

# 2023 Benefit Changes for a Qualifying Life Event

Birth, Adoption, or Legal Guardianship of a Child  
[Regular Employees]



Congrats on the exciting news! "Birth/Adoption/Legal Guardianship of a Child" is considered a qualifying life event that will allow you to make mid-year changes. You will only have **30-calendar days** from the event date to make these changes. Questions? Contact [benefits@spacex.com](mailto:benefits@spacex.com).

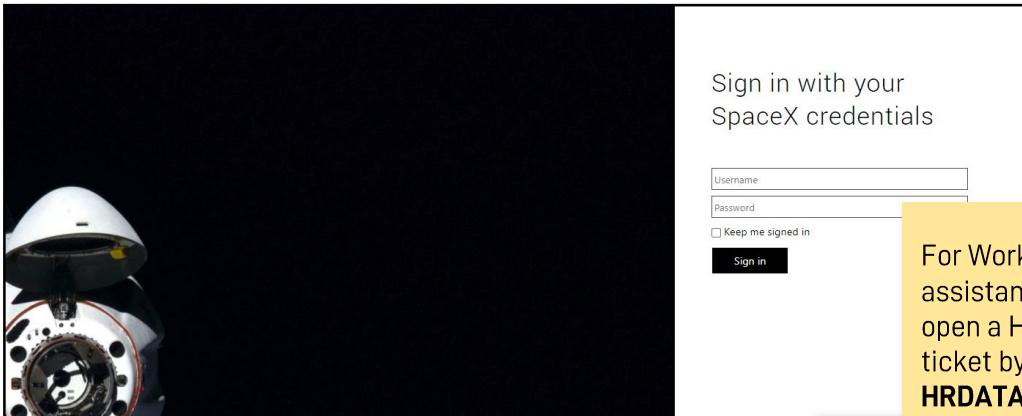
## 1. Login



Log into Workday to complete your new hire benefit elections.

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

Login Credentials: Your SpaceX username and password



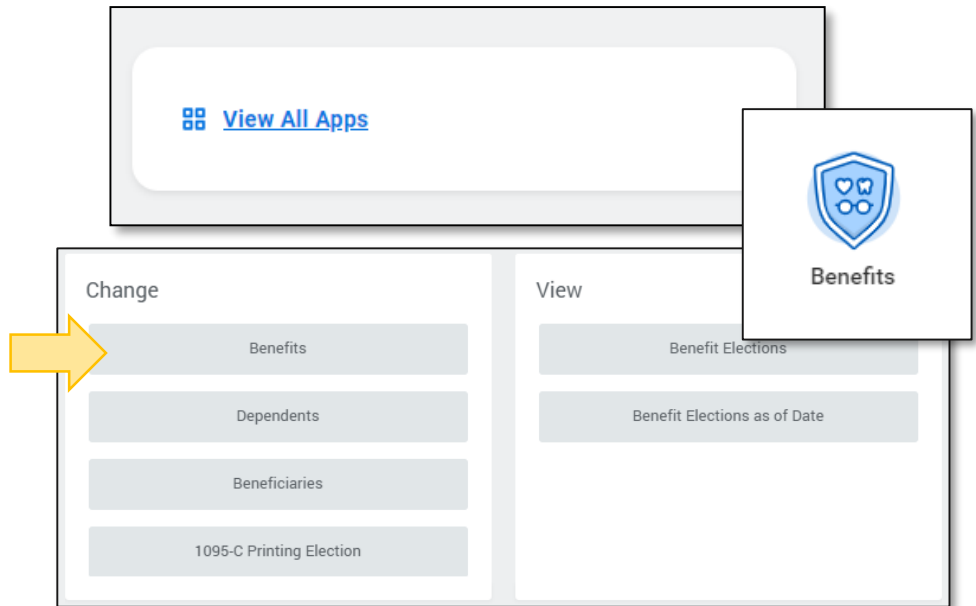
For Workday login assistance, please open a HR JIRA service ticket by typing **HRDATA/** in any browser bar while on the SpaceX network.

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

## 2. Triggering a Qualifying Life Event



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




Change Reason \*

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

**For the “Benefit Event Type”, select “Birth/Adoption/Legal Guardianship of a Child”**

**Enter the “Benefit Event Date”, which is the date that your baby was born, or when the court approved the adoption or legal guardianship of a child.**

Benefit Event Date \* 03/02/2023 

Submit Elections By 04/01/2023

You must submit your elections within 30-calendar days from the date of event. Your benefit election changes due to the qualifying benefit event will be retroactively effective to the date of event (date of birth/adoption/legal guardianship). For instance, if your baby was born on March 2, 2023, then you have until April 1, 2023 to submit your changes to add your newborn to your benefits. Coverage will be retroactively effective to March 2, 2023.



## 2. Triggering a Qualifying Life Event (cont.)



Attach your supporting documentation (i.e. hospital birth record, birth certificate, court documents) and then click on “Submit” at the bottom of the page.

Attachments

Drop files here

or


Select files

Click “Open” to begin your Benefit Changes.

**You have submitted**

Up Next: Benny Fits Change Benefit Elections

[View Details](#)


 **Open**

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

**Change Benefit Elections**

Initiated On

Submit Elections By

 **Let's Get Started**

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



#### Select your tobacco status.

**Health Information**

**Tobacco Use**

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

**Answer** \*  Yes  
 No

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

#### Select “Manage” to elect the desired Medical Plan.

SpaceX offers five medical plans:

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

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

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

**Medical**  
Collective Health \_EPO (Blue Shield of California)

Cost per paycheck Included

Coverage Employee Only

[Manage](#)

**Medical**

Projected Total Cost Per Paycheck \$46.95

**Plans Available**

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

6 items

*Selection	Benefit Plan Details	You Pay (Bi-weekly)	Company Contribution (Bi-weekly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Collective Health _EPO (Blue Shield of California)	Included	\$213.39
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Collective Health _PPO (Blue Shield of California)	\$38.17	\$203.55
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Collective Health Guide PPO (Blue Shield of California)	\$24.72	\$202.34
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Collective Health HDHP High-Deductible Health Plan	\$25.46	\$174.36
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Kaiser Permanente (SCA) HMO	\$109.24	\$188.06
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Waiver Opt-Out Credit	Included	\$0.00

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



#### Enroll your dependents, if applicable.

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

#### Dependents

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

Coverage \* Employee + Child(ren)

Plan cost per paycheck

Add New Dependent

1 item

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

If there are duplicate dependent names, please email [benefits@spacex.com](mailto:benefits@spacex.com).

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

1

#### Dependents

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

Coverage \* Employee Only

Plan cost per paycheck

Add New Dependent

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

Use an Existing Beneficiary or Emergency Contact

2

#### Add My Dependent From Enrollment

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

Use as Beneficiary

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

### 3. Health Care & Accounts – Medical



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

**Add Dependent** 0101

Relationship \*

Use as Dependent

Use as Beneficiary

Inactive Date (empty)

Date of Birth \*

Age (empty)

Gender \*

Citizenship Status

Tobacco Use

Uses Tobacco \*  Not Applicable  
 Yes  
 No

Eligible Dependents

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

Legal Name    Contact Information    National IDs    Additional Government IDs    Other IDs

Country \*

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

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

If available, you may add your newborn's SSN in the national ID section. If you don't have their SSN at this time, please select "Reason SSN is Not Available", and type "N/A", and you may input their SSN at a later time.

Dependent	*Social Security Number
Yackie Fits	<input type="radio"/> Social Security Number (SSN) <input type="text" value="--"/> <input checked="" type="radio"/> Reason SSN is Not Available <input type="text" value="N/A"/>

**To decline Medical coverage, select "Waiver Opt-Out Credit".**

Select

Waive

**Waiver Opt-Out Credit**



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



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

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

Dental	
Projected Total Cost Per Paycheck	Projected
\$0.00	\$0.00

 <b>Dental</b> Delta Dental PPO	 <b>Vision</b> Vision Service Plan (VSP) PPO
Cost per paycheck	Included
Coverage	Employee Only
<a href="#">Manage</a>	<a href="#">Manage</a>

**Plans Available**

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



2 items

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

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

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

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




 <b>Dental</b> Waiver Opt-Out Credit	 <b>Vision</b> Waived
Cost per paycheck	Included
Coverage	Employee Only
<a href="#">Manage</a>	<a href="#">Enroll</a>

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

### 3. Health Care & Accounts – Voluntary Benefits



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

 <p><b>Group Accident</b> Waived</p> <p>Enroll</p>	 <p><b>Group Indemnity Medical</b> Waived</p> <p>Enroll</p>	 <p><b>Group Critical Illness</b> Waived</p> <p>Enroll</p>
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*Selection	Benefit Plan
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Allstate Benefits

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

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



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

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


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





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

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



**Health Savings Account (HSA)**  
Waived

Enroll

*Selection	Benefit Plan
<input checked="" type="radio"/> Select <input type="radio"/> Waive	HealthEquity

**Contribute**


Per Paycheck       Annual

Total Paychecks    26

Maximum Annual Amount: \$3,850.00

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

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



**Health Savings Account Catch-up (HSA)**  
Waived

Enroll

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



#### Health Care FSA

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

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



#### Dependent Care FSA

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

**2023 Annual Maximum**

\$3,050 per employee

\$5,000 per household

**Eligible Expenses**

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

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

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

**Health Care Flexible Spending Account (FSA)**  
Waived

[Enroll](#)

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**Dependent Care Flexible Spending Account (FSA)**  
Waived

[Enroll](#)

**Contribute**

**Per Paycheck**

117.31

**Annual**

3,050.00

**Total Paychecks**

26


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

### 3. Health Care & Accounts - Employee Assistance Program



Lyra Coaching is a six-session mental health coaching program, designed by Lyra clinicians and grounded in principles of evidence-based treatments, that will empower you to better manage stress, make difficult decisions, and improve relationships, both at work and at home. Lyra Coaching will be available for FREE to all SpaceX employees (regular, temporary, and interns), who are normally scheduled to work at least 20 hours per week, and their eligible dependents (ages 18+).

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



 <b>Employee Assistance Program</b> Lyra Health Coaching	
Cost per paycheck	Included
Coverage	Employee Only
<a href="#">Manage</a>	

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



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

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





 <b>Short Term Disability (STD)</b> The Hartford (Employee)		 <b>Long Term Disability (LTD)</b> The Hartford (Employee)	
Cost per paycheck	Included	Cost per paycheck	Included
Coverage	66.67% of Salary	Coverage	66.67% of Salary
<a href="#">Manage</a>		<a href="#">Manage</a>	

### 4. Insurance – Basic Life and AD&D Insurance



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

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

 <b>Basic Life Insurance</b> The Hartford (Employee)		 <b>Basic Accidental Death &amp; Dismemberment Insurance (AD&amp;D)</b> The Hartford (Employee)	
Cost per paycheck	Included	Cost per paycheck	Included
Coverage	1 X Salary	Coverage	1 X Salary
 <a href="#">Manage</a>		 <a href="#">Manage</a>	

## 4. Insurance – Beneficiaries



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

**Beneficiaries**

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

**\*Primary Beneficiaries 1 item**

Beneficiary	Percentage
<div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">-</span> <span style="border: 1px solid gray; padding: 2px;">x Mrs. Fits</span> <span style="margin-left: 10px;">⋮</span> </div>	100

**Secondary Beneficiaries 2 items**

Beneficiary	Percentage
<div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">-</span> <span style="border: 1px solid gray; padding: 2px;">x Zackie Fits</span> <span style="margin-left: 10px;">⋮</span> </div>	50
<div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">-</span> <span style="border: 1px solid gray; padding: 2px;">x Yackie Fits ...</span> <span style="margin-left: 10px;">⋮</span> </div>	50

Total adds up to 100%

## 4. Insurance – Voluntary Life and AD&D Insurance



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

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

**Voluntary Life Insurance - Employee**

Waived

Enroll

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**Voluntary AD&D Insurance - Employee**

Waived

Enroll

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

**Voluntary Life Insurance - Employee**  
The Hartford (Employee)

Cost per paycheck

Coverage \$100,000

Manage

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

Cost per paycheck

Coverage \$100,000



Manage



## 4. Insurance – Voluntary Life and AD&D Insurance



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

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

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

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

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

**Coverage**

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


Coverage \*

**Dependents**

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

[Add New Dependent](#)

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

 <p><b>Voluntary Life Insurance - Child(ren)</b> The Hartford (Child(ren))</p> <p>Cost per paycheck</p> <p>Coverage <b>\$10,000</b></p> <p><a href="#">Manage</a></p>
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## 4. Insurance – Voluntary Life and AD&D Insurance



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

**Dependents**

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

[Add New Dependent](#)

2 items

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

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

**Dependents**

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

[Add New Dependent](#)

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

## 5. Additional Benefits - Group Legal Plan



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

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

**Group Legal Plan**  
Waived

[Enroll](#)

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



## 6. Review and Confirmation of Benefit Elections



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

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

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents
Medical	03/02/2023	03/02/2023	Employee + Child(ren)	Yackie Fits
Collective Health _EPO (Blue Shield of California)				
Dental	03/02/2023	03/02/2023	Employee + Child(ren)	Yackie Fits
Delta Dental PPO				
		2023	Employee + Child(ren)	Yackie Fits

### Electronic Signature

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

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

I Accept



Submit

Save for Later

Cancel

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

## 7. Making Changes



You will not be able to edit your elections after you click Submit. If you need to make changes, then please contact the Benefits team at [benefits@spacex.com](mailto:benefits@spacex.com) no later than 30-calendar days from your Birth of a Child / Adoption / Legal Guardianship date.