

# 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.