



October 14, 2019

Dear Charlie Nitschelm:

On behalf of Space Exploration Technologies Corp. (the “Company”), I am pleased to offer you the position of Build Engineer, reporting directly to Ian Dahl, Sr. Manager, Falcon Engineering and overall to Mark Juncosa, VP, Vehicle Engineering.

This offer is contingent upon the following:

- The completion of an investigation of your background with results that are satisfactory to the Company;
- Your signing and returning all documents specified in the attached offer packet prior to starting employment;
- Upon your first day of employment your providing proof of the legal right to work in the United States and documents that establish both identity and employment eligibility. Failure to provide this on day one will delay your start. Please refer to the I-9 form’s “Lists of Acceptable Documents” page in the attached offer packet for a list of acceptable documents. All documents submitted must be original documents except in the case of birth certificates for which certified copies will be acceptable; and
- For compliance with the International Traffic in Arms Regulations (“ITAR”), verification of your status as a United States citizen, lawful permanent resident of the United States as defined by 8 U.S.C. § 1101(a)(20), or protected individual as defined by 8 U.S.C. § 1324b(a)(3), or your eligibility to obtain the required authorizations from the U.S. Department of State, and if necessary, approval of an ITAR license that is satisfactory to the Company.

You will be paid an annual salary of \$80,000.00. Your salary will be payable on a bi-weekly basis pursuant to the Company's regular payroll policy. You will be entitled to accrue three weeks of paid vacation per annum, in accordance with the Company's standard vacation policy.

The Company will provide you with the opportunity to participate in the standard benefits plans currently available to other similarly situated employees, subject to any eligibility requirements and other terms and conditions imposed by such plans. Please note that your title, duties, work location, reporting structure, compensation, and benefits are subject to change in the Company's discretion from time to time.

In connection with the commencement of your employment, and subject to approval by SpaceX's Board of Directors, you will receive a Stock Award of SpaceX's Common Stock with an approximate value of \$104,000.00, to be vested and released in accordance with SpaceX's standard Stock Award schedule set forth in the SpaceX Stock Awards Summary in your offer packet. The amount of the award is determined based on our standard equity granting policies and practices. The actual number of shares you receive will depend on the value of our common stock, as determined by SpaceX's Board of Directors, as of your actual start date following the date of this letter. The grant generally occurs at the Board meeting following your hire date (or the subsequent, regularly scheduled Board meeting). The Stock Award will vest and be released at the rate of 20% of the total shares on the first vesting release date and 10% of the total shares at the conclusion of each six-month vesting and release period thereafter, until fully-vested and awarded. Vesting of your Stock Award will, of course, depend on your continued employment (in accordance with SpaceX policies).

Please be aware that SpaceX makes no representation about the future value of the equity award granted herein, and you should be aware that the value of this award will fluctuate in the future. The Stock Award will be subject to required withholding taxes and will be subject to SpaceX's current Equity Incentive Plan and the Stock Award Grant Agreement between you and SpaceX. Capitalized terms not defined in this letter will have meanings as defined in SpaceX's current Equity Incentive Plan and your Stock Award Agreement.

To help you with your transition, SpaceX will provide you with relocation assistance as outlined in the separately attached relocation policy document: Domestic-RPD0419-T02A. If your employment with SpaceX ends as a result of resignation for any reason or termination for misconduct or other cause prior to the second anniversary of your Start Date, you will be responsible for reimbursing SpaceX on a pro-rata basis as described in the relocation policy document.

In accordance with Internal Revenue Service guidelines, certain portions of relocation assistance provided by SpaceX may be subject to income and employment taxes. You will be responsible for any taxes resulting from relocation assistance provided by SpaceX. SpaceX will report and withhold appropriate taxes in accordance with applicable tax laws. The attached relocation policy provides additional information regarding our relocation policy, including a general



explanation of taxable and nontaxable relocation expenses. Please consult your personal tax advisor regarding any specific tax implications of your relocation assistance.

We encourage you to consult a tax professional for information regarding all current tax reporting requirements related to the compensation and benefits discussed above.

Your employment with the Company will be on an “at will” basis, meaning that either you or the Company may terminate your employment at any time for any reason or no reason, with or without cause or advance notice, without further obligation or liability.

I am delighted to be able to extend you this offer and look forward to working with you. To indicate your acceptance of the Company's offer, please sign and date this letter in the space provided below and return it to me. Your employment will also be subject to you entering into the Company's standard Confidential Information and Invention Agreement. This letter sets forth the terms of your employment with the Company and supersedes any prior representations or agreements, whether written or oral. This letter may not be modified or amended except by a written agreement, signed by the Company and by you.



Yours faithfully,

Space Exploration Technologies Corp.

By: 

Brian Bjelde  
VP, Human Resources

ACCEPTED AND AGREED:

DocuSigned by:



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Signature

Charlie Nitschelm

Print Name

10/17/2019

Date

Anticipated Start Date:

July 6th, 2020

SPACEX



**RELOCATION ASSISTANCE POLICY RPD0419-T02A FOR NEW HIRES AND TRANSFERRING EMPLOYEES**  
**EFFECTIVE FOR RELOCATION ASSISTANCE OFFERED ON OR AFTER: 04/01/2019**

- I. **PURPOSE:** This document provides an overview and general description of Space Exploration Technologies Corp.'s ("SpaceX" or "Company") relocation assistance policy when it elects to recruit for certain positions outside of the normal commuting area or requests an existing employee to transfer to another Company location. Relocation assistance includes all payments to the new or transferring employee for relocation expenses, including payments processed by our third party relocation administrator, tax assistance (gross-ups) provided on behalf of the employee, and administrative fees paid to SpaceX's third party relocation administrator (currently NEI Global Relocation) in connection with the employee's relocation, collectively referred to as "Relocation Assistance."
- II. **ELIGIBILITY:** New hires (including conversions to regular employee status) or transferring employees for whom Relocation Assistance has been approved by SpaceX.
  - a. Based on the most direct route available, the new or transferring employee's designated SpaceX office must be at least 75 miles from her/his old home in order to qualify for Relocation Assistance.
  - b. Eligibility and type of Relocation Assistance offered is based on a variety of factors including but not limited to the employee's role, level, compensation, and critical need of hire/transfer to designated SpaceX office.
- III. **AUTHORIZATION AND APPROVAL OF RELOCATION:** SpaceX's Human Resources (HR) Department, in consultation with the applicable hiring and/or supervisory management, is responsible for authorizing new or transferring employee's relocation. For new hires, the signed offer letter must first be returned to HR. Additionally, each eligible new and transferring employee will be required to review, sign, and return the relocation agreement attached to this policy via email to his or her recruiter or HR representative. The relocation agreement will set forth the specific components (see Appendix A) of the Relocation Assistance extended to the new or transferring employees and will be referred to as the "Relocation Agreement." The Relocation Agreement will also outline obligations of both the Company and the new or transferring employee.
- IV. **RELOCATION ASSISTANCE PAYMENTS:** SpaceX's third party relocation administrator will process authorized Relocation Assistance payments. The employee will be required to complete and submit certain information (e.g., banking information to enable direct deposit) to our third party relocation administrator so that the applicable payments can be disbursed. SpaceX's relocation assistance policy is not intended to cover all relocation expenses that new or transferring employees may incur in connection with their relocation. Further, to the extent certain components of the Relocation Assistance is not applicable or not fully utilized by the new or transferring employee, such employee will forfeit the unused Relocation Assistance component, upon expiration of the Relocation Assistance policy, generally 12 months after date of hire or transfer date, as outlined in Section VI below.
- V. **TAX INFORMATION:** Payments made to you for relocation expenses by SpaceX or our third party relocation administrator are generally considered taxable wages, subject to income and employment taxes. Taxable relocation expenses are not tax assisted by SpaceX unless specified. Please consult your personal tax advisor regarding any specific tax implications of the Relocation Assistance provided by SpaceX.
- VI. **DURATION OF RELOCATION:** All aspects of the relocation process must be completed within a reasonable time frame and no later than 12 months after date of hire (first day of employment/conversion) or transfer date. SpaceX in its sole discretion reserves the right to make exceptions to this provision based upon applicable IRS guidelines.
- VII. **REPAYMENT OBLIGATION:** In the event a new or transferring employee voluntarily resigns or is terminated by the Company for Cause during the pro rata reimbursement commitment period (as specified in Relocation Agreement), the new or transferring employee will be expected to reimburse SpaceX for the outstanding balance due within 30 days of her/his termination date. The new or transferring employee may authorize SpaceX to recover these relocation expenses, including without limitation any tax liability paid to employee or on her/his behalf, by deducting or

withholding the maximum amount permitted by law from any and all moneys due to employee in the nature of wages, vacation pay, commissions, bonus, reimbursable business expenses or any other compensation, and to use all other available means to satisfy this obligation. Employee agrees that if the foregoing withholding is insufficient to liquidate this obligation, then the balance shall become due and payable without notice or demand within 30 days of employee's last day of employment. Failure to repay SpaceX in full may result in referring the overdue balance to an outside collection agency, and it is the employee's responsibility to pay reasonable legal expenses associated with the collection of this debt.

Example: If relocated employee voluntarily terminates employment before her/his first employment anniversary (before having been employed for 12 months) and her/his pro rata reimbursement commitment period is two years, then such employee is obligated to pay back 100% of Relocation Assistance to SpaceX. If relocating employee voluntarily terminates after 12 months of employment, but before her/his second employment anniversary, the employee is obligated to pay back one-half of the total Relocation Assistance to SpaceX.

SpaceX shall amortize the Relocation Assistance during the pro rata reimbursement commitment period, commencing on date of hire or transfer date.

For purposes of the Repayment Obligation, "Cause" means an employee's gross negligence or willful misconduct in the performance of duties; unlawful conduct; violation of any Company policy that causes or has the potential to cause material harm to the Company.

**VIII.** **LIMITATIONS:** All SpaceX employees are "at-will" employees as described in their employment offer letters and the SpaceX Employee Handbook, and nothing herein changes or alters that "at-will" status. For avoidance of doubt, this policy does not constitute a contract of employment of any specific term and either party may terminate the employment relationship at any time or for any reason, with or without Cause.

**IX.** **QUESTIONS?** Send inquiries to [relocation@spacex.com](mailto:relocation@spacex.com).

***Thank you and welcome to SpaceX!***



## RELOCATION AGREEMENT RPD0419-T02A

This Relocation Agreement ("Agreement") is between Space Exploration Technologies, Corp. ("SpaceX") and Charlie Nitschelm ("Employee"), and is made in connection with Employee's relocation for employment.

Employee and SpaceX agree as follows:

1. **RELOCATION ASSISTANCE:** SpaceX will pay or reimburse certain relocation costs in connection with Employee's relocation as outlined in the Relocation Agreement, and is hereinafter referred to as the "Relocation Assistance."
2. **AMORTIZATION OF RELOCATION ASSISTANCE:** SpaceX shall amortize the Relocation Assistance over two years, commencing the first day of employment or transfer date according to the following rates and schedule.

Termination Within	Repayment Amount
Year 1	100%
Year 2	50%
After Year 2	0%

If Employee voluntarily resigns employment or is terminated for Cause before her/his first employment anniversary, the Employee is obligated to pay back 100% of the Relocation Assistance to SpaceX. If Employee voluntarily resigns or is terminated for Cause after 12 months of employment, but before her/his second employment anniversary, the Employee is obligated to pay back one-half of the total Relocation Assistance to SpaceX. If Employee voluntarily resigns or is terminated for Cause after her/his second employment anniversary, there is no repayment required.

3. **REPAYMENT ON TERMINATION OF EMPLOYMENT:** If Employee voluntarily resigns or is terminated for Cause within two years of her/his hire date or transfer date, for any reason, then, Employee shall repay the unamortized portion of the Relocation Assistance to SpaceX within 30 days of the termination date. The Employee may authorize SpaceX to recover these relocation expenses, including without limitation tax liability paid to Employee or on her/his behalf, by deducting or withholding the maximum amount permitted by law from any and all moneys due to employee in the nature of wages, vacation pay, commissions, bonus, reimbursable business expenses or any other compensation, and to use all other available means to satisfy this obligation. Employee agrees if the foregoing withholding is insufficient to liquidate this obligation, then the balance shall become due and payable without notice or demand within 30 days of employee's last day of employment. Failure to repay SpaceX may result in referring the overdue balance to an outside collection agency, and it is the employee's responsibility to pay reasonable legal expenses associated with the collection of this debt. If SpaceX elects to terminate Employee's employment without Cause within the amortization period, then Employee will have no further obligation to SpaceX hereunder in regards to the Relocation Assistance.
4. **ACKNOWLEDGEMENT OF TAXABILITY:** The Employee acknowledges that taxable Relocation Assistance payments will be reflected on Employee's earnings statements as taxable wages, subject to reporting and withholding of all applicable federal and state taxes.

Employee understands, agrees, and accepts the terms of this agreement, and acknowledges that this schedule for repayment is not intended to create, and does not create, an employment contract or guarantee of continued employment. The employee relocation policy and this agreement does not give the employee the right to be retained by SpaceX for any particular period of time and does not alter her/his status as an employee-at-will.

Employee has read and acknowledges the terms and conditions set forth herein, and understands her/his benefits and responsibilities.

DocuSigned by:



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Employee signature

Charlie Nitschelm

Printed name

10/17/2019

Date



**RELOCATION AGREEMENT**  
with Overview of Relocation Assistance Components

**Appendix A**

RELOCATION ASSISTANCE COMPONENT	U.S. DOMESTIC – RPD0419-T02A
<b>Lump Sum Allowance</b>	<p>\$5,000 (gross) Lump Sum Allowance to be used at your discretion for relocation expenses, including but not limited to:</p> <ul style="list-style-type: none"> <li>▪ Movement of household goods</li> <li>▪ Automobile shipment</li> <li>▪ Airfare/mileage for final move</li> <li>▪ Temporary lodging</li> <li>▪ House hunting trip</li> <li>▪ Travel to/from airport</li> <li>▪ Meals en-route to final destination</li> <li>▪ Rental car</li> </ul> <p><b><i>Not tax assisted.</i></b></p> <p><i>No receipts are required and entire Lump Sum Allowance constitutes taxable wages. Net payment after income and payroll tax deductions will be provided to the employee by NEI Global Relocation, SpaceX's third party relocation administrator, as soon as administratively practical, generally after date of hire or transfer date.</i></p>

## SpaceX New Hire Equity FAQ

### What is equity?

- Equity is ownership in the company represented as shares of stock. At SpaceX, equity is typically granted to employees in the form of stock awards (more commonly known as Restricted Stock Units or RSUs). A stock award represents the opportunity to earn shares of stock when certain vesting requirements are met (according to SpaceX policies). Vesting refers to the requirement to remain employed with the company for a certain period of time as a condition to receive shares of stock. Upon vesting, a portion of the total stock award converts to shares of stock in SpaceX.
- Once shares have been issued to an employee, they can be held in perpetuity (according to SpaceX policies) whether an employee stays or leaves the company.

### What is the definition of Fair Market Value (FMV)?

- What a knowledgeable, willing, and unpressured buyer would pay to a knowledgeable, willing, and unpressured seller for an asset in an efficient economic market.

### How is FMV determined?

- While we are a private company (not publicly traded or listed on any stock exchange like the NYSE or NASDAQ), the fair market value (FMV) per share is determined by the Board of Directors. This is based on a number of factors, including general economic market conditions, and a recommendation by a third party valuation company, whose recommendation may, at times, rely heavily on recent transactions between third parties. Investors typically value the company based on their assessment of current and future revenue and profitability estimates.

### How many shares will I receive in my new hire grant?

- The number of shares that are granted (and that will vest over the following 5 years) will depend on the Fair Market Value (FMV) of our common stock, as determined by SpaceX's Board of Directors as of your actual start date. We use the dollar value of the equity grant stated in your offer letter, divided by the FMV as of your official start date, rounded up to the nearest whole share.

### Is this the only time I can get stock?

- No! Our equity programs are designed to provide additional competitive equity grants at time of annual merit review dependent on strong performance and subject to tenure requirements.
- Additionally, depending on the level and type of promotion, there may be opportunities to earn additional equity grants in connection with promotions and other events outside of the annual review process.

### Do you have an Employee Stock Purchase Program (ESPP)?

- Yes! See accompanying ESPP document for more information about purchasing shares of SpaceX stock at a discount to fair market value (subject to applicable company policies).

### Since my new hire grant vests over 5 years, what happens after that?

- As mentioned, our equity programs are designed to deliver additional equity opportunities at time of annual review dependent on strong work performance and other factors. In addition, if you are promoted you may be eligible to receive an additional equity grant depending on the level and type of the promotion.

### When am I taxed?

- Upon vesting of a stock award and release of stock, the IRS requires SpaceX to withhold taxes at supplemental tax rates. It is important to understand withholding is not full taxation; rather a portion of the anticipated tax liability is withheld upon each vest/release date. Then upon filing your taxes, the final tax liability associated with the equity vesting is determined within the context of your total income.
- **SpaceX does not provide tax advice and you are encouraged to consult a tax professional to understand how equity vesting and equity ownership affects your personal financial situation.**

### How do I pay the tax liability of my stock award on each vesting/release date?

- Currently, SpaceX allows employees to choose the form in which they pay the tax withholding. The choices are:
  - Pay out of pocket by writing a check for the tax withholding amount, or;
  - Allow SpaceX to withhold a portion of the shares vesting to cover the tax withholding amount and pay the tax authorities on your behalf, or;
  - A combination of both via a combination of cash and withheld shares.

### Can I sell my vested equity?

- Since SpaceX is a private company whose stock is not traded on any public stock exchange, and whose stock is subject to transfer restrictions, the stock may only be sold when the company sponsors a Purchase Offer. A Purchase Offer is a transaction between the company and/or a syndicate of professional investors (as buyers) and employee shareholders (as sellers).
- Historically, Purchase Offers have occurred each calendar year since 2013, and it is SpaceX's current intent for them to continue. However, they are not guaranteed since they are contingent on investor demand, general economic climate, economic conditions specific to SpaceX, and company discretion to sponsor a transaction.
- These purchase offers vary in size, meaning investors commit to different aggregate capital commitments each round, but there is always a limit to the number of shares that can be sold. This limit could affect a stockholder's ability to sell all the shares they intended to in a purchase offer if the total number of shares requested to be sold exceeds the number of shares committed to be purchased. In the event of this situation, sellers would be subject to a formulaic "cutback" from the number of shares they elected to sell to the number of shares actually sold. This cutback may affect former employees first in favor of current employees. However, this situation has been rare in the past, as most purchase offers have accommodated the sale of all requested shares.
- **The fact that SpaceX is a private company with this potential opportunity for periodic liquidity is extremely rare and a big benefit of working here.**
- **Please remember, as a prospective candidate with SpaceX you signed an NDA, so please treat this information with confidentiality.**

### My offer letter says that it is "subject to approval by SpaceX's Board of Directors." What does that mean? Is there a possibility of the stock grant being less?

- All equity grants are subject to approval by the Board, which is typically done quarterly. This is an exercise in which the Board reviews and approves each pending grant; although historically we have not seen the Board modify recommended equity grants.
- For example, if you are hired in January, your grant will likely be approved by end of March or April.

### How would SpaceX going public affect my stock? Is SpaceX planning to do so?

- At this time, SpaceX does not have plans to go public.

**What happens to the stock when I leave?**

- Anything unvested will be relinquished. Stock awards that have vested and become common stock are yours to keep even after termination of employment (subject to applicable company policies).

**If I leave the company and have vested shares, can I still participate if there is a purchase offer/buy back?**

- Yes, as long as the purchase offer is extended to former employees. If the number of shares being sold were to exceed the amount offered for purchase by investors, there might be a pro rata cutback and former employees may be cut back more than current employees, but this has historically been a rare situation.

### **What is the SpaceX ESPP?**

The SpaceX Employee Stock Purchase Plan (ESPP) is a company-sponsored program that allows eligible employees to purchase company shares at a discount on pre-determined dates. The plan is designed to provide two 6-month offering periods each year made up of an Offering Date (the first date of the period) and a Purchase Date (the last date of the period and the date shares are purchased). Offering periods start on every April 16<sup>th</sup> and October 16<sup>th</sup> with purchase dates on April 15<sup>th</sup> or October 15<sup>th</sup>.

### **Why did SpaceX introduce the ESPP?**

Demand for SpaceX stock continues to be widespread and while the company remains private, there are limited methods available to acquire additional shares. Although the company currently utilizes stock awards as part of its compensation strategy, offering ESPP allows interested employees an additional path to acquire shares of the company.

### **Who is eligible to participate in the ESPP?**

All employees whose customary term of employment is longer than 5 months per year, is an employee as of March 31st or September 30th prior to the applicable Offering Date (i.e., April 16th or October 16th), are located in the U.S., and own less than 5% of SpaceX stock are eligible to participate in the ESPP.

### **How much can I contribute?**

You may elect to contribute between 1% and 15% of your eligible earnings to be deducted from each bi-weekly paycheck. Eligible earnings consist of base salary or base hourly wages, overtime pay (if applicable) and bonuses (calculated without considering other deductions like 401(k) plan contributions).

### **How is the purchase price determined?**

The purchase price per share of our Class C Common Stock purchased for you on each Purchase Date of a Purchase Period in which you are enrolled will be the lesser of (i) 85% of the fair market value per share of our Class C Common Stock on the Offering Date (i.e., the first day of the Purchase Period) and (ii) 85% of the fair market value per share of our Class C Common Stock on the Purchase Date (i.e., the last day of the Purchase Period).

For example, if the fair market value of our Class C Common Stock on the Offering Date is \$100.00 per share and the fair market value of our Class C Common Stock on the Purchase date is \$115.00 per share, then our Class C Common Stock will be purchased for you at a price per share of \$85.00 (85% of the \$100.00 fair market value).

### **Do ESPP shares have a vesting requirement or can I sell them as soon as I buy them?**

Shares that have been purchased through the ESPP are fully owned by you and have no vesting requirements. However, since SpaceX is a private company and because the shares are subject to transfer restrictions, the shares of Common Stock purchased under the ESPP are generally illiquid and you may have limited opportunities to sell the shares and receive proceeds from the shares in the future. The only opportunities to sell the stock are when the Company orchestrates a Purchase Offer. A Purchase Offer is a transaction between outside professional investment firms looking to purchase stock of SpaceX and employee shareholders looking to sell stock of SpaceX. Occasionally SpaceX may participate as well.

**What if the Company or I terminate my employment before a purchase date?**

You must be an active employee on the purchase date to be eligible to purchase shares in the plan. If you leave the company prior to a purchase date and have a positive ESPP contributions balance, you will be withdrawn from the plan and those contributions will be returned to you, without interest.

**Will the purchase of ESPP shares result in income tax liability to me?**

No, the purchase is made with post-tax money so there is no tax obligation at the time of purchase. It is similar to buying stock in any company with your own money.

**Will the sale of ESPP shares result in income tax liability to me?**

Yes, you will be required to pay taxes on any gain in the year that you sell your ESPP shares. Generally, the gain will be made up of two parts, the W-2 income component and the capital gain component. The amount of each component of the gain is determined by how long you own the shares before selling.

**SpaceX does not provide tax advice and you are encouraged to consult a tax professional to understand how equity vesting and equity ownership affects your personal financial situation.**

# 2019 NEW HIRE ORIENTATION DATES

JANUARY							FEBRUARY							MARCH							APRIL						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
30	31	1	2	3	4	5	27	28	29	30	31	1	2	24	25	26	27	28	1	2	31	1	2	3	4	5	6
6	7	8	9	10	11	12	3	4	5	6	7	8	9	3	4	5	6	7	8	9	7	8	9	10	11	12	13
13	14	15	16	17	18	19	10	11	12	13	14	15	16	10	11	12	13	14	15	16	14	15	16	17	18	19	20
20	21	22	23	24	25	26	17	18	19	20	21	22	23	17	18	19	20	21	22	23	21	22	23	24	25	26	27
27	28	29	30	31	1	2	24	25	26	27	28	1	2	24	25	26	27	28	29	30	28	29	30	1	2	3	4
3	4	5	6	7	8	9	3	4	5	6	7	8	9	31	1	2	3	4	5	6	5	6	7	8	9	10	11
MAY							JUNE							JULY							AUGUST						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	1	2	3	4	26	27	28	29	30	31	1	30	1	2	3	4	5	6	28	29	30	31	1	2	3
5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10
12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17
19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24
26	27	28	29	30	31	1	23	24	25	26	27	28	29	28	29	30	31	1	2	3	25	26	27	28	29	30	31
2	3	4	5	6	7	8	30	1	2	3	4	5	6	4	5	6	7	8	9	10	1	2	3	4	5	6	7
SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7	29	30	1	2	3	4	5	27	28	29	30	31	1	2	1	2	3	4	5	6	7
8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14
15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21
22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28
29	30	1	2	3	4	5	27	28	29	30	31	1	2	24	25	26	27	28	29	30	29	30	31	1	2	3	4
6	7	8	9	10	11	12	3	4	5	6	7	8	9	1	2	3	4	5	6	7	5	6	7	8	9	10	11

Please choose one of the  
New Hire Orientation dates  
outlined as your start date.

# 2019 PAYROLL CALENDAR

January						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
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27	28	29	30	31		

February						
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March						
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April						
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28	29	30				

May						
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26	27	28	29	30	31	

June						
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23	24	25	26	27	28	29

July						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August						
Su	Mo	Tu	We	Th	Fr	Sa
						1
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

September						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

  Pay Date  
  Pay Period End Date  
  1/1/2019 - New Year's Day

  2/18/2019 - President's Day  
  5/27/2019 - Memorial Day  
  7/4/2019 - Independence Day

  7/5/2019 - Day After Independence Day  
  9/2/2019 - Labor Day  
  11/28/2019 - Thanksgiving

  11/29/2019 - Day After Thanksgiving  
  12/25/2019 - Christmas Day

# 2019 Holiday Schedule



01.01.2019	New Year's Day (Tuesday)
02.18.2019	President's Day (Monday)
05.27.2019	Memorial Day (Monday)
07.04.2019	Independence Day (Thursday)
07.05.2019	Day after Independence (Friday)
09.02.2019	Labor Day (Monday)
11.28.2019	Thanksgiving (Thursday)
11.29.2019	Day after Thanksgiving (Friday)
12.25.2019	Christmas Day (Wednesday)
*Flex Day 1	Any day, you pick
*Flex Day 2	Any day, you pick

*\*New hires starting before July 1, 2019 will receive 2 flex days. New hires starting on or after June 23, 2019 will receive 1 flex day. Employees receive up to 2 flex days per calendar year.*



# Your Benefits Guide

## Regular Employees



2019

# Table of Contents

Benefits You Can Count On .....	1
Eligibility .....	3
Enrollment Periods.....	4
Making Changes during the Year .....	5
Medical Benefits .....	6
Prescription Drug .....	14
How to Find Providers.....	15
Health Care Plan Information.....	16
Be a Better Health Care Consumer .....	18
SpaceX Health Center.....	20
Additional Benefits with One Medical.....	21
Grand Rounds .....	22
Lyra Health.....	23
Dental Benefits .....	24
Onsite Dental at SpaceX .....	24
Vision Benefits .....	25
Flexible Spending Accounts.....	26
Income Protection.....	28
401(k) Retirement Savings Plan .....	29
Voluntary Benefits.....	30
Employee Contributions .....	32
Your Rights Notices for SpaceX Employees .....	34
Benefits Contact Information .....	Back Cover
References and Resources .....	Back Cover

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 34 for more details.



## 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.





# 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 normally scheduled to work at least 20 hours per week, you may participate in medical and 401(k) plans only upon meeting the eligibility requirements.

If you are an intern (including an associate engineer) normally scheduled to work at least 20 hours per week, you may participate in medical benefits only upon meeting the eligibility requirements.

You also have the option to enroll your eligible dependents in certain benefits, which include:

- 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.

*\*If you are legally married to your same-sex partner, you can enroll him/her as your spouse. The federal government recognizes the 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.*





## 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 benefit plans run 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 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 plan runs 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 Grand Rounds. 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 or 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, contribution amounts 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;
- Your spouse terminating or obtaining new employment (that affects eligibility for coverage);
- You or your spouse 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>) 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 a change 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 four medical plan options (depending on where you live):

- The Exclusive Provider Organization (EPO) plan;
- The Preferred Provider Organization (PPO) plan;
- The High-Deductible Health Plan (HDHP);
- The 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 Grand Rounds, you must be enrolled in the Medical EPO, PPO or HDHP.

Also note, in order to receive care at the SpaceX Health Center for FREE (\$0 copay!) in 2019, you and your covered dependents (ages 14+) must be enrolled in the Medical EPO or PPO. If you are enrolled in the Medical HDHP, you can receive preventative care at the SpaceX Health Center for free. After you satisfy your Medical HDHP deductible, you can also get non-preventative services for free at the SpaceX Health Center.

Our medical plan administrator, Collective Health, partners with Blue Shield of California (BlueCard nationwide) to bring you the Medical EPO, 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 High-Deductible Health Plan (HDHP) offers a PPO-style medical plan along with a Health Savings Account (HSA) that lets you build savings with before-tax payroll contributions. You can use the HSA to pay health care expenses throughout the year or roll over a balance each year and build savings for future health care expenses.

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

→ **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 (search "HDHP").

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 30-31.

## THE HSA IS ALL ABOUT YOU

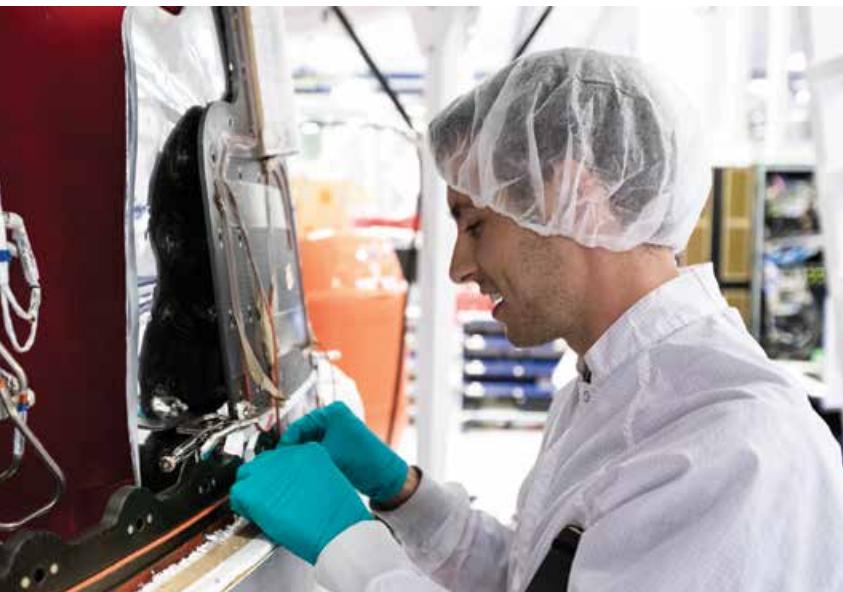
The HSA offers many great advantages to help you budget for and save on your health care costs:

- **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 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 2019.

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

## SPACEX CONTRIBUTES TO YOUR HSA!

Contributions to your HSA come from two sources — you and SpaceX. SpaceX will automatically contribute up to \$500 for employee-only coverage and \$1,000 for family coverage annually, in equal parts each pay period. The Internal Revenue Service establishes the annual contribution maximum, which may change from year to year. Below are the limits for 2019:

- \$3,500 for employee-only coverage.
- \$7,000 for family coverage.
- Additional \$1,000 if age 55 or older (or will be age 55 in 2019).

The table below shows the maximum amount you can contribute to your HSA in 2019 combined with SpaceX's annual contributions.

Coverage Level	2019 IRS HSA Contribution Limit	SpaceX Automatically Contributes ...	For 2019 You Can Contribute Up to ...
<b>Employee Only</b>	\$3,500	\$500	\$3,000
<b>Employee + Spouse</b>	\$7,000	\$1,000	\$6,000
<b>Employee + Child(ren)</b>	\$7,000	\$1,000	\$6,000
<b>Employee + Family</b>	\$7,000	\$1,000	\$6,000

## 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><b>Don't forget!</b> Anytime during the year that you turn 55, you can make an extra "catch-up" contribution to your HSA of \$1,000 per year.</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. 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...
<b>I want the freedom to choose any health care provider</b>	The PPO or HDHP (in- and out-of-network)
<b>I want to pay the least amount to cover myself only</b>	The EPO (generally in-network only)
<b>I want to save more on taxes and save for future health care expenses</b>	The HDHP
<b>I want the plan that has the lowest family deductible</b>	The EPO, PPO, or the Kaiser HMO (Kaiser is available in California only)



**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 15). 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 Grand Rounds. 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](http://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	EPO	PPO		HDHP		HMO
PLAN ADMINISTRATOR NETWORK	<b>COLLECTIVE HEALTH</b> Blue Shield of California (BlueCard Nationwide)	<b>COLLECTIVE HEALTH</b> Blue Shield of California (BlueCard Nationwide)		<b>COLLECTIVE HEALTH</b> Blue Shield of California (BlueCard Nationwide)		<b>KAISE PERMANENTE</b>
	IN-NETWORK ONLY*	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
<b>Calendar Year Deductible</b>						
<b>Individual</b>	\$500	\$500		\$1,500	\$4,500	\$500
<b>Family</b>	\$1,000	\$1,000		\$3,000	\$9,000	\$1,000
<b>SpaceX HSA Account Funding</b>						
<b>Individual</b>	N/A	N/A	N/A	\$500		N/A
<b>Family</b>				\$1,000		
<b>Annual Out-of-Pocket Limit</b>						
<b>Individual</b>	\$3,400	\$3,400	\$10,500	\$4,500	\$13,500	\$3,000
<b>Family</b>	\$6,800	\$6,800	\$21,000	\$9,000	\$27,000	\$6,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Physician Services</b>						
<b>Preventive Care Services**</b>	Covered in full	Covered in full	40% Coinsurance	Covered in full	40% Coinsurance	Covered in full
<b>Doctor's Office Visit</b>	\$25 Copay (deductible waived)	\$25 Copay (deductible waived)	40% Coinsurance	20% Coinsurance	40% Coinsurance	\$25 Copay (deductible waived)
<b>Specialist</b>	\$40 Copay (deductible waived)	\$40 Copay (deductible waived)	40% Coinsurance	20% Coinsurance	40% Coinsurance	\$40 Copay (deductible waived)
<b>Lab and X-ray Services</b>	15% Coinsurance	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance	\$10 Copay
<b>Inpatient Hospital Services</b>	15% Coinsurance	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance	20% Coinsurance
<b>Emergency Treatment</b>						
<b>ER (true emergency)</b>	15% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance
<b>Ambulance</b>	15% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	\$150 Copay
<b>Urgent Care</b>	\$25 Copay (deductible waived)	\$25 Copay (deductible waived)	40% Coinsurance	20% Coinsurance	40% Coinsurance	\$25 Copay (deductible waived)

PLAN TYPE	EPO	PPO		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)		KAISER PERMANENTE
	IN-NETWORK ONLY*	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
<b>Mental Health/Substance Abuse</b>						
<b>Inpatient</b>	15% Coinsurance (in-network)  Not Covered (out-of-network)	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance	20% Coinsurance
<b>Office Visits</b>	\$25 Copay (in-network; deductible waived)  40% Coinsurance (out-of-network)	\$25 Copay (deductible waived)	40% Coinsurance	20% Coinsurance	40% Coinsurance	\$25 Copay (deductible waived)
<b>Outpatient Facility or Inpatient/ Residential Stay</b>	15% Coinsurance (in-network)  Not Covered (out-of-network)	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance	\$25 Copay (deductible waived) Outpatient 20% Coinsurance Inpatient
<b>Other Services</b>						
<b>Chiropractic/ Acupuncture (limited to 30 visits per calendar year)</b>	\$40 Copay (deductible waived)	\$40 Copay (deductible waived)	40% Coinsurance	20% Coinsurance	40% Coinsurance	\$15 Copay (deductible waived)

\*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.

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.

## Prescription Drug

The prescription drug program for SpaceX's EPO, 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 four 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, 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	EPO & PPO (In-Network)	HDHP	Kaiser HMO (In-Network)
<b>Retail Pharmacy</b>			
<b>Generic</b>	\$10 Copay (30-day supply)	20% Coinsurance (30-day supply)	\$10 Copay (30-day supply)
<b>Name Brand within Formulary</b>	\$30 Copay (30-day supply)	20% Coinsurance (30-day supply)	\$25 Copay (30-day supply)
<b>Name Brand outside of Formulary</b>	\$60 Copay (30-day supply)	20% Coinsurance (30-day supply)	Not Applicable
<b>Self-administered Injectable Medication</b>	30% Coinsurance (maximum payment of \$150) (30-day supply)	30% Coinsurance (maximum payment of \$150) after deductible (30-day supply)	Not Applicable
<b>Mail Order</b>			
<b>Generic</b>	\$10 Copay (90-day supply)	20% Coinsurance (90-day supply)	\$20 Copay (100-day supply)
<b>Name Brand within Formulary</b>	\$60 Copay (90-day supply)	20% Coinsurance (90-day supply)	\$50 Copay (100-day supply)
<b>Name Brand outside of Formulary</b>	\$120 Copay (90-day supply)	20% Coinsurance (90-day supply)	Not Applicable
<b>Self-administered Injectable Medication</b>	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 6:00 am to 6:00 pm, Monday – Friday.

**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 6:00 am to 6:00 pm, Monday – Friday.

# 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](http://join.collectivehealth.com/SpaceX)
- Search by:
  - Doctor, facility, or practices
  - Specialty
  - Location

## HOW TO FIND A KAISER MEDICAL PROVIDER (CA ONLY)

- Go to [www.kp.org](http://www.kp.org)
- Select “Find a Doctor”
- Select your region: No. or So. California
- Select area: enter ZIP code or city
- Select specialty

**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, 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.

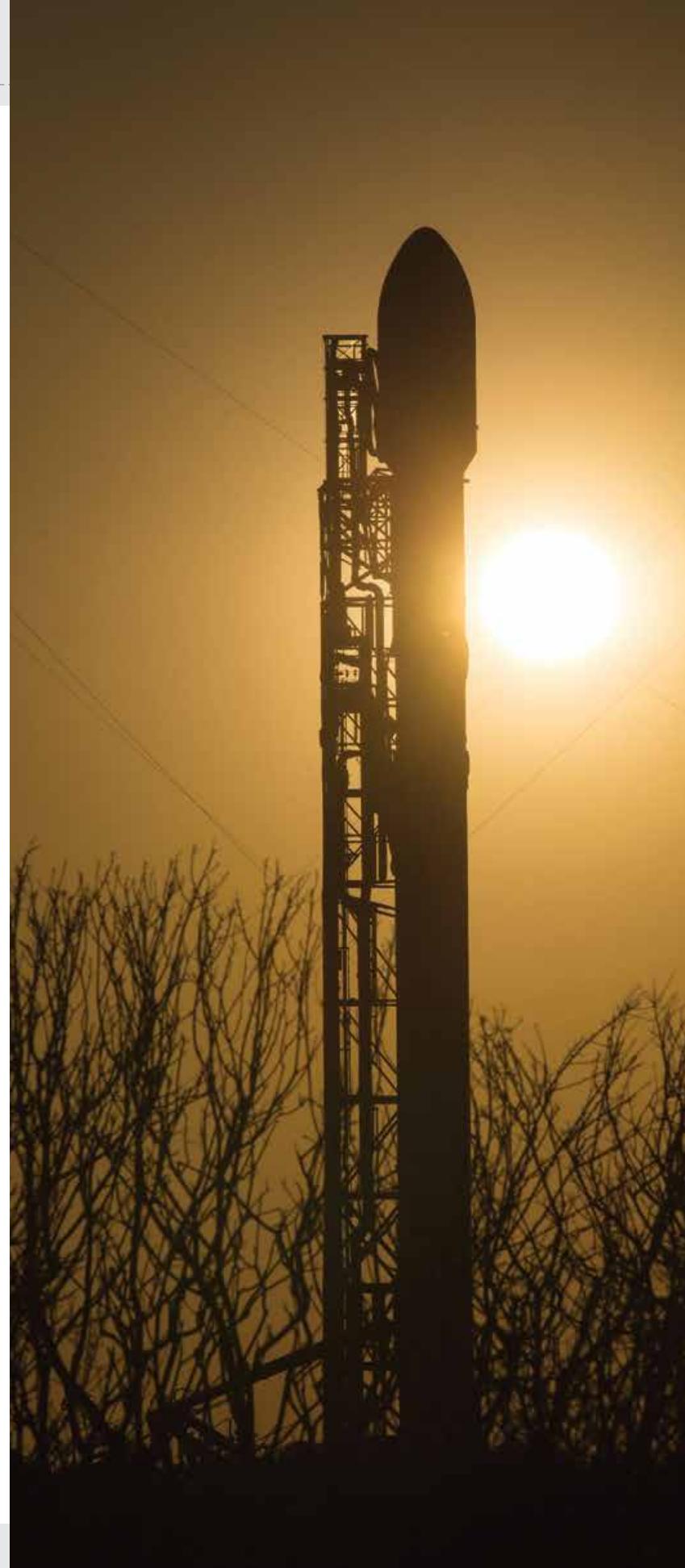
## SPECIAL NOTE FOR KAISER HMO PARTICIPANTS

- 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
- 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 healthcare — from premiums to prescriptions to doctor's office visits — we rarely think about the price of these services. And as healthcare 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 <b>Collective Health</b> to ensure that the services you and your dependents require are covered before you receive care.	It's covered in full by all of 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.	<p>Contributing to an HSA or FSA is easy and saves you money on expenses that you would have to pay anyway.</p> <p><b>How it works</b> Money from your paycheck goes in tax-free* and comes out tax-free when it's used for eligible expenses.</p> <p>*Please note that certain states, including California, treat eligible HSA contributions as taxable for state income tax purposes.</p> <p><b>Eligibility:</b></p> <ul style="list-style-type: none"> <li>• <b>HSA:</b> Available only to employees who enroll in the Medical HDHP.</li> <li>• <b>Health Care FSA:</b> Available to employees who do <b>NOT</b> enroll in the Medical HDHP.</li> </ul>

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.	<p>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!</p> <table border="1"> <tr> <td style="vertical-align: top;"> <b>Doctor's Office</b>  <b>When to use it:</b> A condition that doesn't need immediate attention or can wait until the next day.  <b>Examples:</b> Sore throat, mild fever, routine exams  <b>Average Price:</b> \$  \$0 preventive  \$139 non-preventive* </td><td style="vertical-align: top;"> <b>Urgent Care Clinic</b>  <b>When to use it:</b> A condition that needs immediate attention but is not life threatening.  <b>Examples:</b> Broken bone, severe sprain, cut requiring stitches  <b>Average Price:</b> \$\$  \$182* </td><td style="vertical-align: top;"> <b>Emergency Room</b>  <b>When to use it:</b> A life-threatening condition that requires immediate care.  <b>Examples:</b> Chest pain, difficulty breathing, uncontrollable bleeding  <b>Average Price:</b> \$\$\$  \$5,176* depending on severity </td></tr> </table>			<b>Doctor's Office</b> <b>When to use it:</b> A condition that doesn't need immediate attention or can wait until the next day. <b>Examples:</b> Sore throat, mild fever, routine exams <b>Average Price:</b> \$ \$0 preventive \$139 non-preventive*	<b>Urgent Care Clinic</b> <b>When to use it:</b> A condition that needs immediate attention but is not life threatening. <b>Examples:</b> Broken bone, severe sprain, cut requiring stitches <b>Average Price:</b> \$\$ \$182*	<b>Emergency Room</b> <b>When to use it:</b> A life-threatening condition that requires immediate care. <b>Examples:</b> Chest pain, difficulty breathing, uncontrollable bleeding <b>Average Price:</b> \$\$\$ \$5,176* depending on severity
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\*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 or PPO. If you are covered under the Medical HDHP, you can receive preventative care at the SpaceX Health Center for free. After you satisfy your Medical HDHP deductible, you can also get non-preventative services for free at the SpaceX Health Center. See page 20 for more details about the SpaceX Health Center.





## 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 opened 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 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 and PPO:** Services at the onsite SpaceX Health Center will continue to be free (\$0 copay!) in 2019 for you and your covered dependents.
- **HDHP with HSA:** Preventative services, such as an annual physical exam, are free. However, in accordance with IRS rules, you will pay out-of-pocket for the full cost of non-preventative 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 2019.
- **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 expense 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, and HDHP Plans, 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, such as treatment for work-related injuries or illnesses, such services are provided free to you, irrespective of your health insurance plan.

The SpaceX Health Center is open Monday – Friday, 8 AM – 5 PM. Walk-in lab hours are Monday – Friday, 8 AM – 11 AM and 12 PM – 3 PM. To book appointments at the onsite SpaceX Health Center, you must first register with One Medical at [www.onemedical.com/mybenefit/](http://www.onemedical.com/mybenefit/) and use SpaceX company code **SXJCXOM15** (employees) and **SXDPN15** (spouses/dependents).

Then, download the free mobile app (One Medical) to book an appointment (select specific location and choose SpaceX Health Center). You can also contact One Medical at **310-300-1051** or [spacex@onemedical.com](mailto: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 24/7 virtual care, 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 frictionless, efficient, and even enjoyable. Best of all, your One Medical membership fee (normally \$199 per person, per year) is 100% covered by SpaceX, if you are enrolled in the Medical EPO, PPO, or HDHP.

### YOUR ONE MEDICAL BENEFITS INCLUDE:

- Access to expert primary care at all 60+ One Medical offices nationwide
- Free 24/7 on-demand virtual care through the One Medical mobile app (virtual care services are available to employees based in California, Washington, and District of Columbia)
- One Medical's membership fee (normally \$199 per person, per year) is 100% paid by SpaceX for employees, spouses, and dependent children (ages 14+), if you are enrolled in the Medical EPO, PPO, or HDHP.

### HOW ONE MEDICAL WORKS WITH YOUR MEDICAL INSURANCE

- Visits to a One Medical public office are in-network with SpaceX's medical EPO, PPO, and HDHP plans
- Office visits 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.



## Grand Rounds

Grand Rounds combines world-class medicine, technology, and data science to make high-quality health care accessible. Whether you need help finding the best physician in your area, information about a new diagnosis or treatment, or support deciding if surgery is right for you, Grand Rounds can help.

Grand Rounds is with you when:

- **You need a checkup.** Grand Rounds will find the best physician in your area.
- **You need a hand.** Grand Rounds will book doctor's appointments, gather medical records, and handle all the details.
- **You need an expert.** Grand Rounds will get you a second opinion or personalized care plan from a world-leading medical expert.
- **You need support.** Grand Rounds will help you make tough decisions or help you decide if surgery is right for you.
- **You need answers.** Grand Rounds will tell you everything you need to know about a new diagnosis or existing condition.

Grand Rounds physicians span all conditions and specialty areas, including back and knee pain, cancer, heart disease, arthritis, behavioral health disorders, migraines, digestive system disorders, dermatology, pediatrics, ACL tears, and much more.

Keep in mind — You'll have access to Grand Rounds for free only if you are enrolled in the Medical EPO, PPO, or HDHP.

To get started, call **800-929-0926** or visit  
[grandrounds.com/spacex](http://grandrounds.com/spacex)

# 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.

## What's Included:

- Short-term, evidence-based care**

Lyra connects you with short-term, evidence-based care provided by licensed clinical therapists, psychiatrists, and mental health coaches. Lyra providers practice specific methods of therapy that have been proven to be effective at relieving symptoms within a short period of time.

- Access to available providers and digital care tools**

In addition to vetting all providers for quality and expertise, Lyra also checks their availability. Lyra recommends providers who are available to see you in the next two weeks, so you can get started quickly. For support on-the-go, you can also tap into digital care tools for an emotional boost anytime, anywhere.

- No cost to you**

No copays, no claims to file. SpaceX pays for the cost of as many in-person and live video coaching and therapy sessions, as clinically indicated by your Lyra provider, up to a maximum of 16 sessions, for each eligible person, per calendar year. Lyra's services are available to regular employees, who are normally scheduled to work at least 20 hours per week, their spouses, and their dependent children under age 26. If you have specific questions about eligibility and coverage, contact the Lyra care team.

Note: Lyra's tools and services are 100% confidential.

Get started at [spacex.lyrahealth.com](http://spacex.lyrahealth.com) or contact the Lyra care team 24/7 by phone at **855-240-0049** or email at [care@lyrahealth.com](mailto:care@lyrahealth.com).



## Why Evidence-Based Care?

Of the hundreds of therapies out there, most have little or no research to support their effectiveness. Only a handful of therapies have been rigorously tested in scientific studies and demonstrated to work. That's why Lyra only works with providers who practice evidence-based techniques, so you can trust you're getting effective care that will help you feel your best.

Common evidence-based therapies include Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Emotionally Focused Therapy, and Mindfulness Based Cognitive Therapy.

## 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
<b>Annual Calendar Year Maximum</b>	\$1,500	\$1,500
<b>Calendar Year Deductible</b>		
<b>Individual</b>	\$50	\$75
<b>Family</b>	\$150	\$225
<b>Diagnostic &amp; Preventive Services (deductible waived)</b>	Covered in full	Covered in full
<b>Basic Services</b>	20% after deductible	30% of allowable amount after deductible
<b>Major Services</b>	50% after deductible	60% of allowable amount after deductible
<b>Orthodontia (Adults &amp; Children)</b>	50% after deductible	50% of allowable amount after deductible
<b>Lifetime Maximum</b>	\$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](http://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. They are open Monday – Thursday from 8 AM – 5 PM and on Friday's from 7 AM – 4 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 <http://www.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
<b>Exam</b>	Paid in full after \$25 copay	\$50 allowance
<b>Lenses*</b>		
<b>Single Vision</b>	Paid in full	\$50 allowance
<b>Bifocal</b>	Paid in full	\$75 allowance
<b>Lined Trifocal</b>	Paid in full	\$100 allowance
<b>Lenticular</b>	Paid in full	\$125 allowance
<b>Frames</b>	\$130 allowance**	\$70 allowance
<b>Contacts**</b>		
<b>Exam and Fitting</b>	Up to \$60 copay \$130 allowance for contacts only**	\$105 allowance for exam, fitting and materials
<b>Elective</b>		
<b>Medically Necessary</b>	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 get reimbursed using a variety of reimbursement methods. Remember to always keep your receipts.

As a reminder, HealthEquity will be SpaceX's new administrator for the Health Care FSA and Dependent Care FSA, beginning in 2019. However, Collective Health will remain the administrator for any of your remaining 2018 FSA funds. You have until March 15, 2019 to spend any remaining 2018 FSA funds and until March 31, 2019 to file claims. Any questions and/or reimbursement requests related to your 2018 FSA funds, including those that arise in 2019 during the claim run-out period, should be directed to Collective Health.

**Note:** Per IRS rules, if you choose to enroll in the Medical HDHP for 2019, 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 6 –10.

ACCOUNT	ANNUAL CONTRIBUTION
<b>Health Care FSA</b>	\$2,650 maximum per employee
<b>Dependent Care FSA</b>	\$5,000 maximum per household*

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

## MEDICAL 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)
- Chiropodists, 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)

## 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 unrelated 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](http://www.healthequity.com/spacex).



### Use It or Lose It

If you do not spend all the money in your flexible spending accounts (FSA) during the year, IRS regulations require that you forfeit any remaining balance. Use your 2019 FSA funds for expenses incurred through March 15, 2020; all claims must be filed by March 31, 2020.

# 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 LIFE AND AD&D

You can purchase voluntary life and AD&D insurance coverage to provide you and your family additional financial security.

You can elect additional 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, 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 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
<b>&lt;25</b>	\$0.050	<b>50-54</b>	\$0.335
<b>25-29</b>	\$0.060	<b>55-59</b>	\$0.495
<b>30-34</b>	\$0.080	<b>60-64</b>	\$0.815
<b>35-39</b>	\$0.090	<b>65-69</b>	\$1.470
<b>40-44</b>	\$0.135	<b>70-74</b>	\$2.080
<b>45-49</b>	\$0.225	<b>75+</b>	\$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 regular and temporary employees, other than interns, that 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 \$19,000. If you are age 50 or older in 2019, you can make additional "catch-up" contribution of \$6,000. 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](http://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](http://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](http://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
- Loans
- Age 59½
- Financial hardship

# Voluntary Benefits

## GROUP 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
<b>Employee</b>	\$3.32
<b>Employee + Spouse</b>	\$7.81
<b>Employee + Child(ren)</b>	\$9.59
<b>Family</b>	\$12.02

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.

## GROUP 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.

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
<b>18-35</b>	\$1.87	\$3.94	\$3.18	\$6.73	\$5.76	\$12.29	\$7.06	\$15.09
<b>36-49</b>	\$4.50	\$9.60	\$8.43	\$18.04	\$16.28	\$34.92	\$20.21	\$43.37
<b>50-59</b>	\$9.88	\$21.15	\$19.18	\$41.14	\$37.78	\$81.13	\$47.08	\$101.13
<b>60+</b>	\$27.59	\$59.23	\$54.60	\$117.30	\$108.62	\$233.46	\$135.63	\$291.53

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
<b>18-35</b>	\$2.71	\$5.74	\$4.85	\$10.33	\$9.11	\$19.50	\$11.25	\$24.10
<b>36-49</b>	\$7.16	\$15.30	\$13.74	\$29.45	\$26.90	\$57.75	\$33.48	\$71.90
<b>50-59</b>	\$16.15	\$34.64	\$31.73	\$68.13	\$62.89	\$135.12	\$78.46	\$168.60
<b>60+</b>	\$46.65	\$100.21	\$92.73	\$199.28	\$184.88	\$397.41	\$230.96	\$496.48

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.

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

## GROUP LEGAL PLAN THROUGH HYATT LEGAL (METLAW)

Hyatt Legal (MetLaw) 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 identify theft defense and garnishment defense
- Juvenile matters
- Real estate matters
- Consumer protection
- Elder law matters
- Defense of civil lawsuits
- Family law
- Personal property protection
- Traffic offenses
- Divorce and Life Stages Identity Management Services
- Document preparation

### For More Information:

Visit [www.info.legalplans.com](http://www.info.legalplans.com) and enter access code **9280026** or call our Client Service Center at **800-821-6400** (Monday – Friday, 8:00 am – 7:00 pm EST/EDT).

\$8.54 per paycheck

Covers employee, spouse, and dependents. If elected, cost will be deducted from paycheck.

### Additional Plan Features

Reduced Fees	Family Matters™*	E-Services
<b>Network attorneys provide representation for personal injury, probate &amp; estate administration matters at reduced fees.</b>	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 Hyatt 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 Hyatt 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.*

*\*Not available in all states. 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
<b>Medical Coverage</b>			
<b>Collective Health Blue Shield of California (BlueCard Nationwide)</b>	EPO	Employee Only	Paid by SpaceX
		Employee + Spouse	\$94.83
		Employee + Child(ren)	\$69.98
		Employee + Family	\$160.32
<b>Collective Health Blue Shield of California (BlueCard Nationwide)</b>	PPO	Employee Only	\$34.62
		Employee + Spouse	\$106.12
		Employee + Child(ren)	\$78.31
		Employee + Family	\$178.38
<b>Collective Health Blue Shield of California (BlueCard Nationwide)</b>	HDHP	Employee Only	\$23.08
		Employee + Spouse	\$98.44
		Employee + Child(ren)	\$72.02
		Employee + Family	\$165.13
<b>Kaiser Permanente</b>	HMO	Employee Only	\$80.77
		Employee + Spouse	\$141.48
		Employee + Child(ren)	\$115.09
		Employee + Family	\$258.75
<b>Grand Rounds</b>	Expert Medical Second Opinion & Physician Referrals	Employee + Family	Included with Medical EPO, PPO, or HDHP.
<b>Dental Coverage</b>			
<b>Delta Dental</b>	Dental	Employee Only	Paid by SpaceX
		Employee + Spouse	\$10.16
		Employee + Child(ren)	\$13.46
		Employee + Family	\$18.19

ADMINISTRATOR / NETWORK	COVERAGE	CATEGORY	PER PAY PERIOD COST
<b>Vision Coverage (automatic when you enroll in dental coverage)</b>			
<b>Vision Service Plan</b>	Vision	Employee Only	Paid by SpaceX
		Employee + Spouse	Paid by SpaceX
		Employee + Child(ren)	Paid by SpaceX
		Employee + Family	Paid by SpaceX
<b>Life &amp; Disability Coverage</b>			
<b>The Hartford</b>	Short-Term & Long-Term Disability	Employee Only	Paid by SpaceX
<b>The Hartford</b>	Basic Life and AD&D	Employee Only	Paid by SpaceX
<b>The Hartford</b>	Voluntary Life and AD&D	Employee + Family	Employee-Paid
<b>Group Legal</b>			
<b>Hyatt Legal Plans</b>	Group Legal	Employee + Family	\$8.54
<b>Behavioral Health Solution</b>			
<b>Lyra Health</b>	Behavioral Health	Employee + Family	Paid by SpaceX
<b>Pre-Tax Accounts</b>			
<b>HealthEquity</b>	Health Savings Account (only available if enrolled in HDHP)	You determine the amount you want to contribute up to \$3,000 (Employee Only) or \$6,000 (Employee + 1 or more) annually for 2019	Employee-Paid
<b>HealthEquity</b>	Health Care Flexible Spending Account (not available if enrolled in HDHP)	You determine the amount you want to contribute up to \$2,650 annually for 2019	Employee-paid
	Dependent Care Flexible Spending Account	You determine the amount you want to contribute up to \$5,000 annually for 2019	Employee-paid
<b>Retirement Savings Plan 401(k)</b>			
<b>Fidelity Investments</b>	401(k) Plan	You determine the amount you want to defer up to \$19,000 annually and an additional \$6,000 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 2019 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 2019 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 2019 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) because you lost creditable coverage 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 2019 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](http://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 **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

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](http://www.socialsecurity.gov), or you call them at **1-800-772-1213 (TTY: 1-800-325-0778)**.

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 15, 2018

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 2019. 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 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](http://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 1-877-KIDS NOW or [www.insurekidsnow.gov](http://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](http://www.askebsa.dol.gov) or call **1-866-444-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](http://www.dol.gov/ebsa)  
**1-866-444-EBSA (3272)**

U.S. Department of Health and Human Services  
Centers for Medicare and Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
**1-877-267-2323**, Menu Option 4, Ext. 61565



# Benefits Contact Information

## COLLECTIVE HEALTH MEMBER ADVOCATES

Representatives are available 6:00 am – 6:00 pm Pacific Time, Monday – Friday

Phone: 1-844-803-0209

E-mail: [help@collectivehealth.com](mailto:help@collectivehealth.com)

Web: [join.collectivehealth.com/SpaceX](http://join.collectivehealth.com/SpaceX)

Account log-in: [my.collectivehealth.com](http://my.collectivehealth.com)

You can also reach your SpaceX Benefits Team at [Benefits@spacex.com](mailto:Benefits@spacex.com).

## References and Resources

BENEFIT	GROUP NUMBER	WHOM TO CALL	PHONE NUMBER	WEBSITE/EMAIL
<b>Medical EPO, PPO, and HDHP</b>	W0054279	Collective Health	(844) 803-0209	<a href="http://join.collectivehealth.com/SpaceX">join.collectivehealth.com/SpaceX</a>
<b>Medical HMO</b>	No. CA: 604194 So. CA: 231722	Kaiser Permanente	(800) 464-4000	<a href="http://www.kp.org">www.kp.org</a>
<b>Expert Medical Second Opinion &amp; Physician Referrals</b>	N/A	Grand Rounds	(800) 929-0926	<a href="http://grandrounds.com/spacex">grandrounds.com/spacex</a>
<b>Dental</b>	4917	Collective Health	(844) 803-0209	<a href="http://join.collectivehealth.com/SpaceX">join.collectivehealth.com/SpaceX</a>
<b>Vision</b>	12269627	Collective Health	(844) 803-0209	<a href="http://join.collectivehealth.com/SpaceX">join.collectivehealth.com/SpaceX</a>
<b>STD and LTD</b>	402677	The Hartford	(866) 945-7801	<a href="http://www.thehartfordatwork.com">www.thehartfordatwork.com</a>
<b>Life and AD&amp;D</b>	402677	The Hartford	(888) 563-1124	<a href="http://www.thehartfordatwork.com">www.thehartfordatwork.com</a>
<b>Group Accident</b>	G0655	Allstate Benefits	(800) 521-3535	<a href="http://www.allstateatwork.com/mybenefits">www.allstateatwork.com/mybenefits</a>
<b>Group Critical Illness</b>	G0655	Allstate Benefits	(800) 521-3535	<a href="http://www.allstateatwork.com/mybenefits">www.allstateatwork.com/mybenefits</a>
<b>Group Hospital Indemnity</b>	93641	Allstate Benefits	(866) 828-8501	<a href="http://www.allstateatwork.com/mybenefits">www.allstateatwork.com/mybenefits</a>
<b>Group Legal</b>	9280026	Hyatt Legal (MetLaw)	(800) 821-6400	<a href="http://info.legalplans.com">info.legalplans.com</a>
<b>Behavioral Health Solution</b>	N/A	Lyra Health	(855) 240-0049	<a href="http://spacex.lyrahealth.com">spacex.lyrahealth.com</a>
<b>Health Savings Account</b>	N/A	HealthEquity	(844) 341-4934	<a href="http://www.healthequity.com/spacex">www.healthequity.com/spacex</a>
<b>Flexible Spending Accounts</b>	N/A	HealthEquity	(844) 341-4934	<a href="http://www.healthequity.com/spacex">www.healthequity.com/spacex</a>
<b>401(k) Retirement</b>	86233	Fidelity	(800) 835-5095	<a href="http://www.401k.com">www.401k.com</a>
<b>SpaceX Health Center</b>	N/A	One Medical	(310) 300-1051	<a href="mailto:spacex@onemedical.com">spacex@onemedical.com</a>



**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.

# SpaceX Stock Awards Summary

*This summary is for informational purposes only. Stock Award recipients should refer to the 2015 Equity Incentive Plan and Stock Award Grant Agreement for specific information.*

SpaceX Stock Awards will be granted to most new hires and to certain current employees eligible for performance-based equity bonuses.

SpaceX Stock Awards are a contractual right to receive a specific number of shares of SpaceX Common Stock when future vesting conditions have been satisfied, without the requirement of any upfront payment by the recipient (unlike Stock Options which require an exercise payment to acquire the vested shares).

**Vesting Release Date (VRD):** Will occur twice per year around May 15 and November 15.

**5-Year Vesting Schedule:** SpaceX Stock Awards will typically vest/release 20% on the vesting release date ("VRD") that is closer to the one-year anniversary of the Hire Date for new employee grants and the Effective Date for existing employee grants, and 10% every six months thereafter (over the next 48 months) on or around May 15 and November 15, provided the recipient remains a SpaceX employee. The actual time between start date and first VRD of SpaceX Stock Awards can be as short as nine months or as long as 15 months (depending upon an employee's start date relative to such employee's first VRD). The following tables show the targeted first 20% VRD based on start date. These tables are for illustrative purposes only and the policy on timing of VRDs can change in the future.

Hire Date / Effective Date	20% VRD
2/19/2018 - 8/19/2018	5/15/2019
8/20/2018 - 2/17/2019	11/15/2019
2/18/2019 - 8/18/2019	5/15/2020
8/19/2019 - 2/16/2020	11/15/2020

Hire Date / Effective Date	20% VRD
2/17/2020 - 8/16/2020	5/15/2021
8/17/2020 - 2/14/2021	11/15/2021
2/15/2021 - 8/15/2021	5/15/2022
8/16/2021 - 2/13/2022	11/15/2022

**Taxation:** Occurs at each VRD and upon subsequent sales of shares (if additional gain has been realized). At each VRD, the default tax payment plan will be "withhold to cover" whereby SpaceX effectively "sells" the number of shares required to cover the statutory minimum tax liability based on the current fair market value, and then releases the "net shares" to employee. Alternatively, employees may elect to pay the statutory minimum tax liability to SpaceX in cash prior to a given VRD and receive the total number of vested shares. Upon future sales of vested shares, employees will be responsible for paying taxes on any capital gains realized (sales price – fair market value on VRD).<sup>1</sup>

## Example: Vesting and Taxation (Withhold to Cover Option)<sup>2</sup>

	Grant Sept 30, 2018	20% Vest Nov 15, 2019	10% Vest May 15, 2020	10% Vest Nov 15, 2020	10% Vest May 15, 2021
<b>Stock Award Grant (in shares)</b>	100				
<b>Vested (in shares)<sup>3</sup></b>		20	10	10	10
<b>Fair Market Value (in \$)</b>	\$ 135.00	\$ 148.50	\$ 163.35	\$ 179.69	
<b>Ordinary Income (in \$)</b>	\$ 2,700.00	\$ 1,485.00	\$ 1,633.50	\$ 1,796.85	
<b>Taxable Ordinary Income</b>	\$ 2,700.00	\$ 1,485.00	\$ 1,633.50	\$ 1,796.85	
<b>x Tax Rate (estimated)</b>	43.78%	43.78%	43.78%	43.78%	
<b>= Required Tax Withholding</b>	\$ 1,182.06	\$ 650.13	\$ 715.15	\$ 786.66	
<b>Required Tax Withholding</b>	\$ 1,182.06	\$ 650.13	\$ 715.15	\$ 786.66	
<b>Divided by Fair Market Value</b>	\$ 135.00	\$ 148.50	\$ 163.35	\$ 179.69	
<b>= Shares Traded for Taxes</b>	8.76	4.38	4.38	4.38	
<b>Vested Shares</b>	20	10	10	10	
<b>Less Shares Traded (round up)</b>	9	5	5	5	
<b>= Net Shares Released to Employee</b>	11	5	5	5	

<sup>1</sup> SpaceX intends to offer the withhold to cover option at each VRD conditioned upon SpaceX having adequate cash on hand to remit taxes due. If SpaceX does not have adequate cash on hand, the recipient will be responsible for the payment of taxes.

<sup>2</sup> Example reflects first four of nine total possible VRDs (provided the recipient remains a SpaceX employee).

<sup>3</sup> If employee elects to pay withholding taxes in cash, employee would receive 100% of the vested shares upon each VRD.