



SPACEX

**2023 BENEFITS GUIDE
REGULAR EMPLOYEES**

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 www.spxbenefits.com (password: **2023benefits**).

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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 38](#) for more details.

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)^{1,2}
- 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.

¹ 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.

² 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 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 benefits plan runs 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 an associate 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, 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 \(https://www.myworkday.com/spacex\)](https://www.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. 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. 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 (EPO) plan;
- Preferred Provider Organization (PPO) plan;
- Guide PPO plan;
- High-Deductible Health Plan (HDHP);
- Kaiser Permanente Health Maintenance Organization (HMO) plan (available in California only).

All medical plans include prescription drug coverage.

Keep in mind, if you want access to 2nd.MD, Hinge Health, Kindbody, and mental health therapy and medication management services through Lyra Health, you must be enrolled in the Medical EPO, 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, PPO, or Guide PPO. If you are enrolled in the Medical HDHP, you can receive preventive care at the SpaceX Health Center for free. After you satisfy your Medical HDHP deductible, you can also get non-preventive services for free at the SpaceX Health Center (except for lab services).

Our medical plan administrator, Collective Health, partners with Blue Shield of California (BlueCard nationwide) to bring you the Medical EPO, PPO, Guide PPO, and HDHP.

The Medical EPO provides benefits for medical treatment from in-network physicians, facilities, and pharmacies. Care received from a provider outside the EPO network is not covered under this plan, except certain office visits to receive mental health services and emergency department visits for emergency treatment. You are not required to get a referral for specialist care.

The Medical PPO is a health plan that provides benefits regardless of where you receive care, in- or out-of-network. But your out-of-pocket cost will be less if you use in-network providers.

The Guide PPO offers in- and out-of-network benefits, but your out-of-pocket costs will be less if you take a little extra care to use in-network medical providers/facilities/services that are associated with better health outcomes.

The 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.

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).



GUIDE PPO	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible		
Individual	\$0	\$1,000
Family	\$0	\$2,000
Annual Out-of-Pocket Limit		
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
Preventive Care		
Preventive services	\$0 copay	50% coinsurance
Doctor's Office Visits		
Primary care physician	\$10 copay	50% coinsurance
Specialist	\$50 copay	50% coinsurance
Labs		
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
Emergency and Urgent Care		
Ambulance	\$200 copay	\$200 copay
Emergency room (1-2 visits)	\$200 copay	\$200 copay
Emergency room (3+ visits)	\$500 copay	\$500 copay
Urgent care centers	\$10 copay	\$10 copay
Maternity		
Delivery in a hospital	\$0 copay	50% coinsurance
Breast pumps	\$0 copay	\$0 copay
Behavioral Health		
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

GUIDE PPO	IN-NETWORK	OUT-OF-NETWORK
Inpatient Hospital Services		
Inpatient hospital facility	\$200 copay	50% coinsurance
Outpatient Hospital		
Outpatient hospital facility	\$200 copay	50% coinsurance
Ambulatory Surgical Center		
Ambulatory surgery facility	\$50 copay	50% coinsurance
Allergy		
Allergy testing	20% coinsurance	50% coinsurance
Allergy serum or therapy	20% coinsurance	50% coinsurance
Transplants		
Transplant surgery	Cost varies by place of service	Not covered
Recovery or Special Health Needs		
Physical, occupational, or speech therapy (combined 60 session limit)	\$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
Other Services		
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

Important Benefits to Know

The Guide PPO has a few unique features that will impact what you pay for your care.

Additional Benefits That Are Free for You

Health care experts have identified certain services that are associated with better health outcomes. Some of these services are available to you for free on your Guide PPO plan as long as you stay in-network:

- **Glucometers & testing strips** — An at-home blood test (via a finger prick!) to monitor blood glucose levels for the purpose of diabetes management.
- **Lipid testing** — A blood test to help determine whether you may benefit from cholesterol medications to prevent heart disease.
- **Hemoglobin A1C testing** — A blood test to diagnose and manage prediabetes and diabetes.
- **INR testing** — A blood test to manage your response to blood-thinners and reduce your risk of heart attack, stroke, and blood clotting.
- **Pulmonary rehabilitation** — A treatment regimen to improve lung function and reduce symptoms associated with chronic lung disease.
- **Cardiac rehabilitation** — A treatment regimen to improve heart health and promote recovery after an acute cardiac event.
- **Peak flow meters** — A handheld device to help monitor and manage asthma.
- **Blood pressure monitors** — A device to help monitor your blood pressure between office visits.



Benefits with Higher (50%) Coinsurance

Health care experts have similarly identified some services that may present more risks than benefits, or have newer or better alternatives. For these high-cost/low-value services listed below, a 50% coinsurance will be applicable, even if services are performed by an in-network provider.

- Spinal fusions
- Spinal injections
- Vertebroplasty
- Kyphoplasty
- Asymptomatic renal artery angioplasty or stenting
- Knee arthroscopy
- Proton beam for prostate cancer
- IMRT
- In-lab sleep studies
- 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**.

Emergency Room

In emergency situations, we’ve got you covered. For your first 1-2 visits to the Emergency Room, you’ll pay a \$200 copay. For visits 3+, you’ll pay a \$500 copay each time.

For urgent, but non-emergency situations, there are cheaper, more convenient care options. The following benefits are available when you need care fast, and will only cost you \$10:

- Office visits at One Medical (including scheduled, remote visits)*
- Urgent care

To find a One Medical location or an urgent care near you, you can use Collective Health’s Get Care tool, available on your Collective Health web account and app or reach out to Collective Health Member Advocates.

**On-demand, video chats through the One Medical app are free.*



HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

The HDHP has some similarities to a traditional medical PPO plan, but it also has its differences. Take a closer look at how the plans compare:

How is the HDHP Similar to the Medical PPO?	What’s Different?	
<ul style="list-style-type: none"> • Fully covered, in-network preventive care. • Broad network of doctors and hospitals. • Comprehensive medical coverage. • Prescription drug coverage. • An annual deductible for most covered services. Once you meet the annual deductible, you pay coinsurance, up to an annual out-of-pocket maximum. 	<p>HDHP</p> <ul style="list-style-type: none"> • Lower employee contributions than Medical PPO. • Higher deductible than Medical PPO. • Deductible applies to both medical and prescription drugs. • Health Savings Account (HSA) option, which you can choose to fund, and SpaceX contributes to your HSA too! You can also roll over each year to build your health care savings. • A Health Care Flexible Spending Account (FSA) is not available, because the plan includes an HSA instead. 	<p>PPO</p> <ul style="list-style-type: none"> • Higher paycheck employee contributions than an HDHP. • Lower deductible than an HDHP. • Can participate in a Health Care FSA, which you can choose to fund and use until March 15 of the following year. • An FSA, other than for the 2½ month grace period, cannot roll over from year to year.



Curious But Have No Time? Watch a Video Instead!

Check out a quick and simple video about the High-Deductible Health Plan, available on ShareX. Type “HDHP” in any browser bar on the SpaceX network. If you’re not on the network, visit www.spxbenefits.com (password: **2023benefits**).

Learn about how the HDHP works with this short, informative video.



➔ **Worried about the HDHP deductible?**

SpaceX offers voluntary benefits through Allstate, which provide an additional financial safety net in the event you incur a major health care expense.

- **Accident Insurance:** Provides a lump-sum benefit in the event of an accident and can be used toward out-of-pocket expenses, including copays/coinsurance and deductibles.
- **Critical Illness Insurance:** Pays a lump-sum amount in the event of specific critical illnesses, including heart attack, stroke, cancer, and organ transplants.
- **Hospital Indemnity Insurance:** Pays benefits in addition to your core medical plan benefits when you experience an extended hospital stay.

For more information on the Allstate accident, critical illness, and hospital indemnity plans, please see "Voluntary Benefits" on [pages 34-35](#).

HEALTH SAVINGS ACCOUNT (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.

How the HSA Works

If you enroll in the HDHP, an HSA account will be opened for you with a qualified HSA provider selected by SpaceX. After your HSA account is opened, you can begin to make and receive HSA contributions for 2023.

Start It ➔	Build It ➔	Use It ➔	Let It Grow ➔
<ul style="list-style-type: none"> • Start your contributions on January 1. Contributions are made with before-tax payroll contributions (limits apply). • SpaceX also makes contributions toward your HSA on a per-pay-period basis! 	<ul style="list-style-type: none"> • Deposit your own dollars into your HSA. • Change the amount you contribute anytime. 	<ul style="list-style-type: none"> • Use the money in your HSA to pay for qualified health care expenses with your HSA debit card or you can request a distribution from your HSA account. 	<ul style="list-style-type: none"> • Your account balance will roll over to the next year and earn interest (rules and regulations apply). • Invest your account balance in HealthEquity's highly-rated HSA investment options.

HSA Contributions

If you elected the HDHP as your medical plan, you may contribute to the HSA. 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.

Combined with SpaceX's annual contributions, the maximum contribution amount for 2023 are the following:

- \$3,850 for employee-only coverage.
- \$7,750 for family coverage.
- Additional \$1,000 if age 55 or older (or will be age 55 in 2023).

The table below shows the maximum amount you can contribute to your HSA in 2023 combined with SpaceX's annual contributions. You can make changes to your HSA contributions anytime during the year.

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



Plan for Retirement with the HSA!

One of the biggest and most unpredictable costs of retirement can be health care expenses. With an HSA, you can add an extra savings tool to your kit when it comes to retirement financial planning. Here are some easy ways the HSA can help you stay on track in retirement:

Maximize Before 65	Build Your Account Balance	Invest Wisely
<p>Just like your 401(k), maxing out your HSA makes it easy to save for retirement. Your contributions are tax-free and tax-deductible until you're 65.</p> <p>Don't forget! You can make an extra "catch-up" contribution to your HSA of \$1,000 if you are 55 or older (or will be 55 in 2023).</p>	<p>While the HSA is meant to help you offset your out-of-pocket medical expenses, you should think of it like a savings tool.</p> <p>Spend your contributions wisely, and make a plan to build your account balance annually.</p>	<p>The key to maximizing your unspent contributions is to invest them wisely. For greater growth potential, you may invest in HealthEquity's highly-rated HSA investment options. Any interest and other investment earnings are yours to keep, tax-free.</p>

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	PPO, Guide PPO, or HDHP (in- and out-of-network)
I want to pay the least amount to cover myself only	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)

↓

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 (see "How to Find a Kaiser Medical Provider (CA only)" on [page 17](#)). 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 2nd.MD, Hinge Health, Kindbody, and mental health therapy and medication management services through Lyra Health. 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 expense are not reimbursable under your Kaiser HMO insurance.



MEDICAL PLANS COMPARISON CHART

The information below is a summary of medical coverage only. Please go to 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		Medical 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
Calendar Year Deductible								
Individual	\$500	\$500		\$0	\$1,000	\$1,500	\$4,500	\$500
Family	\$1,000	\$1,000		\$0	\$2,000	\$3,000	\$9,000	\$1,000
SpaceX HSA Account Funding								
Individual	N/A	N/A	N/A	N/A	N/A	\$500		N/A
Family						\$1,000		
Annual Out-of-Pocket Limit								
Individual	\$3,400	\$3,400	\$10,500	\$3,000	\$6,000	\$4,500	\$13,500	\$3,000
Family	\$6,800	\$6,800	\$21,000	\$6,000	\$12,000	\$9,000	\$27,000	\$6,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Physician Services								
Preventive Care Services**	Covered in full	Covered in full	40% Coinsurance	See pages 6-7	50% Coinsurance	Covered in full	40% Coinsurance	Covered in full
Doctor's Office Visit	\$25 Copay (deductible waived)	\$25 Copay (deductible waived)	40% Coinsurance	\$10 Copay	50% Coinsurance	20% Coinsurance	40% Coinsurance	\$25 Copay (deductible waived)
Specialist	\$40 Copay (deductible waived)	\$40 Copay (deductible waived)	40% Coinsurance	\$50 Copay	50% Coinsurance	20% Coinsurance	40% Coinsurance	\$40 Copay (deductible waived)
Lab and X-ray Services	15% Coinsurance	20% Coinsurance	40% Coinsurance	See pages 6 & 8	50% Coinsurance	20% Coinsurance	40% Coinsurance	\$10 Copay
Inpatient Hospital Services	15% Coinsurance	20% Coinsurance	40% Coinsurance	\$200 Copay***	50% Coinsurance	20% Coinsurance	40% Coinsurance	20% Coinsurance
Emergency Treatment								
ER (true emergency)	15% Coinsurance	20% Coinsurance	20% Coinsurance	See pages 6 & 8	See pages 6 & 8	20% Coinsurance	20% Coinsurance	20% Coinsurance
Ambulance	15% Coinsurance	20% Coinsurance	20% Coinsurance	\$200 Copay	\$200 Copay (deductible waived)	20% Coinsurance	20% Coinsurance	\$150 Copay
Urgent Care	\$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		Medical 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
Mental Health/Substance Abuse								
Inpatient	15% Coinsurance (in-network) Not Covered (out-of-network)	20% Coinsurance	40% Coinsurance	\$200 Copay	50% Coinsurance	20% Coinsurance	40% Coinsurance	20% Coinsurance
Office Visits	\$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)
Lyra Health (mental health therapy or medication consultations)	\$25 Copay (deductible waived)	\$25 Copay (deductible waived)	N/A	\$10 Copay	N/A	20% Coinsurance	N/A	N/A
Outpatient Facility or Inpatient/Residential Stay	15% Coinsurance (in-network) Not Covered (out-of-network)	20% Coinsurance	40% Coinsurance	\$200 Copay	50% Coinsurance	20% Coinsurance	40% Coinsurance	\$25 Copay (deductible waived) Outpatient 20% Coinsurance Inpatient
Other Services								
Chiropractic/Acupuncture	\$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.

***Inpatient maternity delivery services are covered at a \$0 copay.



Prescription Drug

The prescription drug program for SpaceX’s EPO, 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.

In all five medical plans, you can receive prescriptions you take on a regular basis (called maintenance medications) through mail order. Mail order is convenient and less expensive — the medication arrives at your door, and you can receive a larger supply for less money per dosage. Please contact your carrier for more information on mail order. Under the EPO, PPO, Guide PPO, and HDHP medical plans, if you fill a maintenance medication at a retail pharmacy, you will receive notification from Collective Health that you will need to choose mail order or retail by your third refill. Remember, mail order will cost you less.

Prescription Drug	Medical EPO & PPO Guide PPO (In-Network)	HDHP (In-Network)	Kaiser HMO (In-Network)
Retail Pharmacy			
Generic	\$10 Copay (30-day supply)	20% Coinsurance (30-day supply)	\$10 Copay (30-day supply)
Name Brand within Formulary	\$30 Copay (30-day supply)	20% Coinsurance (30-day supply)	\$25 Copay (30-day supply)
Name Brand outside of Formulary	\$60 Copay (30-day supply)	20% Coinsurance (30-day supply)	Not Applicable
Self-administered Injectable Medication	30% Coinsurance (maximum payment of \$150) (30-day supply)	30% Coinsurance (maximum payment of \$150) after deductible (30-day supply)	Not Applicable
Mail Order			
Generic	\$10 Copay (90-day supply)	20% Coinsurance (90-day supply)	\$20 Copay (100-day supply)
Name Brand within Formulary	\$60 Copay (90-day supply)	20% Coinsurance (90-day supply)	\$50 Copay (100-day supply)
Name Brand outside of Formulary	\$120 Copay (90-day supply)	20% Coinsurance (90-day supply)	Not Applicable
Self-administered Injectable Medication	30% Coinsurance (maximum payment of \$300) (90-day supply)	30% Coinsurance (maximum payment of \$300) after deductible (90-day supply)	Not Applicable

SPECIALTY MEDICATIONS

Specialty medications are not covered at retail pharmacies. Collective Health’s Member Advocates are trained to guide you through the process and partner with Express Scripts’ Specialty Pharmacy Program to ensure proper fulfillment. Specialty medications are complex and used to treat conditions such as multiple sclerosis, cancer, HIV, and certain forms of rheumatoid arthritis. Specialty Pharmacy Programs offer a complete support program including a team of nurses, pharmacists, and care coordinators to help members taking specialty medications achieve the best possible outcomes from their treatments. Collective Health Member Advocates are available by calling **(844) 803-0209** from 4:00 am to 6:00 pm Pacific Time, Monday – Friday; 7:00 am to 11:00 am Pacific Time, Saturday.

Note: If you enroll in the Kaiser HMO, 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 4:00 am to 6:00 pm Pacific Time, Monday – Friday; 7:00 am to 11:00 am Pacific Time, Saturday.



How to Find Providers

HOW TO FIND A MEDICAL, DENTAL, AND VISION PROVIDER

Collective Health offers one central place to find all your medical, dental, and vision providers.

- Go to join.collectivehealth.com/SpaceX
- Select “Find a Doctor”

HOW TO FIND A KAISER MEDICAL PROVIDER (CA ONLY)

- Go to www.kp.org
- Select “Doctors and Locations”
- Select your region: No. or So. California
- Select area: enter ZIP code or city
- Select your health plan: HMO
- Select provider type

Note: You may also search by name, hospital affiliation, gender, and languages spoken.

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)



BE A BETTER HEALTH CARE CONSUMER

When it comes to purchasing products, we almost always look at the price tag. Yet with all the money we spend on health care — from premiums to prescriptions to doctor’s office visits — we rarely think about the price of these services. And as health care prices continue to rise, that ends up costing more for you and SpaceX. Here are some ways you can help control the cost of health care.

Use In-Network Providers	Use Preventive Care	Save Money with an HSA or FSA
In-network providers have agreed to charge only up to negotiated rates and bill your insurance company directly, which saves you money and time. Also, check with Collective Health to ensure that the services you and your dependents require are covered before you receive care.	It’s covered in full by all our medical plans and can help detect and prevent potentially costly health issues early. You pay nothing for annual physicals, certain recommended immunizations, and more when you see in-network providers.	Contributing to an HSA or FSA is easy and saves you money on expenses that you would have to pay anyway. How it works Money from your paycheck goes in tax-free* and comes out tax-free when it’s used for eligible expenses. <i>*Please note that certain states, including California, treat eligible HSA contributions as taxable for state income tax purposes.</i> Eligibility <ul style="list-style-type: none"> • HSA: Available only to employees who enroll in the Medical HDHP. • Health Care FSA: Available to employees who do NOT enroll in the Medical HDHP.

Use Generic Prescriptions	Use the Right Place for Care			
Using generic alternatives for prescriptions will almost always save you money — and they’re just as effective as brand name prescriptions. For your ongoing prescriptions, use the mail-order service to save money and time.	Understand when you should go to the doctor’s office, urgent care, and emergency room. Going to the most appropriate place for your needs will save you time and money!			
	Telemedicine: One Medical <i>When to use it:</i> Mild conditions that can be diagnosed over video chat. <i>Examples:</i> Sore throat, colds, minor cuts and scrapes <i>Average Price:</i> \$ \$0 (on-demand, video visits through One Medical app)	Doctor’s Office <i>When to use it:</i> A condition that doesn’t need immediate attention or can wait until the next day. <i>Examples:</i> Sore throat, mild fever, routine exams <i>Average Price:</i> \$\$ \$0 preventive \$114* non-preventive	Urgent Care Clinic <i>When to use it:</i> A condition that needs immediate attention but is not life threatening. <i>Examples:</i> Broken bone, severe sprain, cut requiring stitches <i>Average Price:</i> \$\$ \$108*	Emergency Room <i>When to use it:</i> A life-threatening condition that requires immediate care. <i>Examples:</i> Chest pain, difficulty breathing, uncontrollable bleeding <i>Average Price:</i> \$\$\$ \$1,265* depending on severity

*Based on national averages



Save money with the SpaceX Health Center

For Hawthorne-based employees, the onsite SpaceX Health Center offers a full spectrum of expert primary care services along with physical therapy, mental health, and phlebotomy services for free (\$0 copay!) to employees and their dependents (ages 14+) enrolled in the Medical EPO, PPO, or Guide PPO. If you are covered under the Medical HDHP, you can receive preventive care at the SpaceX Health Center for free. After you satisfy your Medical HDHP deductible, you can also get non-preventive services for free at the SpaceX Health Center.

Note: 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.





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, 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, 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, 8:00 am – 5:00 pm (closes at 4:00 pm on Wednesdays). Walk-in lab hours are Monday – Friday, 8:00 am – 12:00 pm and 1:00 pm – 4:00 pm. To book appointments at the onsite SpaceX Health Center, you must first register with One Medical at www.onemedical.com/mybenefit/ and use SpaceX company code **SXJX0M15**.

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.

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 100+ 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, 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, 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, PPO, Guide PPO, or HDHP plan 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 www.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 TO USE 2ND.MD

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

- Visit www.2nd.MD/SpaceX
 - Call **(866) 841-2575**
- or
- 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, 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

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, 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, 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, PPO, Guide PPO, or HDHP. This means that if you elect the Medical EPO, PPO, or Guide PPO, you will generally be subject to a \$25 copay (Medical EPO and 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 Medical 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 or contact the Lyra care team 24/7 by phone at **(855) 240-0049** or email at care@lyrahealth.com.

Hinge Health

Hinge Health offers exercise therapy programs for chronic back, knee, hip, neck, or shoulder pain. 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, 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, 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 hingehealth.com/spacex/start to apply.

You can also contact Hinge Health at **(855) 902-2777** or 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 SPACE X

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 EPO, 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 <http://kindbody.com/spacexbenefits>

Step 2: Create your Kindbody account using any email address

Step 3: Confirm your eligibility by entering your access code **KINDSPACE X** (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 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 www.rethinkbenefits.com/spacex and use the enrollment code SPACE X. For questions, contact RethinkCare at **(800) 714-9285** or support@rethinkbenefits.com.



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
Annual Calendar Year Maximum	\$2,000	\$2,000
Calendar Year Deductible		
Individual	\$50	\$75
Family	\$150	\$225
Diagnostic & Preventive Services (deductible waived)	Covered in full	Covered in full
Basic Services	20% after deductible	30% of allowable amount after deductible
Major Services	50% after deductible	60% of allowable amount after deductible
Orthodontia (Adults & Children)	50% after deductible	50% of allowable amount after deductible
Lifetime Maximum	\$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.

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.

Onsite Dental at SpaceX

No hassle. No stress. Now it's even easier for you to take full advantage of your dental benefits! SpaceX has partnered with Onsite Dental to bring a state-of-the-art dental practice to SpaceX's Hawthorne, California campus. Onsite Dental offers a complete range of dental services, including exams, X-rays, cleanings, fillings, crowns, invisalign, whitening, night guards, and more!

Onsite Dental is considered in-network and accepts Delta Dental PPO insurance offered by SpaceX as well as many other dental insurance plans. Onsite Dental bills your insurance provider for each in-office visit, and you cover the copays, coinsurances, and deductibles as designated by your plan. The amount that you owe depends on the specific dental insurance plan you have.

Onsite Dental at SpaceX is located on Jack Northrop Avenue, right outside the SpaceX Health Center. Current operating hours are Monday through Friday from 7:00 am – 3:00 pm. These hours are subject to change. For questions or to book an appointment just call or text Onsite Dental at **(424) 333-6007** or visit them online at <https://onsitedental.com>.



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
Exam	Paid in full after \$25 copay	\$50 allowance
Lenses*		
Single Vision	Paid in full	\$50 allowance
Bifocal	Paid in full	\$75 allowance
Lined Trifocal	Paid in full	\$100 allowance
Lenticular	Paid in full	\$125 allowance
Frames	\$200 allowance**	\$70 allowance
Contacts**		
Exam and Fitting	Up to \$60 copay	\$105 allowance for exam, fitting and materials
Elective	\$200 allowance for contacts only**	
Medically Necessary	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.



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 Medical HDHP for 2023, 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 the HSA section under “Medical Benefits” on [pages 10-12](#).

ACCOUNT	ANNUAL CONTRIBUTION
Health Care FSA	\$3,050 maximum per employee
Dependent Care FSA	\$5,000 maximum per household*

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

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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 2023 FSA funds on eligible expenses by March 15, 2024. Submit all FSA claims for reimbursement to HealthEquity (SpaceX’s FSA administrator) by March 31, 2024.*

Note: If you terminate your employment with SpaceX prior to March 15, 2024, your deadline to use your 2023 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, 2024.*

**For Health Care FSAs only, the March 31, 2024 deadline to submit your 2023 Health Care FSA claims for reimbursement may change, based on the duration of the COVID-19 National Emergency. Please contact HealthEquity to confirm the claims submission deadline.*

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)

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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!

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
- Eldercare

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 www.healthequity.com/SpaceX.

To submit FSA claims for reimbursement, log in to your HealthEquity account at www.healthequity.com

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, by an additional 25% at 70, and by an additional 15% at 75.

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 \$10,000, up to a maximum of \$500,000; guarantee issue* of \$200,000.
- **Your Spouse:** In increments of \$5,000, up to the lesser of 50% of employee's amount or \$250,000; guarantee issue* of \$30,000.
- **Your Child(ren):** \$10,000 from live birth to age 26 per child.

The principal amount reduces by 35% at age 65, by an additional 25% at 70, and by an additional 15% at 75. 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	\$0.050	50-54	\$0.335
25-29	\$0.060	55-59	\$0.495
30-34	\$0.080	60-64	\$0.815
35-39	\$0.090	65-69	\$1.470
40-44	\$0.135	70-74	\$2.080
45-49	\$0.225	75+	\$4.500

*AD&D Rate (regardless of age): \$.02 per \$1,000 in coverage
Child Life Rate (regardless the # 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 \$22,500. If you are age 50 or older in 2023, 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 www.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 www.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 www.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

GROUP VOLUNTARY ACCIDENT INSURANCE THROUGH ALLSTATE BENEFITS*

Accident insurance through Allstate Benefits 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	\$3.00
Employee + Spouse	\$5.37
Employee + Child(ren)	\$6.53
Family	\$8.19

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 www.spxbenefits.com (password: **2023benefits**).

GROUP VOLUNTARY CRITICAL ILLNESS INSURANCE THROUGH ALLSTATE BENEFITS

Critical Illness insurance through Allstate Benefits 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 www.spxbenefits.com (password: **2023benefits**).

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 are eligible for 100% and children are eligible for 50% of the employee benefit amount.

Non-Tobacco – Bi-weekly Rates								
Ages	\$10,000		\$20,000		\$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
18-35	\$1.74	\$3.49	\$2.91	\$5.82	\$5.23	\$10.46	\$6.39	\$12.78
36-49	\$3.64	\$7.28	\$6.59	\$13.17	\$12.48	\$24.96	\$15.42	\$30.84
50-59	\$7.91	\$15.81	\$14.88	\$29.75	\$28.81	\$57.60	\$35.77	\$71.54
60+	\$17.46	\$34.92	\$33.51	\$67.02	\$65.60	\$131.20	\$81.65	\$163.29

Tobacco – Bi-weekly Rates								
Ages	\$10,000		\$20,000		\$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
18-35	\$2.11	\$4.23	\$3.65	\$7.29	\$6.71	\$13.42	\$8.24	\$16.47
36-49	\$4.83	\$9.67	\$8.98	\$17.96	\$17.27	\$34.55	\$21.42	\$42.84
50-59	\$12.02	\$24.04	\$23.11	\$46.20	\$45.28	\$90.57	\$56.37	\$112.74
60+	\$25.44	\$50.87	\$49.51	\$99.03	\$97.68	\$195.33	\$121.74	\$243.49

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

*Allstate Benefits (AB) is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.

GROUP HOSPITAL INDEMNITY THROUGH ALLSTATE BENEFITS

Hospital Indemnity insurance through Allstate Benefits 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. Mental and nervous disorders are not covered. Specific details about the plan can be found on ShareX or www.spxbenefits.com (password: **2023benefits**).

HOSPITAL INDEMNITY INSURANCE	BI-WEEKLY RATE
Employee	\$6.24
Employee + Spouse	\$16.98
Employee + Child(ren)	\$10.86
Family	\$18.36

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
- Consumer protection
- Defense of civil lawsuits
- Real estate matters
- Personal property protection
- Elder law matters
- Divorce
- Family law
- Lifestages — Identity Management Services
- Traffic offenses
- Document preparation

HOW TO GET STARTED

Step 1: Visit info.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, 8:00 am – 8:00 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
Medical Coverage			
Collective Health Blue Shield of California (BlueCard Nationwide)	Medical EPO	Employee Only	Paid by SpaceX
		Employee + Spouse	\$101.57
		Employee + Child(ren)	\$74.95
		Employee + Family	\$168.34
Collective Health Blue Shield of California (BlueCard Nationwide)	Medical PPO	Employee Only	\$38.17
		Employee + Spouse	\$117.07
		Employee + Child(ren)	\$86.39
Collective Health Blue Shield of California (BlueCard Nationwide)	Guide PPO	Employee Only	\$24.72
		Employee + Spouse	\$105.43
		Employee + Child(ren)	\$77.13
		Employee + Family	\$173.39
Collective Health Blue Shield of California (BlueCard Nationwide)	Medical HDHP	Employee Only	\$25.46
		Employee + Spouse	\$108.59
		Employee + Child(ren)	\$79.44
		Employee + Family	\$178.59
Kaiser Permanente	HMO	Employee Only	\$109.24
		Employee + Spouse	\$191.35
		Employee + Child(ren)	\$155.66
		Employee + Family	\$343.11
2nd.MD	Expert Medical Second Opinion & Physician Referrals	All coverage tiers	Included with Medical EPO, PPO, Guide PPO, or HDHP.
Hinge Health	Musculoskeletal Pain Management	All coverage tiers	Included with Medical EPO, PPO, Guide PPO, or HDHP.

ADMINISTRATOR / NETWORK	COVERAGE	CATEGORY	PER PAY PERIOD COST
Dental Coverage			
Delta Dental	Dental	Employee Only	Paid by SpaceX
		Employee + Spouse	\$10.88
		Employee + Child(ren)	\$14.41
		Employee + Family	\$19.10
Vision Coverage (automatic when you enroll in dental coverage)			
Vision Service Plan	Vision	Employee Only	Paid by SpaceX
		Employee + Spouse	Paid by SpaceX
		Employee + Child(ren)	Paid by SpaceX
		Employee + Family	Paid by SpaceX
Life & Disability Coverage			
The Hartford	Short-Term & Long-Term Disability	Employee Only	Paid by SpaceX
The Hartford	Basic Life and AD&D	Employee Only	Paid by SpaceX
The Hartford	Voluntary Life and AD&D		Employee-Paid
Group Legal			
MetLife Legal Plans	Group Legal		\$8.54
Behavioral Health			
Lyra Coaching	Mental Health Coaching		Paid by SpaceX
Pre-Tax Accounts			
HealthEquity	Health Savings Account (only available if enrolled in HDHP)	You determine the amount you want to contribute up to \$3,850 (Employee Only) or \$7,750 (Employee + 1 or more) annually for 2023	Employee-Paid
HealthEquity	Health Care Flexible Spending Account (not available if enrolled in HDHP)	You determine the amount you want to contribute up to \$3,050 annually for 2023	Employee-Paid
	Dependent Care Flexible Spending Account	You determine the amount you want to contribute up to \$5,000 annually for 2023	Employee-Paid
Retirement Savings Plan 401(k)			
Fidelity Investments	401(k) Plan	You determine the amount you want to defer up to \$22,500 annually and an additional \$7,500 if over age 50	Employee-Paid



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 2023 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 2023 prescription drug coverage offered through ESI 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 2023 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 2023 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.
- 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, 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 12, 2022

Name of Entity/Sender: SpaceX

Contact-Position/Office: Benefits Department

Address: 1 Rocket Road, Hawthorne, CA 90250

Phone: (310) 363-6000

MASTECTOMY AND OTHER MEDICAL BENEFITS

As a reminder, the Women's Health and Cancer Right Act of 1998 requires medical plans that offer mastectomy benefits to also provide coverage for reconstructive surgery benefits.

Coverage extends to:

- Reconstructive surgery of the breast on which the mastectomy is performed;
- Treatment to produce a symmetrical appearance following a mastectomy;
- Prostheses; and
- Physical complications for all stages of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes).

The manner of coverage will be determined by the Medical Plan in consultation with the patient and the attending physician. This coverage will be paid according to the normal provisions of the Medical Plan. These provisions apply to mastectomies received while either you or your dependent is covered under the Medical Plan.

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 2023. 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.

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)-KIDS NOW** or 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 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
(866) 444-EBSA (3272)

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



Benefits Contact Information

COLLECTIVE HEALTH MEMBER ADVOCATES

Representatives are available 4:00 am – 6:00 pm Pacific Time, Monday – Friday; 7:00 am – 11:00 am Pacific Time, Saturday

Phone: **(844) 803-0209**

Web: join.collectivehealth.com/SpaceX

Account log-in: my.collectivehealth.com

You can also reach your SpaceX Benefits Team at Benefits@spacex.com.

Benefits Enrollment in Workday

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

Username: Your SpaceX network login

Password: Your SpaceX network password

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

For Multi-Factor Authentication assistance, please call the IT Help Desk at **(310) 363-6999**.

References and Resources

BENEFIT	GROUP NUMBER	WHOM TO CALL	PHONE NUMBER	WEBSITE/EMAIL
Medical EPO, PPO, Guide PPO, and HDHP	W0054279	Collective Health	(844) 803-0209	join.collectivehealth.com/SpaceX
Medical HMO	No. CA: 604194 So. CA: 231722	Kaiser Permanente	(800) 464-4000	www.kp.org
Expert Medical Second Opinion	N/A	2nd.MD	(866) 841-2575	www.2nd.MD/SpaceX
Musculoskeletal Pain Management/Exercise Therapy	N/A	Hinge Health	(855) 902-2777	hingehealth.com/spacex/start
Fertility and Family Planning	N/A	Kindbody	(844) 519-0425	employeebenefits@kindbody.com
Childhood Development Support	N/A	RethinkCare	(800) 714-9285	www.rethinkbenefits.com/spacex
Dental	04917	Collective Health	(844) 803-0209	join.collectivehealth.com/SpaceX
Vision	12260627	Collective Health	(844) 803-0209	join.collectivehealth.com/SpaceX
STD and LTD	402677	The Hartford	(866) 945-7801	account.thehartford.com
Term Life and AD&D	402677	The Hartford	(888) 563-1124	account.thehartford.com
Voluntary Accident	G0655	Allstate Benefits	(866) 828-8501	www.allstateatwork.com/mybenefits
Voluntary Critical Illness	G0655	Allstate Benefits	(866) 828-8501	www.allstateatwork.com/mybenefits
Hospital Indemnity	93641	Allstate Benefits	(866) 828-8501	www.allstateatwork.com/mybenefits
Group Legal	N/A	MetLife Legal Plans	(800) 821-6400	Info.legalplans.com
Behavioral Health	N/A	Lyra Health	(855) 240-0049	spacex.lyrahealth.com
Health Savings Account	N/A	HealthEquity	(866) 346-5800	www.healthequity.com/spacex
Flexible Spending Accounts	N/A	HealthEquity	(866) 346-5800	www.healthequity.com/spacex
401(k) Retirement	86233	Fidelity	(800) 835-5095	www.401k.com
SpaceX Health Center	N/A	One Medical	(310) 706-8992	spacex@onemedical.com



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.