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	\$106.65
		Employee + Child(ren)	\$78.70
		Employee + Family	\$176.76
Collective Health Blue Shield of California (BlueCard Nationwide)	Medical PPO	Employee Only	\$40.08
		Employee + Spouse	\$122.92
		Employee + Child(ren)	\$90.71
		Employee + Family	\$202.56
Collective Health Blue Shield of California (BlueCard Nationwide)	Guide PPO	Employee Only	\$30.90
		Employee + Spouse	\$131.79
		Employee + Child(ren)	\$96.42
		Employee + Family	\$216.74
Collective Health Blue Shield of California (BlueCard Nationwide)	High-Deductible Health Plan (HDHP)	Employee Only	\$26.73
		Employee + Spouse	\$114.02
		Employee + Child(ren)	\$83.41
		Employee + Family	\$187.52
Kaiser Permanente	НМО	Employee Only Employee + Spouse Employee + Child(ren) Employee + Family Employee Only Employee + Spouse Employee + Child(ren) Employee + Family Employee Only Employee + Spouse Employee + Spouse Employee + Child(ren) Employee + Child(ren) Employee + Family Employee + Family Employee + Family Employee + Child(ren)	\$120.17
		Employee + Spouse	\$210.48
		Employee + Child(ren)	\$171.23
		Employee + Family	\$377.42
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			0001
Delta Dental	Dental	Employee Only	Paid by SpaceX
		Employee + Spouse	\$10.88
		Employee + Child(ren)	\$14.41
		Employee + Family	\$19.10
Vision Coverage (automatic whe	n you enroll in dental coverage)		
Vision Service Plan	on 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 \$4,150 (Employee Only) or \$8,300 (Employee + 1 or more) annually for 2024	Employee-Paid
HealthEquity	Health Care Flexible Spending Account (not available if enrolled in HDHP)	You determine the amount you want to contribute up to \$3,200* annually for 2024	Employee-Paid
	Dependent Care Flexible Spending Account	You determine the amount you want to contribute up to \$5,000 annually for 2024	Employee-Paid
Retirement Savings Plan 401(k)			
Fidelity Investments	401(k) Plan	You determine the amount you want to defer up to \$23,000* annually and an additional \$7,500 if over age 50	Employee-Paid

^{*}This is the projected amount for 2024. The actual limit was not released by the IRS prior to the publication date of this guide and may be different.