



Step-by-Step Workday Enrollment Guide

[Regular Employees]



Important

- 2023 Open Enrollment is Tuesday, November 1, 2022 through Friday, November 18, 2022
- Open Enrollment link closes on Friday, November 18, 2022 at 5 PM Pacific Time
- Open Enrollment benefit elections are effective on January 1, 2023
- For more information regarding 2023 Open Enrollment, type in **2023OE/** in any browser on the SpaceX network. If you are not on the SpaceX network, you can also visit www.spxbenefits.com (password: **2023benefits**)
- If you have any questions, please reach out to benefits@spacex.com

1. Login



Log into Workday to complete your 2023 Open Enrollment benefit elections.

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

Login Credentials: Your SpaceX username

SPACEX

Sign in

username

Next

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

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

YubiKey: Enter in your Security Key PIN then touch your security key

Windows Security

Making sure it's you

Please sign in to spacex.com.

This request comes from Chrome, published by Google LLC.

Please enter your security key PIN.

Security Key PIN

OK Cancel



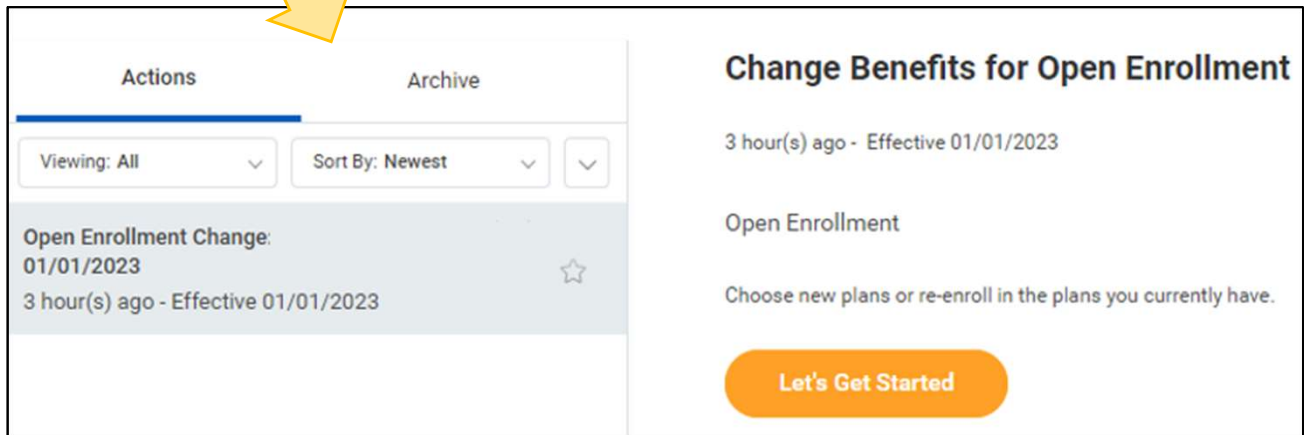
2. Workday Inbox



Click on your Workday Inbox, located on the top right corner of the screen.



Once you click the Inbox icon, you should see an "Open Enrollment Change". If you do not see an Open Enrollment task in your Inbox, please contact benefits@spacex.com immediately.



TROUBLESHOOTING

If your Open Enrollment task is "On Hold", then you may have other pending items in your Workday Inbox that have not been completed yet. You need to complete the pending items first and submit it to Benefits team for approval. Once it has been approved, then your 2023 Open Enrollment event will open for you to make your benefit elections. If you continue to have issues with your 2023 Open Enrollment task, please contact benefits@spacex.com.

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



Select your tobacco status.

You must select your tobacco status at the top of the enrollment page, which will determine your Allstate Critical Illness rates along with your age band and elected coverage amount.



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

Select “Manage” to elect the Medical Plan and click “Confirm and Continue” to proceed to next page.

Medical

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

Plans Available

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

6 items

*Selection	Benefit Plan Details	You Pay (Bi-weekly)	Company Contribution (Bi-weekly)	Credits (Bi-weekly)
<input checked="" type="radio"/> Select <input 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 type="radio"/> Select <input checked="" 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	\$20.00

Medical
Collective Health _EPO (Blue Shield of California)

Cost per paycheck Included
Coverage Employee Only

Manage

Confirm and Continue Cancel

More information regarding the five medical plans and the additional perks can be found on **2023OE/** ShareX page. If you are not on the SpaceX network, visit www.spxbenefits.com (password: **2023benefits**).

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)

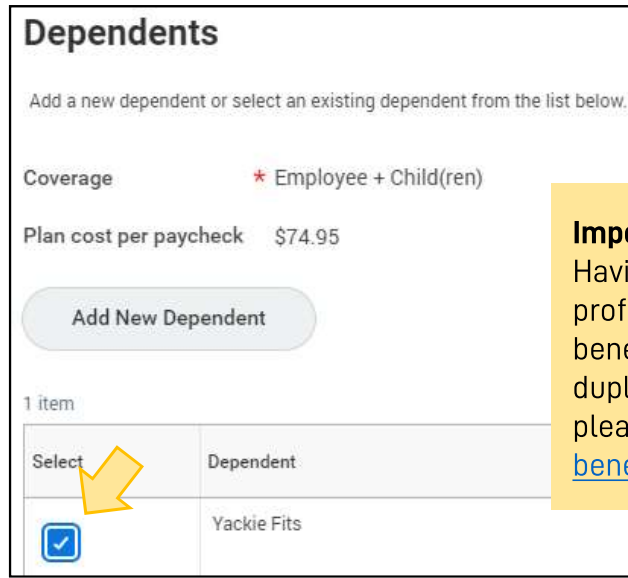


3. Health Care & Accounts – Medical, Dental, Vision

Enroll your dependents, if applicable, and click “Save” to save your elections.



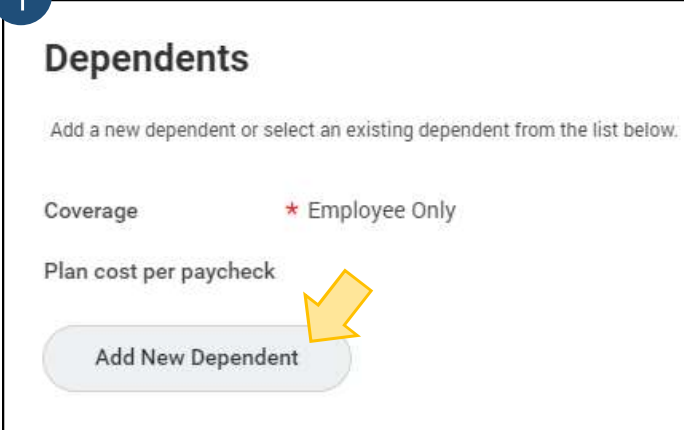
If you already have a dependent listed in Workday, then click on “Existing Dependents.”



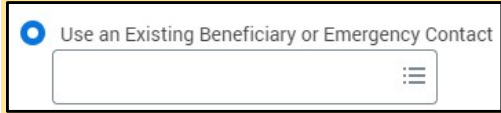
Important!
Having duplicate dependent profiles will impact your benefit coverage. If there are duplicate dependent names, please email benefits@spacex.com.

If you do not already have a dependent listed in Workday and you'd like to add a dependent, then click on “Add New Dependent” and enter your dependent's information before you can add them to your benefits.

1



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



2



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



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

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

Add My Dependent From Enrollment

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth *

Age (empty)

Gender *

Citizenship Status

Eligible Dependents

- Your 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 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 Legally registered domestic partners and their children 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 domestic partner and domestic partner's children will be treated as taxable income to you, and applicable taxes and withholding will be deducted from payroll. Please contact the SpaceX Benefits team at benefits@spacex.com for additional information.

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

<input checked="" type="radio"/> Select <input type="radio"/> Waive	Waiver Opt-Out Credit
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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 Delta Dental PPO		Vision Vision Service Plan (VSP) PPO	
Cost per paycheck	Included	Cost per paycheck	Included
Coverage	Employee Only	Coverage	Employee Only
Projected Total Cost Per Paycheck \$0.00	Projected \$0.00	Manage	Manage

Plans Available

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

2 items

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

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

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




Dental Waiver Opt-Out Credit		Vision Waived	
Cost per paycheck	Included		
Coverage	Employee Only		Enroll
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Delta D	Manage	
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Waiver Opt-Out Credit		

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



3. Health Care & Accounts – Voluntary Benefits

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

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

Select	Dependent	Relationship
<input checked="" type="checkbox"/>	Bene 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.

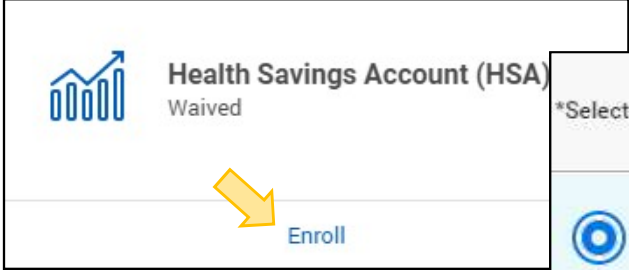
Taking SpaceX's contributions into account, you can contribute up to \$3,850 if you elected the employee only coverage for your HDHP and up to \$7,750 if you elected HDHP coverage for you and one or more family member(s) (e.g., EE + Spouse, EE + Child(ren), EE + Family).

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)

Enter your annual goal or bi-weekly contribution amount for your HSA.



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

Health Savings Account (HSA) - HealthEquity

<p>Projected Total Cost Per Paycheck \$146.61</p>	<p>Projected Total Credits \$0.00</p>
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Contribute

Per Paycheck Annual

Total Paychecks 26

Maximum Annual Amount: \$3,850.00

Summary

Annual Company Contribution	\$500.00
Total Annual HSA Contribution	\$3,649.90

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

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

IMPORTANT! Are you currently contributing to a Health Care Flexible Spending Account?

If you choose to enroll in the HDHP for 2023 and are currently contributing to a Health Care Flexible Spending Account, you **MUST** use your entire balance by **December 31, 2022**.

If you don't, neither you nor SpaceX can begin contributing to your HSA on January 1, 2023. Instead, you'll be required to wait to make and receive your HSA contributions until April 1, 2023.



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



Health Care FSA

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

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



Dependent Care FSA

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

2023 Annual Maximum


\$3,050 per employee

\$5,000 per household

Eligible Expenses


- Office copays and deductibles
- Rx or over-the-counter (OTC) with prescription
- Prescription lenses and contacts, contact solutions
- Day care for dependents under 13 years
- Preschool tuition
- Day camps

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



Health Care Flexible Spending Account (FSA)
Waived

Enroll



Dependent Care Flexible Spending Account (FSA)
Waived

Enroll

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

Health Care Flexible Spending Account (FSA) - HealthEquity

Projected Total Cost Per Paycheck \$105.77	Projected Total Credits \$0.00
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Contribute

Per Paycheck Annual

Total Paychecks 26

Minimum Annual Amount: \$1.00
Maximum Annual Amount: \$3,050.00

Summary

Total Annual Contribution \$2,750.02



3. Health Care & Accounts - Employee Assistance Program

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

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

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

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



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

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

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

4. Insurance – Basic Life and AD&D Insurance



SpaceX also provides Basic Life and Basic Accidental Death & Dismemberment (AD&D) at 1x your salary coverage up to \$200,000 to regular, eligible employees at no cost.

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

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



4. Insurance – Beneficiaries



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

Beneficiaries

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

*Primary Beneficiaries 1 item

+	Beneficiary	Percentage
-	x Mrs. Fits	100

Secondary Beneficiaries 2 items

+	Beneficiary	Percentage
-	x Zackie Fits	50
-	x Yackie Fits ...	50

4. Insurance – Voluntary Life and AD&D Insurance



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

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

Voluntary Life Insurance - Employee
Waived

[Enroll](#)

Voluntary AD&D Insurance - Employee
Waived

[Enroll](#)

Voluntary Life Insurance - Employee
The Hartford (Employee)

Cost per paycheck

Coverage \$100,000

[Manage](#)

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

Cost per paycheck

Coverage \$100,000

[Manage](#)



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



4. Insurance – Voluntary Life and AD&D Insurance



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

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

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

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

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

Coverage

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


Coverage *

Dependents

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

[Add New Dependent](#)

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

 <p>Voluntary Life Insurance - Child(ren) The Hartford (Child(ren))</p> <p>Cost per paycheck \$0.37</p> <p>Coverage \$10,000</p> <p>Manage</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 Open Enrollment 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 Legal to provide you and your family with fully covered legal services from attorneys experienced in estate planning documents, civil suits, adoption, identity theft issues and much more. Save hundreds over typical attorney fees, with no deductibles, no co-pays, no claim forms or usage limits when using a Network Attorney. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options, and recommend a course of action.

Group Legal Plan
Waived

[Enroll](#)

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



6. Review and Confirmation of Benefit Elections


After reviewing your benefit elections, you'll note that each section you clicked on displays a "Reviewed" status at the top. Sections that were not reviewed by you will not display this. This can help you manage your elections and ensure you have considered all of your benefit options.

Open Enrollment

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

Health Care and Accounts

REVIEWED ←


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

Cost per paycheck Included


Coverage Employee Only

[Manage](#)


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

 **Voluntary Life Insurance - Spouse**
Waived

[Enroll](#)

 **Voluntary AD&D Insurance - Spouse**
Waived


[Enroll](#)

 **Voluntary Life Insurance - Child(ren)**
Waived


[Enroll](#)

Additional Benefits

REVIEWED

 **Group Legal Plan**
Waived

[Enroll](#)



[Review and Sign](#) [Save for Later](#)



6. Review and Confirmation of Benefit Elections

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 Collective Health _EPO (Blue Shield of California)	01/01/2023	01/01/2023	Employee + Child(ren)	Bene Fits
Dental Delta Dental PPO	01/01/2023	01/01/2023	Employee + Child(ren)	Bene Fits
Vision Vision Service Plan (VSP) PPO	01/01/2023	01/01/2023	Employee + Child(ren)	Bene Fits

Electronic Signature

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

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

I Accept

Submit

Save for Later

Cancel

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

7. View Benefits Statement

Once submitted, you have access to review and/or download your 2023 Benefits Statement by clicking "View 2023 Benefits Statement."

Submitted X PDF

You've submitted your elections.

Congratulations, you have successfully submitted your 2023 Annual Benefits Open Enrollment elections! You can download a copy of your submitted elections by clicking on the "View 2023 Benefits Statement" below and then "Print". Your submitted 2023 Annual Benefits Open Enrollment elections will be effective January 1, 2023.

To change your elections before open enrollment closes on November 18, 2022 at 5 PM PT:

- From Workday's home page select **View All Apps > Benefits > Change Open Enrollment**.

Important Dates:

Benefits go into effect 01/01/2023

[View 2023 Benefits Statement](#)



8. Making Changes

After you submit your 2023 Open Enrollment elections, you will continue to have access to make changes while the Open Enrollment session is still open by logging into Workday > Benefits > Change Open Enrollment.

Please be sure to finalize and submit all changes by Friday, November 18, 2022 at 5 pm Pacific Time / 7 pm Central Time / 8 pm Eastern Time.

Current Cost

65.52

Change Open Enrollment