

2023 Benefits Enrollment Guide for New Hires

[Regular Employees]



Important

Please complete your New Hire elections within 30-calendar days from your latest Date of Hire / Conversion. Your benefit selections will be effective on the first of the month following or coinciding with your Date of Hire / Conversion.

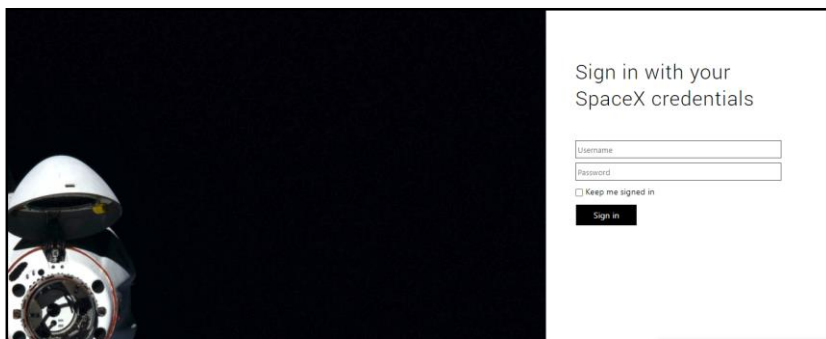
1. Login



Log into Workday to complete your new hire benefit elections.

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

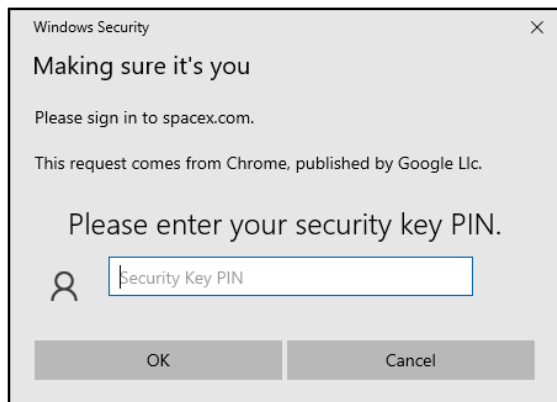
Login Credentials: Your SpaceX username and password



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.

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



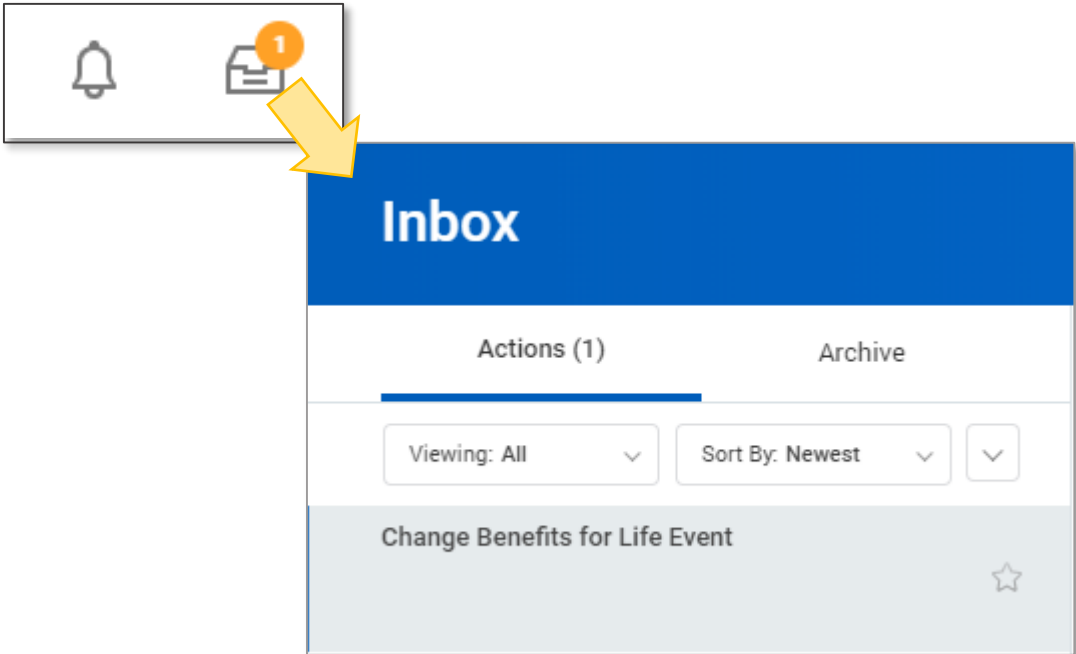


2. Workday Inbox

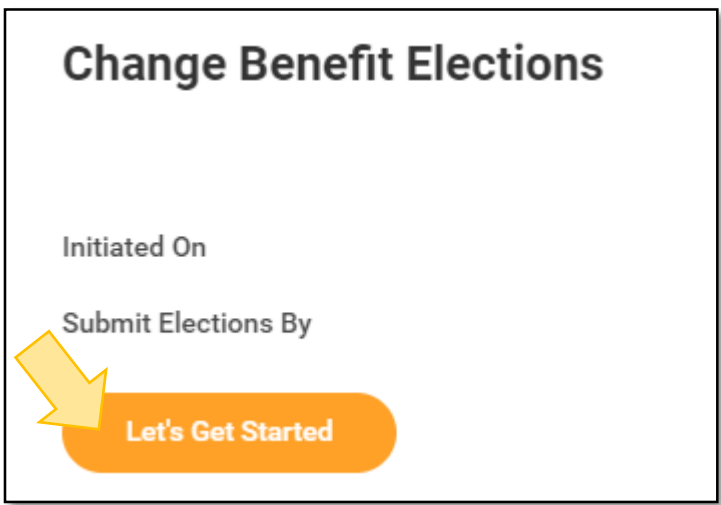


Click on your Workday Inbox, located on the top right corner of the screen.

Once you click your Inbox icon, you should see a "Change Benefits for Life Event" task in your Inbox. If you do not see this task in your Inbox, please contact benefits@spacex.com immediately.



Click on "Let's Get Started" to begin your benefits enrollment.





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

You must select your tobacco status at the beginning of the enrollment, which 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 \$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) |
|--|---|---------------------|----------------------------------|
| <input checked="" type="radio"/> Select <input type="radio"/> Waive | Collective Health _EPO (Blue Shield of California) | Included | \$204.94 |
| <input type="radio"/> Select <input checked="" type="radio"/> Waive | Collective Health _PPO (Blue Shield of California) | \$37.06 | \$195.08 |
| <input type="radio"/> Select <input checked="" type="radio"/> Waive | Collective Health Guide PPO (Blue Shield of California) | \$24.72 | \$193.35 |
| <input type="radio"/> Select <input checked="" type="radio"/> Waive | Collective Health HDHP High-Deductible Health Plan | \$24.72 | \$167.19 |
| <input type="radio"/> Select <input checked="" type="radio"/> Waive | Kaiser Permanente (SCA) HMO | \$98.86 | \$170.08 |
| <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 are a Rehire, and you already have a dependent listed in Workday, then select the dependent listed.

Dependents

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

Coverage * Employee + Child(ren)

Plan cost per paycheck \$74.95

Add New Dependent

1 item

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

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 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 01/01/2023

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, 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 |
|--|------------------------------|



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 | <input type="button" value="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).

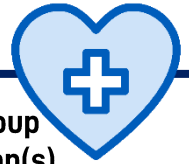
| | | | | |
|--|---------------|---|--|---------------------------------------|
| <input type="radio"/> Select <input checked="" type="radio"/> Waive | |  Dental Waiver Opt-Out Credit |  Vision Waived | |
| Cost per paycheck | Included | Cost per paycheck | Included | |
| Coverage | Employee Only | Coverage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

| | |
|--|-----------------------|
| <input type="radio"/> Select <input checked="" type="radio"/> Waive | Delta De |
| <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> |
|---|--|--|

| | |
|--|-------------------|
| *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 | HealthEquity |
| <input type="radio"/> Waive | |

Contribute

Per Paycheck Annual

Total Paychecks 26

Maximum Annual Amount: \$3,850.00


Summary


Annual Company Contribution \$500.00

Total Annual HSA Contribution \$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



Dependent 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

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.

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

Contribute

Per Paycheck

Annual

Total Paychecks 26



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 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 |
|-------------|------------|
| Mrs. Fits | 100 |

Secondary Beneficiaries 2 items

| Beneficiary | Percentage |
|-------------|------------|
| Zackie Fits | 50 |
| Yackie Fits | 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](#)

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> |
|--|--|

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</p> <p>Coverage \$10,000</p> <p>Manage</p> |
|--|



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: As a new hire, you have the guarantee issue amount of \$200,000 for yourself and \$30,000 for your spouse. Guarantee issue (GI) is the amount of coverage you can elect without answering health questions. If you request coverage over the GI amount, 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 GI amount only applies if you are newly eligible. 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 <input type="radio"/> Waive | MetLife (MetLaw) |





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.

The screenshot shows a user interface for benefit enrollment. At the top, there are three cards for 'Voluntary Life Insurance - Spouse' (Waived), 'Voluntary AD&D Insurance - Spouse' (Waived), and 'Voluntary Life Insurance - Child(ren)' (Waived). Below these is an 'Additional Benefits' section with a card for 'Group Legal Plan' (Waived). At the bottom, there are two buttons: 'Review and Sign' (highlighted with a yellow arrow) and 'Save for Later'.

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 | 01/01/2023 | 01/01/2023 | Employee + Family | Mrs. Fits Yackie Fits |
| Collective Health _EPO (Blue Shield of California) | | | | |
| Dental | 01/01/2023 | 01/01/2023 | Employee + Family | Mrs. Fits Yackie Fits |
| Delta Dental PPO | | | | |
| | | | Employee + Family | Mrs. Fits 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. 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 no later than 30-calendar days from your Date of Hire / Conversion.