 11 AM Pacific Time, Saturday.

Phone: **(844) 803-0209**  
 Web: [join.collectivehealth.com/spacex](https://join.collectivehealth.com/spacex)  
 Account log-in: [my.collectivehealth.com](https://my.collectivehealth.com)

You can also reach your SpaceX Benefits Team at [benefits@spacex.com](mailto:benefits@spacex.com).

### 2025 ANNUAL BENEFITS OPEN ENROLLMENT PAGE

If you're on the SpaceX network, visit the 2025 Open Enrollment page on ShareX (type in 2025OE/ in any browser bar on the SpaceX network). If you're not on the network, visit [spxbenefits.com](https://spxbenefits.com) (password: **2025benefits**).

### BENEFITS ENROLLMENT IN WORKDAY

**Website:** [myworkday.com/spacex](https://myworkday.com/spacex) **For Workday login assistance**, open an HR JIRA service ticket by typing HRData/ in any browser bar on the SpaceX network.  
**Username:** Your SpaceX network login  
**Password:** Your SpaceX network password **For YubiKey assistance**, call the IT Help Desk at **(310) 363-6999**.

## References and Resources

BENEFIT	GROUP NUMBER	WHOM TO CALL	PHONE NUMBER	WEBSITE/EMAIL
Medical EPO, Medical PPO, Guide PPO, and HDHP	W0054279	Collective Health	<b>(844) 803-0209</b>	<a href="https://join.collectivehealth.com/spacex">join.collectivehealth.com/spacex</a>
Medical HMO	No. CA: 604194 So. CA: 231722	Kaiser Permanente	<b>(800) 464-4000</b>	<a href="https://kp.org">kp.org</a>
Expert Medical Second Opinion	N/A	2nd.MD	<b>(866) 841-2575</b>	<a href="https://2nd.md/spacex">2nd.md/spacex</a>
Prescription Drug Member Support	W0054279 N/A	Collective Health Capital Rx	<b>(844) 803-0209</b> Check the number on your Capital Rx ID card	<a href="https://join.collectivehealth.com/spacex">join.collectivehealth.com/spacex</a> <a href="https://app.cap-rx.com/login">app.cap-rx.com/login</a> (click: register now)
Musculoskeletal Pain Management/Exercise Therapy	N/A	Hinge Health	<b>(855) 902-2777</b>	<a href="https://hinge.health/spacex">hinge.health/spacex</a>
Fertility and Family Planning	N/A	Kindbody	<b>(844) 519-0425</b>	<a href="mailto:employeebenefits@kindbody.com">employeebenefits@kindbody.com</a>
Childhood Development Support	N/A	RethinkCare	<b>(800) 714-9285</b>	<a href="https://rethinkbenefits.com/spacex">rethinkbenefits.com/spacex</a>
Dental	04917	Collective Health	<b>(844) 803-0209</b>	<a href="https://join.collectivehealth.com/spacex">join.collectivehealth.com/spacex</a>
Vision	12260627	Collective Health	<b>(844) 803-0209</b>	<a href="https://join.collectivehealth.com/spacex">join.collectivehealth.com/spacex</a>
STD and LTD	402677	The Hartford	<b>(866) 272-1229</b>	<a href="https://mybenefits.thehartford.com/login">mybenefits.thehartford.com/login</a>
Term Life and AD&D	402677	The Hartford	<b>(866) 272-1229</b>	<a href="https://mybenefits.thehartford.com/login">mybenefits.thehartford.com/login</a>
Voluntary Accident	402677	The Hartford	<b>(866) 272-1229</b>	<a href="https://thehartford.com/benefits/myclaim">thehartford.com/benefits/myclaim</a>
Voluntary Critical Illness	402677	The Hartford	<b>(866) 272-1229</b>	<a href="https://thehartford.com/benefits/myclaim">thehartford.com/benefits/myclaim</a>
Hospital Indemnity	402677	The Hartford	<b>(866) 272-1229</b>	<a href="https://thehartford.com/benefits/myclaim">thehartford.com/benefits/myclaim</a>
Group Legal	N/A	MetLife Legal Plans	<b>(800) 821-6400</b>	<a href="https://legalplans.com">legalplans.com</a>
Behavioral Health	N/A	Lyra Health	<b>(855) 240-0049</b>	<a href="https://spacex.lyrahealth.com">spacex.lyrahealth.com</a>
Health Savings Account	N/A	HealthEquity	<b>(866) 346-5800</b>	<a href="https://healthequity.com/spacex">healthequity.com/spacex</a>
Flexible Spending Accounts	N/A	HealthEquity	<b>(866) 346-5800</b>	<a href="https://healthequity.com/spacex">healthequity.com/spacex</a>
401(k) Retirement	86233	Fidelity	<b>(800) 835-5095</b>	<a href="https://401k.com">401k.com</a>
SpaceX Health Center	N/A	One Medical	<b>(310) 706-8992</b>	<a href="mailto:spacex@onemedical.com">spacex@onemedical.com</a>

About This Guide — This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual summary plan descriptions (SPDs), plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

SpaceX reserves the right to make changes at any time to the benefits, costs, and other provisions relative to benefits.

