

2023 Benefit Changes for a Qualifying Life Event

[Regular Employees]



If you or your eligible dependent experience a qualifying life event, then you may make changes to your existing benefit elections within **30-calendar days** from the date of the qualifying life event. Questions? Contact benefits@spacex.com.

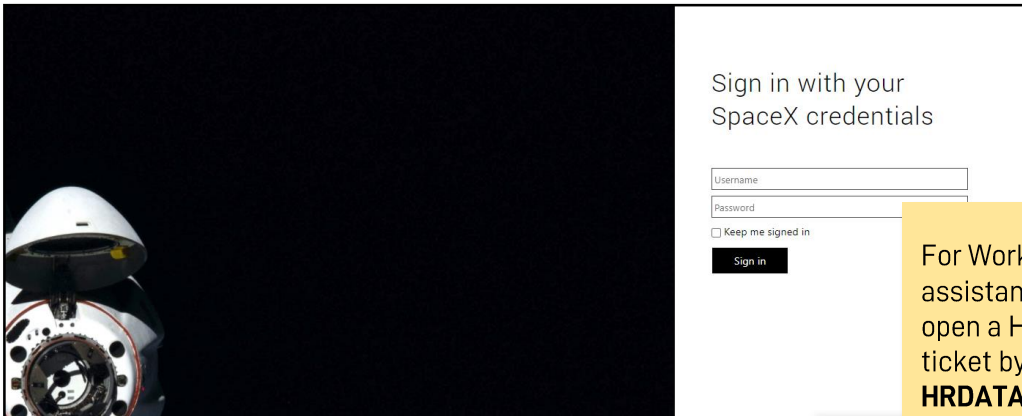
1. Login



Log into Workday to complete your new hire benefit elections.

Website: <https://www.myworkday.com/spacex>

Login Credentials: Your SpaceX username and password



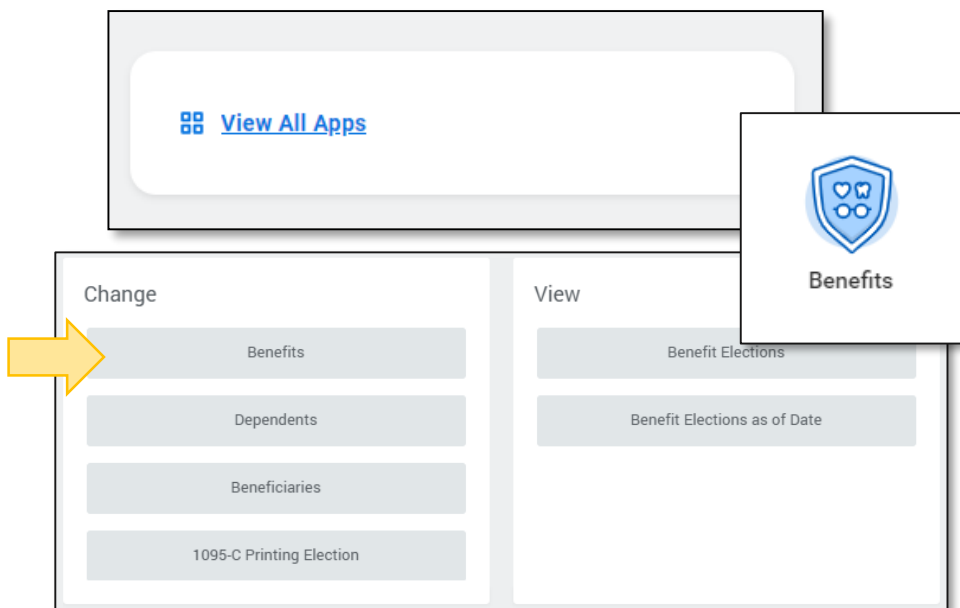
For Workday login assistance, please open a HR JIRA service ticket by typing **HRDATA/** in any browser bar while on the SpaceX network.

For YubiKey assistance, please call the IT Help Desk at (310) 363-6999.

2. Triggering a Qualifying Life Event



Click on the “View All Apps” and select “Benefits” icon on your Workday homepage. Under “Change”, select “Benefits”.




Benefit Event Type

- Birth / Adoption / Legal Guardianship of a Child
- Gained other health benefits elsewhere
- HSA Contribution Change
- Legal Marital Status Change – Divorce
- Legal Marital Status Change – Marriage
- Life Insurance Beneficiary Change
- Loss of other health benefits/coverage elsewhere

Select the Benefit Event Type

Enter the “Benefit Event Date”, which is the date of your qualifying life event.

For instance, use the date of marriage or date you or your family member gained or lost other health care coverage.

Benefit Event Date * 03/02/2023 

Submit Elections By 04/01/2023

You must submit your elections within 30-calendar days from the date of event. Your benefit election changes due to the qualifying benefit event will be effective first of the month following or coinciding with the benefit event date. For instance, if you got married on March 2, 2023, then you have until April 1, 2023 to submit your changes to add your new spouse to your benefits. Coverage for your spouse would be effective April 1, 2023.

2. Triggering a Qualifying Life Event (cont.)



Attach your supporting documentation* and then click on “Submit” at the bottom of the page.

*Common examples of eligible supporting documentations:

Marriage

- Marriage certificate
- Customer copy of county clerk record request for marriage certificate, signed by a state official/marriage officiator

Gain of Coverage

- Documentation which details the name of the individual(s) gaining coverage, the date coverage was gained and the type of coverage gained (i.e. medical, dental, vision). Common examples of acceptable documents include: a letter from HR or a letter from the insurance provider

Loss of Coverage

- Documentation which details the name of the individual(s) losing coverage, the date coverage was lost and the type of coverage lost (i.e. medical, dental, vision). Common examples of acceptable documents include: a letter from HR, a letter from the insurance provider, or a COBRA letter

Attachments

Drop files here

or

Select files

Click on “Open” and “Let’s Get Started” to begin your benefits enrollment.

You have submitted

Up Next: **Benny Fits Change Benefit Elections**

[View Details](#)

Open

Change Benefit Elections

Initiated On

Submit Elections By

Let's Get Started

3. Health Care & Accounts – Medical, Dental, Vision



Select your tobacco status.

Health Information

Tobacco Use

Question Has any person to be insured (employee and spouse) used tobacco in the last 12 months?

Answer * Yes No

Make sure your tobacco status is up to date, as the tobacco status will determine your Allstate Critical Illness rates, which is also impacted by your age band and elected amount.

Select “Manage” to elect the desired Medical Plan.

SpaceX offers five medical plans:

- Medical EPO
- Medical PPO
- Medical Guide PPO
- Medical High-Deductible Health Plan (HDHP)
- Kaiser HMO (CA only)
- And option to waive

Please note, you must be enrolled into the Medical EPO, PPO, Guide PPO or HDHP plan if you would like to utilize the following benefits:

- Lyra Therapy (with access to medication management)
- SpaceX Health Center (Hawthorne, CA)
- 2nd.MD
- Hinge Health
- Kindbody
- One Medical (CA, WA, & D.C.)
- One Medical Now (all other locations)

Medical
Collective Health _EPO (Blue Shield of California)

Cost per paycheck Included

Coverage Employee Only

[Manage](#)

Medical		Projected Total Cost Per Paycheck	Projected Total Credits
		\$46.95	\$0.00
Plans Available			
You must select a plan. The displayed cost of waived plans assumes coverage for Employee Only.			
6 items			
*Selection	Benefit Plan Details	You Pay (Bi-weekly)	Company Contribution (Bi-weekly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Collective Health _EPO (Blue Shield of California)	Included	\$213.39
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Collective Health _PPO (Blue Shield of California)	\$38.17	\$203.55
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Collective Health Guide PPO (Blue Shield of California)	\$24.72	\$202.34
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Collective Health HDHP High-Deductible Health Plan	\$25.46	\$174.36
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Kaiser Permanente (SCA) HMO	\$109.24	\$188.06
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Waiver Opt-Out Credit	Included	\$0.00

3. Health Care & Accounts – Medical, Dental, Vision



Enroll your dependents, if applicable.

If you already have a dependent listed in Workday, then click on “Existing Dependents.”
Do not create duplicate dependent profiles.

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * Employee + Child(ren)

Plan cost per paycheck

Add New Dependent

1 item

Select	Dependent
<input checked="" type="checkbox"/>	Yackie Fits

If there are duplicate dependent names, please email benefits@spacex.com.

If you do not already have a dependent listed in Workday and you'd like to add a dependent, then click on “Add New Dependent” and follow the pages to add your dependent to your benefits.

1

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * Employee Only

Plan cost per paycheck

Add New Dependent

If you have dependents listed as your emergency contact, please click “use an Existing Beneficiary or Emergency Contact”

Use an Existing Beneficiary or Emergency Contact

2

Add My Dependent From Enrollment

11 day(s) ago - Effective 01/01/20

Use as Beneficiary

If you'd like this dependent to be a beneficiary for your Life and Accidental Death & Dismemberment (AD&D) insurance, check this box. Otherwise, you can click “OK”.

3. Health Care & Accounts – Medical, Dental, Vision



Input your dependent's information, if adding the dependent for the first time.

Add Dependent 01/01

Relationship *

Use as Dependent

Use as Beneficiary

Inactive Date (empty)

Date of Birth *

Age (empty)

Gender *

Citizenship Status

Tobacco Use

* Not Applicable
 Yes
 No

Eligible Dependents

- Your spouse (including same-sex spouse)
- 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 dependent on you.

Scroll down to input Legal Name, Contact Information (Phone Number & Address).

Legal Name Contact Information National IDs Additional Government IDs Other IDs

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

To decline Medical coverage, select “Waiver Opt-Out Credit”.

Select

Waive

Waiver Opt-Out Credit

If you decline medical coverage, you will receive a \$20 opt-out credit per paycheck.

3. Health Care & Accounts – Medical, Dental, Vision



Select “Manage” to enroll into Dental and Vision (vision will automatically enroll at same coverage level).

Dental		Vision	
	Dental Delta Dental PPO		Vision Vision Service Plan (VSP) PPO
Cost per paycheck	Included	Cost per paycheck	Included
Coverage	Employee Only	Coverage	Employee Only
Projected Total Cost Per Paycheck \$0.00	Projected \$0.00	Manage	

Plans Available

You must select a plan. The displayed cost of waived plans assumes coverage for Employee Only.

2 items

*Selection	Benefit Plan	You Pay (Bi-weekly)	Company Contribution (Bi-weekly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Delta Dental PPO	Included	\$19.90
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Waiver Opt-Out Credit	Included	\$0.00

Your Dental and Vision election has to be the same coverage level. For instance, if you elect Dental “employee + child(ren)” then your Vision coverage should also be “employee + child(ren)”.

To decline Dental coverage, select “Waiver Opt-Out Credit” (vision will automatically enroll at Opt-Out credit).

Dental		Vision	
	Dental Waiver Opt-Out Credit		Vision Waived
Cost per paycheck	Included	Enroll	
Coverage	Employee Only	Manage	




<input type="radio"/> Select <input checked="" type="radio"/> Waive	Delta De
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Waiver Opt-Out Credit

If you decline dental/vision coverage, you will receive a \$5 opt-out credit per paycheck. Please note, when you decline Dental, you must also decline Vision coverage.

3. Health Care & Accounts – Voluntary Benefits



If you want to purchase Allstate's Group Accident, Group Indemnity, and/or Group Critical Illness 10k/20k/40k/50k insurance, click "Enroll" under the desired plan(s).

 <p>Group Accident Waived</p> <p>Enroll</p>	 <p>Group Indemnity Medical Waived</p> <p>Enroll</p>	 <p>Group Critical Illness Waived</p> <p>Enroll</p>
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*Selection	Benefit Plan	Select	Dependent	Relationship
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Allstate Benefi	<input checked="" type="checkbox"/>	Yackie Fits ...	Child

3. Health Care & Accounts – Health Savings Account (HSA)



Enroll into the Health Savings Account (HSA) if you've elected the HDHP as your medical plan. If you did not elect the HDHP, then you are ineligible for a HSA and you can skip this step.



Taking SpaceX's contributions into account, you can contribute up to \$3,850 if you elected the employee only coverage for your HDHP and up to \$7,750 if you elected HDHP coverage for you and one or more family member(s) (e.g., EE + Spouse, EE + Child(ren), EE + Family).

Coverage Level	2023 IRS HSA Contribution Limit	SpaceX Automatically Contributes...	For 2023 You Can Contribute Up to...
Employee Only	\$3,850	\$500	\$3,350
Employee + Spouse	\$7,750	\$1,000	\$6,750
Employee + Child(ren)	\$7,750	\$1,000	\$6,750
Employee + Family	\$7,750	\$1,000	\$6,750



3. Health Care & Accounts – Health Savings Account (HSA)

Select “Enroll” to enter your annual goal or bi-weekly contribution amount for your HSA

 <p>Health Savings Account (HSA) Waived</p> <p style="text-align: right;"> Enroll</p>	<table border="1"> <thead> <tr> <th>*Selection</th> <th>Benefit Plan</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="radio"/> Select</td> <td>HealthEquity</td> </tr> <tr> <td><input type="radio"/> Waive</td> <td></td> </tr> </tbody> </table>		*Selection	Benefit Plan	<input checked="" type="radio"/> Select	HealthEquity	<input type="radio"/> Waive	
	*Selection	Benefit Plan						
<input checked="" type="radio"/> Select	HealthEquity							
<input type="radio"/> Waive								

Contribute


Per Paycheck Annual

Total Paychecks 26


Maximum Annual Amount: \$3,850.00

Please note, SpaceX automatically contributes to your HSA, irrespective of whether you choose to contribute to your HSA.

If you are age 55 or older (or will turn age 55 in 2023), you can contribute an additional \$1,000.



Health Savings Account Catch-up (HSA)
Waived

 [Enroll](#)

3. Health Care & Accounts - Flexible Spending Account (FSA)



Health Care FSA

What is it? A Health Care FSA (also known as Medical FSA) is used to save pre-tax money for qualified health care expenses for you and your qualified dependents.

Note: Health Care FSA is not available if you elect the Medical HDHP



Dependent Care FSA

A Dependent Care FSA is used to save pre-tax money for qualified dependent care expenses. While this most commonly means child care for children under the age 13, it can also be used for your qualified dependent of any age (such as an adult child, parent, etc.) who are physically or mentally incapable of self-care and who live in your household for at least half of the year.

2023 Annual Maximum

\$3,050 per employee

\$5,000 per household

Eligible Expenses

- Office copays and deductibles
- Rx or over-the-counter (OTC) with prescription
- Prescription lenses and contacts, contact solutions

- Day care for dependents under 13 years
- Preschool tuition
- Day camps

If you would like to enroll into the FSA(s), click “Enroll” under your desired FSA plan and enter your annual goal or bi-weekly contribution amount.

Health Care Flexible Spending Account (FSA)
Waived

[Enroll](#)

Dependent Care Flexible Spending Account (FSA)
Waived

[Enroll](#)

Contribute

Per Paycheck

117.31

Annual

3,050.00

Total Paychecks

26


If you have elected the HDHP, you are NOT eligible to contribute to the Health Care FSA.

3. Health Care & Accounts - Employee Assistance Program



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. Lyra Coaching will be available for FREE to all SpaceX employees (regular, temporary, and interns), who are normally scheduled to work at least 20 hours per week, and their eligible dependents (ages 18+).

You are automatically enrolled in Lyra Coaching, so no additional action is required on your end.



 Employee Assistance Program Lyra Health Coaching	
Cost per paycheck	Included
Coverage	Employee Only
Manage	

4. Insurance – Short Term & Long Term Disability (STD & LTD)



SpaceX provides Short Term Disability (STD), Long Term Disability (LTD) benefits to regular, eligible employees at no cost.

You are automatically enrolled into these plans, so no additional action is required on your end.





 Short Term Disability (STD) The Hartford (Employee)		 Long Term Disability (LTD) The Hartford (Employee)	
Cost per paycheck	Included	Cost per paycheck	Included
Coverage	66.67% of Salary	Coverage	66.67% of Salary
Manage		Manage	

4. Insurance – Basic Life and AD&D Insurance



SpaceX also provides Basic Life and Basic Accidental Death & Dismemberment (AD&D) at 1x your salary coverage to regular, eligible employees at no cost.

Select “Manage” to add your beneficiaries for Basic Life and AD&D insurance.

 Basic Life Insurance The Hartford (Employee)		 Basic Accidental Death & Dismemberment Insurance (AD&D) The Hartford (Employee)	
Cost per paycheck	Included	Cost per paycheck	Included
Coverage	1 X Salary	Coverage	1 X Salary
 Manage		 Manage	

4. Insurance – Beneficiaries



To assign your beneficiary, click on the + sign to select or create the beneficiary person or trust. Select if it is a Primary or Secondary assignment and the percentage breakdown. The percentage breakdown should add up to 100% for Primary and 100% of Secondary beneficiary assignments. **Assigning a secondary beneficiary is optional.**

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries 1 item

Beneficiary	Percentage
<input type="text" value="Mrs. Fits"/>	<input type="text" value="100"/>

Secondary Beneficiaries 2 items

Beneficiary	Percentage
<input type="text" value="Zackie Fits"/>	<input type="text" value="50"/>
<input type="text" value="Yackie Fits ..."/>	<input type="text" value="50"/>

Total adds up to 100%

4. Insurance – Voluntary Life and AD&D Insurance



If you want additional financial security for you and your family, you can elect voluntary life and AD&D insurance.

You can elect additional voluntary life and AD&D insurance for yourself in increments of \$10,000, up to a maximum of \$500,000.

Voluntary Life Insurance - Employee
Waived

[Enroll](#)

Voluntary AD&D Insurance - Employee
Waived

[Enroll](#)

Voluntary Life Insurance - Employee
The Hartford (Employee)

Cost per paycheck

Coverage \$100,000

[Manage](#)

Voluntary AD&D Insurance - Employee
The Hartford (Employee)

Cost per paycheck

Coverage \$100,000



[Manage](#)

Voluntary AD&D amount must equal the Voluntary Life amount.

4. Insurance – Voluntary Life and AD&D Insurance



You can elect voluntary life and AD&D insurance for your spouse at equal coverage in increments of \$5,000, up to the lesser of 50% of employee's amount of \$250,000. Rates are determined by your (the employee's) age – not the spouse's age.

 <p>Voluntary Life Insurance - Spouse The Hartford (Spouse)</p> <p>Cost per paycheck</p> <p>Coverage \$50,000</p> <p style="text-align: center;">Manage</p>	 <p>Voluntary AD&D Insurance - Spouse The Hartford (Spouse)</p> <p>Cost per paycheck</p> <p>Coverage \$50,000</p>
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You (the employee) must be enrolled in Employee Voluntary Life in order for you to enroll your spouse and/or child(ren) for Voluntary Life Insurance.

If you already have your spouse listed in Workday, then select the dependent listed.

Select	Dependent	Relationship
<input checked="" type="checkbox"/>	Mrs. Fits	Spouse (Legally Married)

If you do not already have your spouse listed in Workday, then click on "Add New Dependent" and complete the required field to add your dependent.

Coverage

Your guaranteed coverage amount for Voluntary Life Insurance - Spouse - The Hartford (Spouse) is \$30,000. Submit your Evidence of Insurability to The Hartford to be considered for the coverage amount of \$50,000.


Coverage *

Dependents

Add a new dependent or select an existing dependent from the list below.

[Add New Dependent](#)

You can elect additional life insurance for your child(ren) by selecting "Manage" for a coverage of \$10,000. Child life insurance is \$0.08 per \$1,000 regardless of the number of children.



Voluntary Life Insurance - Child(ren)
The Hartford (Child(ren))

Cost per paycheck

Coverage \$10,000

[Manage](#)

4. Insurance – Voluntary Life and AD&D Insurance



If you already have your child(ren) listed in Workday, then select the dependent listed.

Dependents

Add a new dependent or select an existing dependent from the list below.

[Add New Dependent](#)

2 items

Select	Dependent	Relationship
<input checked="" type="checkbox"/>	Yackie Fits	Child

If you do not already have your child(ren) listed in Workday, then click on “Add New Dependent” and follow the pages to add your dependent to your benefits.

Dependents

Add a new dependent or select an existing dependent from the list below.

[Add New Dependent](#)

Important: If you are electing the voluntary life and AD&D insurance for the first time during your qualifying life event or if you are increasing your coverage amount from your previous election, then you will receive an Evidence of Insurability (EOI) form from our life insurance carrier, The Hartford. Upon review of your completed EOI form, The Hartford will notify you of the coverage approval or denial. Please note, you will not be deducted for voluntary life and AD&D insurance until SpaceX is notified of your approved coverage.

5. Additional Benefits - Group Legal Plan



Elect Group Legal Plan by selecting “Enroll”, if applicable.

SpaceX partners with MetLife (MetLaw) to provide you and your family with fully covered legal services from attorneys experienced in estate planning documents, civil suits, adoption, identity theft issues and much more. Save hundreds over typical attorney fees, with no deductibles, no co-pays, no claim forms or usage limits when using a Network Attorney. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options, and recommend a course of action.

Group Legal Plan
Waived

[Enroll](#)

*Selection	Benefit Plan
<input checked="" type="radio"/> Select <input type="radio"/> Waive	MetLife (MetLaw)

6. Review and Confirmation of Benefit Elections



Once you are ready to submit your benefit elections, click on “Review and Sign” button on the bottom left corner of the screen.

Please verify your elections carefully before submitting. When you are satisfied with your elections, please check off your Electronic Signature and hit “Submit” at the bottom of the page.

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents
Medical	04/01/2023	04/01/2023	Employee + Spouse	Mrs. Fits
Collective Health _EPO (Blue Shield of California)				
Dental	04/01/2023	04/01/2023	Employee + Spouse	Mrs. Fits
			2023 Employee + Spouse	Mrs. Fits

Electronic Signature

I attest by checking the “I agree” box below that I have reviewed the information that I provided and that it is true and accurate to the best of my knowledge. I understand that outside of Annual Benefits Open Enrollment, I cannot make benefit changes during the year unless I experience a qualifying life event, such as a marriage, divorce, birth/adoption of a child, and loss/gain coverage elsewhere. I also understand that if I experience a qualifying life event, then I only have 30 days from the qualifying life event date to request any benefit changes by making my desired benefit elections and submitting the necessary supporting documentation in Workday or by emailing Benefits@spacex.com. If I miss the 30-day qualifying life event window, then understand I will have to wait until the next Annual Benefits Open Enrollment period to make my desired benefit changes, or upon experiencing another qualifying life event.

If applicable, I authorize SpaceX to deduct the employee contribution amounts required for the benefit plan coverage(s) for which I elected and have been approved.

I Accept



Submit

Save for Later

Cancel

If you need to make any edits you can do so by clicking “**Cancel**” on the bottom of the page to return to the enrollment page.

7. Making Changes



You will not be able to edit your elections after you click Submit. If you need to make changes, then please contact the Benefits team at benefits@spacex.com no later than 30-calendar days from your Qualifying Life Event date.