



June 12, 2025

Dear Matthew Guo:

On behalf of Space Exploration Technologies Corp. (the "Company"), I am pleased to offer you the position of PCB Designer, reporting directly to Arthur Lane, Manager, PCB Design.

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 \$100,000.00. 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 \$150,000.00, 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.

By executing this letter, you acknowledge that SpaceX has advised you that, shortly after the commencement of your employment, you will receive an invitation to activate a Shareworks account (where your Stock Award(s) will reside), and that invitation will include a link or other access to a copy of the Equity Incentive Plan(s) governing your Stock Award(s), a plan summary, important risk factors regarding Stock Awards and SpaceX, and recent financial statements of SpaceX. If you wish to review those documents before your Shareworks account has been activated, you may contact your local Human Resources representative who can arrange to share this information with you on a confidential basis.

To help you with your transition, subject to meeting the distance eligibility criteria, 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.

Capitalized terms not defined in this letter will have meanings as defined in SpaceX's current Equity Incentive Plan and your Stock Award Agreement. 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:


Matthew Guo (Jun 15, 2025 21:33 EDT)

Signature

Matthew Guo

Print Name

Jun 15, 2025

Date

Anticipated Start Date: 07/21/2025



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 may include, but is not limited to, a lump sum allowance intended as reimbursement for relocation expenses, including all 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.

Thank you and welcome to SpaceX!



RELOCATION AGREEMENT RPD0419-T02A

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

Employee and SpaceX agree as follows:

- 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."
- 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.

- 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.
- 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.

Matthew Guo
Matthew Guo (Jun 15, 2025 21:33 EDT)

Employee signature

Matthew Guo

Printed name

Jun 15, 2025

Date



RELOCATION AGREEMENT
with Overview of Relocation Assistance Components

Appendix A

| RELOCATION ASSISTANCE COMPONENT | U.S. DOMESTIC – RPD0419-T02A |
|----------------------------------|--|
| <i>Lump Sum Allowance</i> | <p>\$5,000 (gross) Lump Sum Allowance to be used for relocation expenses, including but not limited to:</p> <ul style="list-style-type: none">▪ Movement of household goods▪ Automobile shipment▪ Airfare/mileage for final move▪ Temporary lodging▪ House hunting trip▪ Travel to/from airport▪ Meals en-route to final destination▪ Rental car <p><i>Not tax assisted.</i></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> |

**SPACE EXPLORATION TECHNOLOGIES CORP.
AT-WILL EMPLOYMENT, RESTRICTIVE COVENANT AND CONFIDENTIAL
INFORMATION AND INVENTION ASSIGNMENT AGREEMENT**

As a condition of my becoming employed (or my employment being continued) by Space Exploration Technologies Corp., a Texas corporation, and any of its current or future subsidiaries, affiliates, successors or assigns (collectively, the “Company”), and in consideration of my employment with the Company, including the compensation, benefits, training, confidential, proprietary and trade secret information, and additional and other consideration provided to me now and in the future, I agree to the following:

1. Employment Relationship. I understand and acknowledge that this Agreement does not alter, amend or expand upon any rights I may have under any existing agreements between the Company and me or under applicable law. Any employment relationship between the Company and me, whether commenced prior to or upon the date of this Agreement, shall be referred to herein as the “Relationship.”

2. Duties. I will perform for the Company such duties as may be designated by the Company from time to time. During the Relationship, I will devote my best efforts to the interests of the Company and will not engage in other employment or in any activities detrimental to the best interests of the Company without the prior written consent of the Company. However, I retain the right to report waste, fraud, abuse, or violations of applicable law or regulations to an appropriate government agency or entity.

3. At-Will Relationship. I understand and acknowledge that my Relationship with the Company is and shall continue to be at-will, as defined under applicable law, meaning that either I or the Company may terminate the Relationship at any time for any reason or no reason, without further obligation or liability.

4. Confidential Information.

(a) Company Information. I agree at all times during the term of my Relationship with the Company and thereafter, to hold in strictest confidence, and not to use, except for the benefit of the Company to the extent necessary to perform my obligations to the Company under the Relationship, or to disclose to any person, firm, corporation or other entity without written authorization of the Board of Directors of the Company, any Confidential Information of the Company which I obtain or create. I further agree not to make copies of such Confidential Information except as authorized by the Company. I understand that “Confidential Information” means any Company proprietary information, technical data, trade secrets or know-how, including, but not limited to, research, product plans, products, services, suppliers, customer lists and customers (including, but not limited to, customers of the Company on whom I called or with whom I became acquainted during the Relationship), prices and costs, markets, software, developments, inventions, laboratory notebooks, processes, formulas, technology, designs, drawings, engineering, hardware configuration information, marketing, licenses, finances, budgets or other business information disclosed to me by the Company either directly or indirectly in writing, orally or by drawings or observation of parts or equipment or created by me during the

period of the Relationship, whether or not during working hours. I understand that “Confidential Information” includes any information disclosed or made available to me by the Company during or following the term of the Relationship in accordance with the disclosure requirements of Rule 701 promulgated under the Securities Act of 1933, as amended, and I hereby acknowledge that such information has been made available to me on the date of this Agreement or will be made available to me reasonably promptly after the date of this Agreement. I further understand that “Confidential Information” includes, but is not limited to, information pertaining to any aspect of Company business which is either information not known by actual or potential competitors of the Company or other third parties not under confidentiality obligations to the Company, or is otherwise proprietary information of the Company or its customers or suppliers, whether of a technical nature or otherwise. I further understand that “Confidential Information” does not include any of the foregoing items which has become publicly and widely known and made generally available through no wrongful act of mine or of others who were under confidentiality obligations as to the item or items involved.

(b) **Prior Obligations.** I represent that my performance of all terms of this Agreement as an employee of the Company has not breached and will not breach any agreement to keep in confidence proprietary information, knowledge or data acquired by me prior or subsequent to the commencement of my Relationship with the Company, and I will not disclose to the Company or use any inventions, confidential or non-public proprietary information or material belonging to any previous client, employer or any other party. I will not induce the Company to use any inventions, confidential or non-public proprietary information, or material belonging to any previous client, employer or any other party. I acknowledge and agree that prior to my start date, I will provide to the Company any agreements (e.g., non-competition agreements, non-solicitation of customers agreements, non-solicitation of employees agreements, confidentiality agreements, inventions agreements, etc.) with a current or former employer, or any other person or entity, that may restrict my ability to accept employment with the Company or my ability as an employee to recruit or engage customers or service providers on behalf of the Company, or otherwise relate to or restrict my ability to perform my duties as an employee of the Company or any obligation I may have to the Company.

(c) **Third Party Information.** I recognize that the Company has received and, in the future, will receive confidential or proprietary information from third parties subject to a duty on the Company’s part to maintain the confidentiality of such information and to use it only for certain limited purposes. I agree to hold all such confidential or proprietary information in the strictest confidence and not to disclose it to any person, firm or corporation or to use it except as necessary in carrying out my work for the Company consistent with the Company’s agreement with such third party.

(d) **Protected Conduct.** Nothing in this Agreement prohibits me from (1) disclosing Workplace Conduct or the existence of a settlement involving Workplace Conduct that concerns conduct that I reasonably believe under state, federal, or common law to be illegal harassment, illegal retaliation, a wage & hour violation, or sexual assault, or that is recognized as against a clear mandate of public policy; (2) disclosing Workplace Conduct that I have reason to believe is otherwise unlawful; or (3) reporting possible violations of law or regulation to any governmental agency or entity, including but not limited to the Department of Justice, the

Securities and Exchange Commission, the Congress, and any agency Inspector General, or making other disclosures that are protected under the whistleblower provisions of any federal, state, or local law or regulation. “Workplace Conduct” means conduct occurring in the workplace, at work-related events coordinated by or through the Company, or between employees, or between the Company and an employee, off the workplace premises. I do not need the prior authorization of the Company to make any such reports or disclosures and I am not required to notify the Company that I have made such reports or disclosures. Disclosures protected by this Paragraph may include a disclosure of trade secret information provided that it must comply with the restrictions in the Defend Trade Secrets Act of 2016 (DTSA). The DTSA provides that no individual will be held criminally or civilly liable under Federal or State trade secret law for the disclosure of a trade secret that: (i) is made in confidence to a Federal, State, or local government official, either directly or indirectly, or to an attorney; and made solely for the purpose of reporting or investigating a suspected violation of law; or, (ii) is made in a complaint or other document if such filing is under seal so that it is not made public. Also, an individual who pursues a lawsuit for retaliation by an employer for reporting a suspected violation of the law may disclose the trade secret to the attorney of the individual and use the trade secret information in the court proceeding, if the individual files any document containing the trade secret under seal, and does not disclose the trade secret, except as permitted by court order.

5. Restrictive Covenants.

(a) **Non-Competition.** While employed at the Company and for a period of eighteen (18) months thereafter, I will not, directly or through the direction or control of others, on my own behalf or on behalf of another person or entity (e.g., as an employee, agent, partner, or consultant), provide services that are the same as or similar in function or purpose to those I provided to the Company during the last two years of my employment (or such shorter period of time as I am employed) or which would otherwise involve the use or disclosure of Confidential Information to any person or entity that competes or is actively-preparing to compete with the Company (including, but not limited to, in the research, development, manufacture, marketing, and sale of satellites or their associated systems, including ground systems, gateways, and user terminals)(a “Competing Business”), where my work relates to products or services which I worked on or about which I obtained or received Confidential Information during the last two years of my employment with the Company (or such shorter period of time as I am employed) (“Restricted Product and Services”). I understand that this Section 5(a) applies to me (x) immediately, if my annualized earnings from the Company exceed \$120,559.99, or (y) in the future, if my annualized earnings from the Company exceed \$120,559.99 or the then current threshold under Washington law. For the avoidance of doubt, “Competing Business” includes Amazon’s Project Kuiper.

(b) **Non-Solicitation of Customers.** While employed at the Company and for a period of eighteen (18) months thereafter, I will not, directly or through the direction or control of others, on my own behalf or on behalf of any other entity (e.g., as an employee, agent, partner, or consultant): (i) accept or solicit business from any Customer of any Restricted Product or Service; or (ii) encourage any Customer or Business Partner to cease doing business with the Company or to terminate or negatively change any existing relationship or arrangement with the Company. “Customer” means any person or entity that is a customer of the Company during my

employment and as to which I had material contact or obtained or received Confidential Information during the last two years of my employment (or such shorter period of time as I am employed). “Business Partner” means any individual or entity that is a business partner, business affiliate, or supplier of the Company during my employment and as to which I had material contact or obtained or received Confidential Information during the last two years of my employment (or such shorter period of time as I am employed).

(c) **Non-Solicitation of Employees, Consultants, and Independent Contractors.** While employed at the Company and for a period of eighteen (18) months thereafter, I will not, directly or through the direction or control of others, solicit, induce, recruit or encourage any of the Company’s employees, consultants, or independent contractors to terminate their relationship with the Company, or attempt to solicit, induce, recruit, encourage or take away, hire, or otherwise engage the services of employees, consultants, or independent contractors of the Company, either for myself or for any other person or entity.

(d) **Reasonableness of Restrictions.** I understand that the restrictions in this Section 5 may significantly limit my future flexibility in various ways. For example, the restriction in Section 5(a) above will bar me, for eighteen (18) months following the conclusion of my employment with the Company, from accepting certain competitive opportunities. I have considered the potential impact of the restrictions in this Section 5 and I agree and acknowledge that the restrictions in this Section 5 are reasonable in scope, area, and duration, and will not result in any undue hardship to me.

(e) **Enforceability of Non-Compete if I am Terminated Without Cause.** For purposes of the application of the Non-Competition provision in Paragraph 5(a), I understand that the Non-Competition provision will not be enforced against me if I am terminated from employment without Cause or if I am laid off unless the Company pays me during the eighteen (18) months following the conclusion of my employment an amount equal to my base salary at the time of termination less any compensation earned by me during the eighteen (18) months. If I am receiving post-employment compensation from the Company pursuant to the foregoing, I agree to provide the Company with accurate and timely information about compensation I earn from other sources during the eighteen (18) months. I further understand that for the limited purposes of the application of the Non-Competition clause in Paragraph 5(a) of this Agreement, “Cause” to terminate my employment exists if I have (i) committed, admitted committing, or plead guilty to a felony or crime involving moral turpitude, fraud, theft, misappropriation, or dishonesty, (ii) violated a material term of this Agreement or Company policy, (iii) engaged in insubordination, or failed or refused to perform assigned duties of my position despite reasonable opportunity to perform, (iv) failed to exercise reasonable care and diligence in the exercise of my duties for the Company, or (v) engaged in conduct or omissions that I knew, or should have known (with the exercise of reasonable care), would cause, or be likely to cause, harm to the Company or its reputation in the business community

6. Inventions.

(a) **Inventions Retained and Licensed.** I acknowledge and agree that prior to my start date, I will provide the Company with a list describing with particularity all inventions, original works of authorship, developments, improvements, and trade secrets which were made by me prior to the commencement of the Relationship (collectively referred to as “Prior Inventions”), which belong solely to me or belong to me jointly with another, which relate in any way to any of the Company’s proposed businesses, products or research and development, and which the Company is not granted full, permanent and unrestricted worldwide use of hereunder; or, if I submit no such list, I represent that there are no such Prior Inventions. If, in the course of my Relationship with the Company, I incorporate into a Company product, process or machine a Prior Invention owned by me or in which I have an interest, the Company is hereby granted and shall have a non-exclusive, royalty-free, irrevocable, perpetual, worldwide license (with the right to sublicense) to make, have made, copy, modify, make derivative works of, use, sell and otherwise distribute such Prior Invention as part of or in connection with such product, process or machine.

(b) **Assignment of Inventions.** I agree that I will promptly make full written disclosure to the Company, will hold in trust for the sole right and benefit of the Company, and hereby assign to the Company, or its designee, all my right, title and interest throughout the world in and to any and all inventions, original works of authorship, developments, concepts, know-how, improvements or trade secrets, whether or not patentable or registrable under copyright or similar laws, which I may solely or jointly conceive or develop or reduce to practice, or cause to be conceived or developed or reduced to practice, within the scope of and during the period of my Relationship with the Company (collectively referred to as “Inventions”), except as provided in Section 6(e) below. I further acknowledge that all Inventions are “works made for hire” (to the greatest extent permitted by applicable law) and are compensated by my salary, unless regulated otherwise by the mandatory law of the state of Washington.

(c) **Maintenance of Records.** I agree to keep and maintain adequate and current written records of all Inventions made by me (solely or jointly with others) during the term of my Relationship with the Company. The records may be in the form of notes, sketches, drawings, flow charts, electronic data or recordings, laboratory notebooks, and any other format. The records will be available to and remain the sole property of the Company at all times. I agree to return all such records (including any copies thereof) to the Company at the time of termination of my Relationship with the Company as provided for in Section 7.

(d) **Patent and Copyright Rights.** I agree to assist the Company, or its designee, at its expense, in every proper way to secure Company’s, or its designee’s, rights in the Inventions and any copyrights, patents, trademarks, mask work rights, moral rights, or other intellectual property rights relating thereto in any and all countries, including the disclosure to the Company or its designee of all pertinent information and data with respect thereto, the execution of all applications, specifications, oaths, assignments, recordations, and all other instruments which the Company or its designee shall deem necessary in order to apply for, obtain, maintain and transfer such rights and in order to assign and convey to the Company or its designee, and any successors, assigns and nominees the sole and exclusive rights, title and interest in and to such Inventions, and any copyrights, patents, mask work rights or other intellectual property rights relating thereto. I further agree that my obligation to execute or cause to be executed, when it is

in my power to do so, any such instrument or papers shall continue after the termination of this Agreement until the expiration of the last such intellectual property right to expire in any country of the world. If the Company or its designee is unable because of my mental or physical incapacity or unavailability or for any other reason to secure my signature to apply for or to pursue any application for any United States or foreign patents, copyright, mask works or other registrations covering Inventions or original works of authorship assigned to the Company or its designee as above, then I hereby irrevocably designate and appoint the Company and its duly authorized officers and agents as my agent and attorney in fact, to act for and in my behalf and stead to execute and file any such applications and to do all other lawfully permitted acts to further the application for, prosecution, issuance, maintenance or transfer of letters patent, copyright or other registrations thereon with the same legal force and effect as if originally executed by me. I hereby waive and irrevocably quitclaim to the Company or its designee any and all claims, of any nature whatsoever, which I now or hereafter have for infringement of any and all proprietary rights assigned to the Company or such designee.

(e) **Exception to Assignments.** I understand that the provisions of this Agreement requiring assignment of Inventions to the Company do not apply to any invention which qualifies fully under the provisions of RCW 49.44.140 (attached hereto as Exhibit B). I will advise the Company promptly in writing of any inventions that I believe meet such provisions.

7. **Company Property; Returning Company Documents.** I agree that, at the time of termination of my Relationship with the Company, I will deliver to the Company and will not keep in my possession, recreate or deliver to anyone else) any and all devices, records, data, notes, reports, proposals, lists, correspondence, specifications, drawings, blueprints, sketches, laboratory notebooks, materials, flow charts, equipment, other documents or property, or reproductions of any of the aforementioned items developed by me pursuant to the Relationship or otherwise belonging to the Company, its successors or assigns.

8. **Notification to Other Parties.** In the event that I leave the employ of the Company, I hereby consent to notification by the Company to my new employer about my rights and obligations under this Agreement.

9. **Representations and Covenants.**

(a) **Facilitation of Agreement.** I agree to execute promptly any proper oath or verify any proper document required to carry out the terms of this Agreement upon the Company's written request to do so.

(b) **Conflicts.** I represent that my performance of all the terms of this Agreement does not and will not breach any agreement I have entered into, or will enter into with any third party, including without limitation any agreement to keep in confidence proprietary information acquired by me in confidence or in trust prior to commencement of my Relationship with the Company. I agree not to enter into any written or oral agreement that conflicts with the provisions of this Agreement.

(c) **Voluntary Execution.** I certify and acknowledge that I have carefully read all of the provisions of this Agreement and that I understand and will fully and faithfully comply with such provisions.

(d) **Notice.** I certify and acknowledge that I was given a copy of this Agreement prior to accepting the offer of employment with the Company.

10. General Provisions.

(a) **Governing Law.** The validity, interpretation, construction and performance of this Agreement shall be governed by the laws of the State of Washington, without giving effect to the principles of conflict of laws.

(b) **Entire Agreement.** This Agreement sets forth the entire agreement and understanding between the Company and me relating to the subject matter herein and merges all prior discussions between us. No modification or amendment to this Agreement, nor any waiver of any rights under this Agreement, will be effective unless in writing signed by both parties. Any subsequent change or changes in my duties, obligations, rights or compensation will not affect the validity or scope of this Agreement.

(c) **Severability.** If one or more of the provisions in this Agreement is deemed void by law, then the remaining provisions will continue in full force and effect. If I relocate to California, section 5(a) and 5(b) will not be enforced by the Company.

(d) **Successors and Assigns.** This Agreement will be binding upon my heirs, executors, administrators and other legal representatives, and my successors and assigns, and will be for the benefit of the Company, its successors, and its assigns.

(e) **Survival.** The provisions of this Agreement shall survive the termination of the Relationship and the assignment of this Agreement by the Company to any successor in interest or other assignee. I acknowledge that this Agreement does not alter, amend, or replace any and all obligations that I otherwise owe to the Company pursuant to applicable statutory or common law.

(f) **Remedies.** I acknowledge and agree that violation of this Agreement by me may cause the Company irreparable harm, and therefore agree that the Company will be entitled to seek extraordinary relief in court, including but not limited to temporary restraining orders, preliminary injunctions and permanent injunctions without the necessity of posting a bond or other security and in addition to and without prejudice to any other rights or remedies that the Company may have for a breach of this Agreement.

(g) **ADVICE OF COUNSEL.** I ACKNOWLEDGE THAT, IN EXECUTING THIS AGREEMENT, I HAVE HAD THE OPPORTUNITY TO SEEK THE ADVICE OF INDEPENDENT LEGAL COUNSEL, AND I HAVE READ AND UNDERSTOOD ALL OF THE TERMS AND PROVISIONS OF THIS AGREEMENT. THIS AGREEMENT SHALL NOT BE

CONSTRUED AGAINST ANY PARTY BY REASON OF THE DRAFTING OR PREPARATION
HEREOF.

The parties have executed this Agreement on the respective dates set forth below:

COMPANY:

SPACE EXPLORATION TECHNOLOGIES CORP.


By: 

Name: Brian Bjelde

Title: VP, Human Resources

EMPLOYEE:

Matthew Guo, an Individual:


Matthew Guo (Jun 15, 2025 21:33 EDT)
Signature

Matthew Guo
Printed Name

Date: Jun 15, 2025

EXHIBIT A
**PRIOR INVENTIONS
AND ORIGINAL WORKS OF AUTHORSHIP
EXCLUDED UNDER SECTION 6**

I agree to provide a list of prior inventions, if any, with title, date and identifying number or brief description to the Company prior to my start date.

Signature of Employee: *Matthew Guo*
Matthew Guo (Jun 15, 2025 21:33 EDT)

Print Name of Employee: Matthew Guo

Date: Jun 15, 2025

EXHIBIT B

The Revised Code of Washington (RCW) Section 49.44.140 states as follows:¹

Requiring assignment of employee's rights to inventions—Conditions.

(1) A provision in an employment agreement which provides that an employee shall assign or offer to assign any of the employee's rights in an invention to the employer does not apply to an invention for which no equipment, supplies, facilities, or trade secret information of the employer was used and which was developed entirely on the employee's own time, unless (a) the invention relates (i) directly to the business of the employer, or (ii) to the employer's actual or demonstrably anticipated research or development, or (b) the invention results from any work performed by the employee for the employer. Any provision which purports to apply to such an invention is to that extent against the public policy of this state and is to that extent void and unenforceable.

(2) An employer shall not require a provision made void and unenforceable by subsection (1) of this section as a condition of employment or continuing employment.

(3) If an employment agreement entered into after September 1, 1979, contains a provision requiring the employee to assign any of the employee's rights in any invention to the employer, the employer must also, at the time the agreement is made, provide a written notification to the employee that the agreement does not apply to an invention for which no equipment, supplies, facility, or trade secret information of the employer was used and which was developed entirely on the employee's own time, unless (a) the invention relates (i) directly to the business of the employer, or (ii) to the employer's actual or demonstrably anticipated research or development, or (b) the invention results from any work preformed [performed] by the employee for the employer.

¹ See <https://apps.leg.wa.gov/rcw/default.aspx?cite=49.44.140>.

EMPLOYEE ARBITRATION AND DISPUTE RESOLUTION AGREEMENT AND CLASS ACTION WAIVER

As a condition of my becoming employed (or my employment being continued) by Space Exploration Technologies Corp., a Texas corporation, and any of its current or future subsidiaries, affiliates, successors or assigns (collectively, "SpaceX") (SpaceX and I, collectively, the "Parties"), and in consideration of my employment relationship with SpaceX and my receipt of the compensation now and hereafter paid to me by SpaceX, I agree to the following:

WHEREAS, the Parties wish to fairly, quickly and economically resolve any disputes that may arise between us;

NOW THEREFORE, in consideration and as a condition of being employed by SpaceX and SpaceX's promise to arbitrate all Covered Claims, I agree that:

1. The Parties shall resolve all Covered Claims (as defined below) through final and binding arbitration, and as such, **EACH PARTY WAIVES THE RIGHT TO EITHER A JURY OR BENCH TRIAL AS TO ANY COVERED CLAIM.**
2. Any Covered Claim and all claims, disputes, or causes of action under this Agreement, whether by SpaceX or me, must be brought in an individual capacity, and shall not be brought as a plaintiff (or claimant) or class member in any purported class, representative, or collective proceeding, nor joined or consolidated with the claims of any other person or entity, and the arbitrator may not consolidate the claims of more than one person or entity (unless all Parties agree), and may not preside over any form of class, representative, or collective proceeding, including any non-individual California Private Attorneys General Act of 2004 ("PAGA") claims brought for alleged Labor Code violations that employees other than I suffered. However, nothing in this provision or in this Agreement shall be construed to prohibit settlements on a class, collective or representative action basis.
3. A "Covered Claim" is any claim arising out of or relating in any way to my recruitment, application for employment, hire, employment or termination of employment (except a claim that is expressly excluded from the definition of a "Covered Claim in Paragraph 4 below). Without limitation and by way of example only, "Covered Claims" include: claims of employment discrimination and harassment (e.g., under Title VII of the Civil Rights Act, as amended, the California Fair Employment & Housing Act, the Age Discrimination in Employment Act, as amended, the Americans with Disabilities Act, 42 U.S.C. section 1981); claims under the Employment Retirement Income Security Act; claims alleging unfair competition; individual claims under the PAGA for alleged Labor Code violations that I claim to have personally suffered; other claims under the California Labor Code or any Wage Order, including any claims brought by me related to wages, overtime, other pay, benefits, expenses, meal or rest periods or any unpaid compensation, liquidated damages or penalties; wrongful termination, wrongful discharge, discrimination, harassment, unlawful retaliation or failure to accommodate; claims alleging or based on failure to hire; and claims alleging breach of employment contract or the implied covenant of good faith and fair dealing, unfair competition, or tortious conduct (whether intentional or negligent), including defamation, misrepresentation, fraud, conversion, infliction of emotional distress, including claims against any person or entity that I may allege was acting in the course and scope of their employment with SpaceX, or as an agent, a joint employer, client employer, joint enterprise, alter ego, or owner of SpaceX.

4. A “Covered Claim” does not include: (i) claims for unemployment compensation benefits and workers’ compensation benefits to remedy work-related injury or illness; (ii) claims for sexual harassment and/or sexual assault under the Ending Forced Arbitration of Sexual Assault and Sexual Harassment Act (9 U.S.C. §§ 401, 402) if I elect to exclude such claims from arbitration under this Agreement; (iii) claims for public injunctive relief (a court, not an arbitrator, shall decide whether a claim is for public or private injunctive relief); (iv) claims for benefits under a plan that is governed by the Employee Retirement Income Security Act of 1974 (“ERISA”); (v) non-individual PAGA Claims to the extent they cannot be waived under applicable law, brought by me and based in whole or in part on alleged Labor Code violations that employees other than I suffered; (vi) claims that cannot be subject to pre-dispute mandatory arbitration under applicable law that is not preempted by federal law; and, (vii) claims under the National Labor Relations Act. I agree, however, that any claim or claims able to proceed in court by a party with standing to pursue them in court shall be stayed pending arbitration of the Covered Claim or Claims, unless contrary to applicable law. For example, and without limitation, unless the holding in *Adolph v Uber Tech., Inc.*, 14 Cal.5th 1104 (2023) is overruled or modified, this Agreement does not prevent you from bringing a non-individual PAGA claim in court, but you agree that you either will not bring any such non-individual PAGA claim in court or will stipulate to staying any such non-individual PAGA claim that you do bring in court until you and SpaceX complete arbitration of all of the individual claims that you assert establish that you are an aggrieved employee within the meaning of PAGA. Further, except to the extent prohibited by federal law, the parties may nonetheless mutually agree in a writing signed by both parties to arbitrate any claim that is excluded in this paragraph from the definition of “Covered Claim”.
5. Any claim subject to this Agreement shall be arbitrated by one arbitrator in accordance with the Employment Arbitration Rules and Procedures of the Judicial Arbitration and Mediation Service (“JAMS”). The JAMS Rules are available for review on JAMS’s website at www.jamsadr.com. To the extent the JAMS Rules conflict with any provision or aspect of this Agreement, this Agreement shall control.
- a. If the Parties cannot agree on an arbitrator, JAMS rules will govern selection.
 - b. The Parties shall maintain the confidential nature of the arbitration proceedings including without limitation all party filings and communications; all arbitrator findings, rulings, and decisions except the final decision; and all hearings (which shall be closed to non-parties except when testifying as witnesses), except as may be necessary to prepare for or conduct the arbitration hearing, including communicating with witnesses, or as may be necessary in connection with a court application allowed by this Agreement, a judicial challenge to an award or judicial action for its enforcement, or as otherwise required by law. This provision does not prevent me from discussing with coworkers or former coworkers the fact of the arbitration proceedings, the operative facts underlying the dispute(s) in arbitration, the final arbitration decision, or the terms and conditions of my employment.
 - c. The arbitrator shall have the power to award any type of legal or equitable relief as to a Covered Claim that would be available in a court of competent jurisdiction including without limitation attorneys’ fees and punitive damages when such damages and fees are available under the applicable statute and/or judicial authority. The arbitrator shall have the authority to compel adequate discovery for the resolution of the dispute. Unless the parties mutually agree in writing otherwise, the arbitrator has no authority or power to:

- (i) make class or collective decisions or representative decisions as to Non-individual claims or to use such procedures; (ii) issue a class, collective or representative notice, to allow class or collective or Nonindividual representative discovery including production of class or similar contact information, or award class or collective or Non-individual representative remedies; or (iii) award penalties pursuant to the PAGA other than for proven Labor Code violations I have personally suffered. Any arbitral award may be entered as a judgment or order in any court of competent jurisdiction.
- d. The arbitrator's written award shall (i) issue within thirty (30) days of the conclusion of evidence or post-hearing briefing, (ii) state the reasons to support the decision, and (iii) be based on governing law and evidence cited. The arbitrator's written award shall decide all issues submitted.
- e. The decision or award of the arbitrator shall be final and binding upon the Parties. The decision of the arbitrator, including any determinations as to factual or legal issues, shall have preclusive effect as to the Parties, provided that no arbitration award or decision, including any determinations as to factual or legal issues, will have any preclusive effect on issues or claims involving any violation that was not personally sustained by a party to the arbitration. However, the arbitrator's award or decision can be presented to a court by either party as a determination of whether or not I am an "aggrieved employee" under PAGA.
- f. Arbitration will occur in the state of the SpaceX facility in which I primarily work or last worked, or in the case that I work remotely, the state of the SpaceX facility in which my supervisor(s) work(s). Where the facility is in Hawthorne or Los Angeles, California, the arbitration will occur in Los Angeles County, California; where the facility is located in McGregor, Texas or Brownsville, Texas, the arbitration will occur in Houston, Texas; where the facility is located in Redmond, Washington, the arbitration will occur in Seattle, Washington; and where the facility is located in the vicinity of Cape Canaveral, the arbitration will occur in Orlando, Florida. Where the facility is elsewhere, the arbitration will occur in a mutually agreed location in the reasonable proximity to the facility.
6. Nothing in this Agreement precludes either Party from filing a charge or complaint with any government or administrative agency or from participating in the investigation or prosecution of any such charge or complaint. However, any dispute that is covered by this Agreement but is not finally resolved by the agency must be submitted to arbitration.
7. SpaceX, while it may take all steps necessary to enforce this Agreement in legal proceedings, will not discipline or otherwise retaliate against me for engaging in concerted activity.
8. SpaceX will be responsible for all arbitration fees, except I will be required to pay up to the amount I would have been required to pay the applicable lower court in order to file a civil complaint. Any required fees for the arbitration shall be due no sooner than forty-five (45) days after receipt of an invoice from JAMS for those initial filing fees. Fees and costs for the arbitration hearing shall be due no sooner than thirty (30) days before the arbitration hearing begins. Each side shall pay its own costs and attorneys' fees, if any, unless under applicable law the arbitrator rules otherwise. If the applicable law affords the prevailing party attorneys' fees and costs, then the arbitrator shall apply the same standards a court would apply to award such fees and costs.


9. The Parties agree to file any demand for arbitration within the time limit established by the applicable statute of limitations for the asserted claims. The demand for arbitration must be in writing and include: (1) the name and address of the party demanding arbitration, (2) a statement of the factual and legal bases for each claim sufficient to comply with the pleading standards established by the federal rules of civil procedure and related federal case law, (3) a description of the remedy sought, (4) the estimated amount in controversy for each claim, and (5) the party's handwritten or electronic signature.
10. The Parties agree that neither the terms nor the conditions described in this Agreement create a contract of employment for a specific duration of time or limit the circumstances under which the Parties' employment relationship may be terminated. Because employment with SpaceX is voluntarily entered into and remains at will, I am free to resign at any time. Similarly, SpaceX may terminate the employment relationship without cause or notice at any time.
11. Nothing in this Agreement is intended to prevent either Party from obtaining injunctive relief in court to prevent irreparable harm pending the conclusion of any such arbitration pursuant to applicable law.
12. This Agreement is made under the provisions of the Federal Arbitration Act (9 U.S.C. sections 1-14) ("FAA"), and to the extent not inconsistent with and/or preempted by the FAA, any applicable state's arbitration laws, and will be construed and governed accordingly. It is the Parties' intention that both the procedural and the substantive provisions of the FAA shall apply. If for any reason the FAA does not apply, the state law governing arbitration agreements in the state in which the employee was employed for SpaceX shall apply.
13. This Agreement may be modified only in a writing signed by me and a Vice President of SpaceX, stating the intent to revoke or modify this Agreement. If any provision in this Agreement is determined to be unenforceable, then the remaining provisions shall remain in full effect. If any portion of the class or collective action waiver or waiver of certain representative actions is found invalid or unenforceable, in no event shall a court or arbitrator order arbitration on a class, non-individual representative, or collective basis.
14. The Parties understand and agree that this Agreement contains the complete agreement between SpaceX and me regarding the subject of arbitration of disputes and supersedes any prior arbitration agreement between the Parties. However, if a court or arbitrator determines that either Party is not bound by this Agreement as to some or all claims, the Party will continue to be bound by any prior arbitration agreement entered into by the Party covering those claims.

Continued on Following Page

BY SIGNING OR ACKNOWLEDGING THIS AGREEMENT (INCLUDING BY ELECTRONIC SIGNATURE OR ACKNOWLEDGMENT), I KNOWINGLY AND VOLUNTARILY WAIVE THE RIGHT TO TRIAL BY JURY OR JUDGE FOR ANY COVERED CLAIM AND I AGREE TO ADJUDICATION OF ANY COVERED CLAIM ON AN INDIVIDUAL BASIS. I ACKNOWLEDGE AND AGREE THAT I MAY NOT BRING OR PARTICIPATE IN ANY CLASS, NON-INDIVIDUAL REPRESENTATIVE, OR COLLECTIVE ACTION OR PROCEEDING, EXCEPT, AS DESCRIBED ABOVE, AN ACTION BROUGHT FOR NON-INDIVIDUAL REPRESENTATIVE CLAIMS UNDER THE CALIFORNIA PRIVATE ATTORNEYS GENERAL ACT OF 2004 OR A CHARGE OR COMPLAINT FILED WITH A GOVERNMENT OR ADMINISTRATIVE AGENCY. I ACKNOWLEDGE THAT I RETAIN MY RIGHT TO COUNSEL, TO CALL AND CROSS-EXAMINE WITNESSES, AND TO HAVE MY CLAIMS ADDRESSED BY AN IMPARTIAL FACTFINDER. I ACKNOWLEDGE THAT I AM HEREBY ADVISED TO SEEK LEGAL ADVICE AS TO MY RIGHTS AND RESPONSIBILITIES UNDER THIS AGREEMENT.

THIS AGREEMENT IS BINDING ON SPACEX WITHOUT THE NEED FOR IT TO BE EXECUTED BY A REPRESENTATIVE OF SPACEX.

Employee

Signature of Employee: 
Matthew Guo (Jun 15, 2025 21:33 EDT)

Print Name of Employee: Matthew Guo

Date: Jun 15, 2025

Please reference the calendar below to select your desired start date

2025 PAYROLL CALENDAR

| January | | | | | | |
|---------|----|----|----|----|----|----|
| 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 | |

| February | | | | | | |
|----------|----|----|----|----|----|----|
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| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | |

| March | | | | | | |
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| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 | | | | | |

| April | | | | | | |
|-------|----|----|----|----|----|----|
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| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | | | |

| May | | | | | | |
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| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

| June | | | | | | |
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| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | | | | | |

| July | | | | | | |
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| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | | |

| August | | | | | | |
|--------|----|----|----|----|----|----|
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| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | | | | | | |

| September | | | | | | |
|-----------|----|----|----|----|----|----|
| Su | Mo | Tu | We | Th | Fr | Sa |
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| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
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| October | | | | | | |
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| November | | | | | | |
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| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | | | | | | |

| December | | | | | | |
|----------|----|----|----|----|----|----|
| Su | Mo | Tu | We | Th | Fr | Sa |
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| 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 |
| | 1/01/2025 - New Year's |
| | 1/20/2025 - Martin Luther King Jr. Day |

| | |
|--|---------------------------------------|
| | 5/26/2025-Memorial Day |
| | 7/03/2025-Independence Day (Holiday) |
| | 7/4/2025 - Independence Day (Holiday) |

| | |
|--|---------------------------|
| | 9/1/2024 - Labor Day |
| | 11/11/2024 - Veterans Day |
| | 11/27/2024 - Thanksgiving |

| | |
|--|-------------------------------------|
| | 11/28/2024 - Day After Thanksgiving |
| | 12/24/2024 - Christmas Eve |
| | 12/25/2024 - Christmas Holiday |

Orientation (Please pick one of these dates)

2025 Holiday Schedule



| | |
|------------|-------------------------------------|
| 01.01.2025 | New Year's Day (Wednesday) |
| 01.20.2025 | Martin Luther King Jr. Day (Monday) |
| 05.26.2025 | Memorial Day (Monday) |
| 07.03.2025 | Independence Day Holiday (Thursday) |
| 07.04.2025 | Independence Day (Friday) |
| 09.01.2025 | Labor Day (Monday) |
| 11.11.2025 | Veterans' Day (Tuesday) |
| 11.27.2025 | Thanksgiving (Thursday) |
| 11.28.2025 | Day after Thanksgiving (Friday) |
| 12.24.2025 | Christmas Eve (Wednesday) |
| 12.25.2025 | Christmas Holiday (Thursday) |

SpaceX Stock Awards Summary

This summary is for informational purposes only. Stock Award recipients should refer to the 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. Temporary employees and interns are not eligible to receive SpaceX Stock Awards.

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 |
|----------------------------|------------|
| 2/19/2024 - 8/18/2024 | 5/15/2025 |
| 8/19/2024 - 2/16/2025 | 11/15/2025 |
| 2/17/2025 - 8/17/2025 | 5/15/2026 |
| 8/18/2025 - 2/15/2026 | 11/15/2026 |

| Hire Date / Effective Date | 20% VRD |
|----------------------------|------------|
| 2/16/2026 - 8/16/2026 | 5/15/2027 |
| 8/17/2026 - 2/14/2027 | 11/15/2027 |
| 2/15/2027 - 8/15/2027 | 5/15/2028 |
| 8/16/2027 - 2/13/2028 | 11/15/2028 |

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 "withholds" 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 the 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. You would need to elect this method on the Equity website and fund your account prior to the vesting date. (Keep in mind that transfers can take up to 5 business days to clear.) 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).¹

¹ 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. If employee elects to pay withholding taxes in cash, employee would receive 100% of the vested shares upon each VRD.

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/buyback?

- 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 generally start on every April 16th and October 16th with purchase dates on April 15th or October 15th. These dates are subject to change.

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. These eligibility requirements are subject to change.

How much can I contribute?

- You may elect to contribute between 1% and 100% 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). Due to IRS regulations, the maximum you can purchase in the ESPP in a calendar year is \$25,000.00 in shares (based upon the offering date fair market value).

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.

**2025 BENEFITS GUIDE
REGULAR EMPLOYEES**



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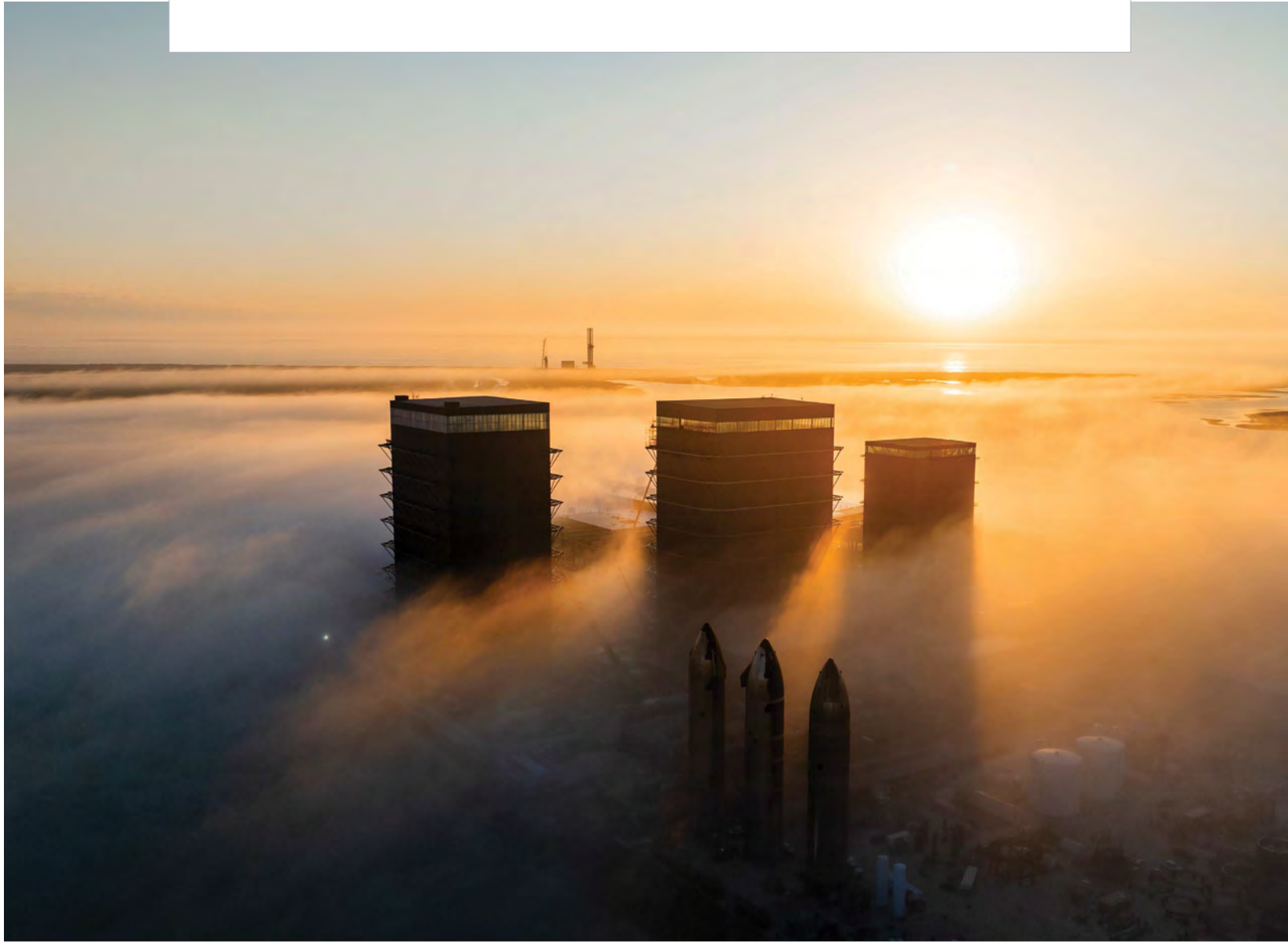
Benefits Contact InformationBack Cover

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. If you're not on the SpaceX network, visit spxbenefits.com (password: **2025benefits**).

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 30** for more details.



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

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

- Your legally-married spouse (including same-sex spouse)^{1,2}
- Your child(ren) up to age 26, which may include natural, adopted, stepchildren, and children obtained through court-appointed legal guardianship
- Your unmarried child(ren) of any age who are incapable of supporting themselves due to a mental or physical disability and who are totally and indefinitely dependent on you.

¹ If you are legally married to your same-sex partner, you can enroll him/her as your spouse. The federal government recognizes legal marriages of same-sex couples in all states. Enrolling your same-sex spouse allows you to pay for certain benefits with pre-tax dollars.

² Your legally registered domestic partner (DP) and your DP's child(ren) constitute eligible dependents for certain fully-insured SpaceX benefits, such as Kaiser HMO (available in California only) and voluntary benefits. Premium contributions made by SpaceX on behalf of your DP and DP's child(ren) will be treated as taxable income to you, and applicable taxes and withholdings will be deducted from your wages. Please contact the SpaceX Benefits Team at benefits@spacex.com for additional information.

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 a Graduate Engineer) 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.

Enroll for Benefits in Workday

Website: myworkday.com/spacex

Username: Your SpaceX network login

Password: Your SpaceX network password

Need Workday help? For Workday login assistance, open an HR JIRA service ticket by typing HRData/ in any browser bar on the SpaceX network.

Need YubiKey assistance? Call the IT Help Desk at **(310) 363-6999**.

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 2nd.MD, Hinge Health, Kindbody (fertility benefits) or mental health therapy and medication management services through Lyra Health. 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 FSA, 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, elections 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;
- Court-appointed legal guardianship of a child;
- Your spouse or dependent terminating or obtaining new employment (that affects eligibility for coverage);
- You, your spouse, or dependent 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** (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 changes 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 five medical plan options (depending on where you live):

- **Exclusive Provider Organization plan (Medical EPO):** Provides benefits for medical treatment from in-network physicians, facilities, and pharmacies. Care received from a provider outside the network is not covered, with the exception of certain office visits for mental health services and emergency room visits for emergency treatment. You are not required to get a referral for specialist care.
- **Preferred Provider Organization plan (Medical PPO):** Provides benefits regardless of where you receive care, in- or out-of-network. However, your out-of-pocket cost will be less if you use in-network providers.
- **Guide PPO:** Provides in- and out-of-network benefits, but your out-of-pocket costs will be less if you use in-network providers/facilities/services that are associated with better health outcomes. For details, see “A Closer Look at the Guide PPO” on [page 8](#).
- **High-Deductible Health Plan (HDHP) with Health Savings Account (HSA):** Offers a PPO-style medical plan along with the HSA that lets you build savings with before-tax payroll contributions. You can use the HSA to pay for eligible health care expenses throughout the year or roll over a balance each year and build savings for future health care expenses. For details, see “Health Savings Account (HSA)” on [page 10](#).
- **Kaiser Permanente Health Maintenance Organization (HMO) plan:** Available only to employees in California, this plan offers coverage exclusively through Kaiser providers and facilities.

With the exception of the Kaiser HMO, all medical plans are offered through our administrator, Collective Health, through a partnership with Blue Shield of California (BlueCard nationwide).

All medical plans include prescription drug coverage.

Keep in mind, if you want access to Lyra Health (mental health therapy and medication management), 2nd.MD, Hinge Health, and Kindbody (fertility benefits), you must be enrolled in the Medical EPO, Medical PPO, Guide PPO, or HDHP.

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

↓

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. 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 Lyra Health (mental health therapy and medication management), 2nd.MD, Hinge Health, and Kindbody (fertility benefits). 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 expenses are not reimbursable under your Kaiser HMO insurance.

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... |
|---|--|
| I want the freedom to choose any health care provider | Medical PPO, Guide PPO, or HDHP (in- and out-of-network) |
| I want to pay the least amount from my paycheck to cover myself only | Medical EPO (generally in-network only) |
| I want to pay a low copay to visit my primary care doctor | Guide PPO |
| I want to save more on taxes and save for future health care expenses | HDHP |
| I want the plan that has no annual deductible | Guide PPO (when you use in-network providers) |



MEDICAL PLANS COMPARISON CHART

The information below is a summary of medical coverage only. Please go to 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 | MEDICAL EPO | MEDICAL PPO | | GUIDE PPO | | HIGH-DEDUCTIBLE HEALTH PLAN (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) | | 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 | OUT-OF-NETWORK | IN-NETWORK ONLY |
| Calendar Year Deductible | | | | | | | | |
| Individual | \$500 | \$500 | | \$0 | \$1,000 | \$1,800 | \$5,000 | \$500 |
| Family | \$1,000 | \$1,000 | | \$0 | \$2,000 | \$3,600 | \$10,000 | \$1,000 |
| SpaceX HSA Account Funding | | | | | | | | |
| Individual | N/A | N/A | N/A | N/A | N/A | \$500 | | N/A |
| Family | | | | | | \$1,000 | | |
| Annual Out-of-Pocket Limit | | | | | | | | |
| Individual | \$3,400 | \$3,400 | \$10,500 | \$3,000 | \$6,000 | \$4,500 | \$13,500 | \$3,000 |
| Family | \$6,800 | \$6,800 | \$21,000 | \$6,000 | \$12,000 | \$9,000 | \$27,000 | \$6,000 |
| Lifetime Maximum | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| Physician Services | | | | | | | | |
| Preventive Care Services** | Covered in full | Covered in full | 40% Coinsurance | See page 9 | 50% Coinsurance | Covered in full | 40% Coinsurance | Covered in full |
| Doctor's Office Visit | \$25 Copay (deductible waived) | \$25 Copay (deductible waived) | 40% Coinsurance | \$10 Copay | 50% Coinsurance | 20% Coinsurance | 40% Coinsurance | \$25 Copay (deductible waived) |
| Specialist | \$40 Copay (deductible waived) | \$40 Copay (deductible waived) | 40% Coinsurance | \$50 Copay | 50% Coinsurance | 20% Coinsurance | 40% Coinsurance | \$40 Copay (deductible waived) |
| Lab and X-ray Services | 15% Coinsurance | 20% Coinsurance | 40% Coinsurance | See page 9 | 50% Coinsurance | 20% Coinsurance | 40% Coinsurance | \$10 Copay |
| Inpatient Hospital Services | 15% Coinsurance | 20% Coinsurance | 40% Coinsurance | \$500 Copay | 50% Coinsurance | 20% Coinsurance | 40% Coinsurance | 20% Coinsurance |
| Emergency Treatment | | | | | | | | |
| ER (true emergency) | 15% Coinsurance | 20% Coinsurance | 20% Coinsurance | \$200 Copay | \$200 Copay (deductible waived) | 20% Coinsurance | 20% Coinsurance | 20% Coinsurance |
| Ambulance | 15% Coinsurance | 20% Coinsurance | 20% Coinsurance | \$200 Copay | \$200 Copay (deductible waived) | 20% Coinsurance | 20% Coinsurance | \$150 Copay |
| Urgent Care | \$25 Copay (deductible waived) | \$25 Copay (deductible waived) | 40% Coinsurance | \$10 Copay | \$10 Copay (deductible waived) | 20% Coinsurance | 40% Coinsurance | \$25 Copay (deductible waived) |

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.

| PLAN TYPE | MEDICAL EPO | MEDICAL PPO | | GUIDE PPO | | HIGH-DEDUCTIBLE HEALTH PLAN (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) | | 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 | OUT-OF-NETWORK | IN-NETWORK ONLY |
| Mental Health/Substance Abuse | | | | | | | | |
| Inpatient | 15% Coinsurance (in-network) Not Covered (out-of-network) | 20% Coinsurance | 40% Coinsurance | \$500 Copay | 50% Coinsurance | 20% Coinsurance | 40% Coinsurance | 20% Coinsurance |
| Office Visits | \$25 Copay (in-network; deductible waived) 40% Coinsurance (out-of-network) | \$25 Copay (deductible waived) | 40% Coinsurance | \$10 Copay | 50% Coinsurance | 20% Coinsurance | 40% Coinsurance | \$25 Copay (deductible waived) |
| Lyra Health (mental health therapy or medication consultations) | \$25 Copay (deductible waived) | \$25 Copay (deductible waived) | N/A | \$10 Copay | N/A | 20% Coinsurance | N/A | N/A |
| Outpatient Facility or Inpatient/ Residential Stay | 15% Coinsurance (in-network) Not Covered (out-of-network) | 20% Coinsurance | 40% Coinsurance | \$200 Copay Outpatient \$500 Copay Inpatient | 50% Coinsurance | 20% Coinsurance | 40% Coinsurance | \$25 Copay (deductible waived) Outpatient 20% Coinsurance Inpatient |
| Other Services | | | | | | | | |
| Chiropractic/ Acupuncture | \$40 Copay (deductible waived) (limited to 30 visits per calendar year) | \$40 Copay (deductible waived) (limited to 30 visits per calendar year) | 40% Coinsurance | \$50 Copay (limited to 20 visits per calendar year) | 50% Coinsurance (limited to 20 visits per calendar year) | 20% Coinsurance (limited to 30 visits per calendar year) | 40% Coinsurance (limited to 30 visits per calendar year) | \$15 Copay (deductible waived) (limited to 30 visits per calendar year combined chiropractic and acupuncture session limit) |

**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.*

A CLOSER LOOK AT THE GUIDE PPO

With straightforward cost-sharing and proactive, year-round guidance from Collective Health’s team of experts, the Guide PPO plan is designed with your health in mind. This medical plan is designed to make it easy to determine what you can expect to pay for your health care, and allow you to pay less for care associated with better health outcomes.

Simplified Cost-Sharing

There are two kinds of cost-sharing arrangements built into most medical benefit plans that determine how much you will pay out-of-pocket for a given service:

Copay

You’ll pay a fixed dollar amount for covered health care services or products (think medications, office visits, etc.).

Coinsurance

After you have met your deductible (if any), you’ll pay a percentage of the cost for some health care services and products. Keep in mind that the percentage you’ll owe will vary based on what services or products you’re getting (i.e., you’ll pay different amounts for procedures, medications, office visits, etc.).

While there are both copays and coinsurances built into the Guide PPO plan, you’ll pay a copay for the majority of the most frequently used services. Again, copays allow you to know what you’ll owe before you go (and they aren’t subject to a deductible, if any).

Benefits with Higher (50%) Coinsurance

Health care experts have identified services that may present more risks than benefits, or have newer or better alternatives. For these high-cost/low-value services, you pay 50% coinsurance, even if services are performed by an in-network provider. This applies to spinal fusions, spinal injections, vertebroplasty, kyphoplasty, asymptomatic renal artery angioplasty or stenting, knee arthroscopy, proton beam for prostate cancer, intensity-modulated radiation therapy, in-lab sleep studies, and subset of back imaging.

If you plan to have any of the above services performed this year and have questions about your coverage, please reach out to the Collective Health Member Advocates at (844) 803-0209.

Advanced Imaging

Did you know that an MRI that costs \$300 at a non-hospital based, “freestanding” imaging centers can cost up to \$3,000 at an outpatient hospital? For people that have to pay a coinsurance, or a percentage of that amount, that can come as an unwelcome surprise. We’re taking the guesswork out of it with simplified copays.

For advanced imaging (like CT/PET scans, MRIs) at a freestanding imaging center, you’ll pay \$50 (as long as it’s in-network).

For advanced imaging at an in-network, hospital-based imaging center, you’ll pay \$500.

To find a freestanding imaging center near you, you can use Collective Health’s Cost Information tool, available on your Collective Health web account and app, or call the Collective Health Member Advocates at (844) 803-0209.

| GUIDE PPO | IN-NETWORK | OUT-OF-NETWORK |
|--|-------------|-----------------|
| Calendar Year Deductible | | |
| Individual | \$0 | \$1,000 |
| Family | \$0 | \$2,000 |
| Annual Out-of-Pocket Limit | | |
| Individual | \$3,000 | \$6,000 |
| Family | \$6,000 | \$12,000 |
| Preventive Care | | |
| Preventive services | \$0 copay | 50% coinsurance |
| Doctor's Office Visits | | |
| Primary care physician | \$10 copay | 50% coinsurance |
| Specialist | \$50 copay | 50% coinsurance |
| Labs | | |
| Diagnostic tests (like x-rays, bloodwork) | \$50 copay | 50% coinsurance |
| Advanced Imaging (like CT/ PET scans, MRIs) at a non-hospital based facility | \$50 copay | 50% coinsurance |
| Advanced Imaging (like CT/PET scans, MRIs) at an outpatient hospital | \$500 copay | 50% coinsurance |
| Emergency and Urgent Care | | |
| Ambulance | \$200 copay | \$200 copay |
| Emergency room | \$200 copay | \$200 copay |
| Urgent care centers | \$10 copay | \$10 copay |
| Maternity | | |
| Delivery in a hospital | \$500 copay | 50% coinsurance |
| Breast pumps | \$0 copay | \$0 copay |
| Behavioral Health | | |
| Office visits | \$10 copay | 50% coinsurance |
| Hospital (overnight) | \$200 copay | 50% coinsurance |
| Outpatient care | \$200 copay | 50% coinsurance |
| Habilitation | \$10 copay | 50% coinsurance |
| Applied behavioral analysis | \$10 copay | 50% coinsurance |
| Inpatient Hospital Services | | |
| Inpatient hospital facility | \$500 copay | 50% coinsurance |

| GUIDE PPO | IN-NETWORK | OUT-OF-NETWORK |
|--|---------------------------------|-----------------|
| Outpatient Hospital | | |
| Outpatient hospital facility | \$200 copay | 50% coinsurance |
| Ambulatory Surgical Center | | |
| Ambulatory surgery facility | \$50 copay | 50% coinsurance |
| Allergy | | |
| Allergy testing | 20% coinsurance | 50% coinsurance |
| Allergy serum or therapy | 20% coinsurance | 50% coinsurance |
| Transplants | | |
| Transplant surgery | Cost varies by place of service | Not covered |
| Recovery or Special Health Needs | | |
| Physical, occupational, or speech therapy (combined 60 session limit for rehabilitative therapy; session limit does not apply for habilitative therapy) | \$10 copay | 50% coinsurance |
| Home health (100 day limit per year) | 20% coinsurance | 50% coinsurance |
| Hospice care | \$0 copay | 50% coinsurance |
| Skilled nursing facility (100 day limit per year) | \$200 copay | 50% coinsurance |
| Durable medical equipment | 20% coinsurance | 50% coinsurance |
| Other Services | | |
| Acupuncture (20 session limit per year) | \$50 copay | 50% coinsurance |
| Chiropractor (20 session limit per year) | \$50 copay | 50% coinsurance |
| Infusion therapy | 20% coinsurance | 50% coinsurance |
| Dialysis | 20% coinsurance | 50% coinsurance |
| Chemotherapy | \$10 copay | 50% coinsurance |
| Bariatric surgery (PA) | Cost varies by place of service | Not covered |



HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the HDHP for medical coverage, it comes with an HSA. 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.

HSA Contributions

Contributions to your HSA can come from two sources — you and SpaceX. SpaceX will automatically contribute up to \$500 for individual coverage and \$1,000 for family coverage annually, in equal parts each pay period, irrespective of whether you choose to contribute to your HSA or not.

The table below shows the maximum amount you can contribute to your HSA in 2025 combined with SpaceX's annual contributions. You can make changes to your HSA contributions anytime during the year.

| COVERAGE LEVEL | 2025* IRS HSA CONTRIBUTION LIMIT | SPACEX AUTOMATICALLY CONTRIBUTES ... | FOR 2025* YOU CAN CONTRIBUTE UP TO ... |
|-----------------------|----------------------------------|--------------------------------------|--|
| Employee Only | \$4,300 | \$500 | \$3,800 |
| Employee + Spouse | \$8,550 | \$1,000 | \$7,550 |
| Employee + Child(ren) | \$8,550 | \$1,000 | \$7,550 |
| Employee + Family | \$8,550 | \$1,000 | \$7,550 |

* If you will be age 55 or older in 2025, you can contribute an additional \$1,000 to your HSA.

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 |
|--|----------------------------------|--|
| Annual Calendar Year Maximum | \$2,000 | \$2,000 |
| Calendar Year Deductible | | |
| Individual | \$50 | \$75 |
| Family | \$150 | \$225 |
| Diagnostic & Preventive Services (deductible waived) | Covered in full | Covered in full |
| Basic Services | 20% after deductible | 30% of allowable amount after deductible |
| Major Services | 50% after deductible | 60% of allowable amount after deductible |
| Orthodontia (Adults & Children) | 50% after deductible | 50% of allowable amount after deductible |
| Lifetime Maximum | \$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.

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.

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 |
|---------------------|-------------------------------------|---|
| Exam | Paid in full after \$25 copay | \$50 allowance |
| Lenses* | | |
| Single Vision | Paid in full | \$50 allowance |
| Bifocal | Paid in full | \$75 allowance |
| Lined Trifocal | Paid in full | \$100 allowance |
| Lenticular | Paid in full | \$125 allowance |
| Frames | \$200 allowance** | \$70 allowance |
| Contacts** | | |
| Exam and Fitting | Up to \$60 copay | \$105 allowance for exam, fitting and materials |
| Elective | \$200 allowance for contacts only** | |
| Medically Necessary | 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.



Prescription Drug

The cost for prescription medications is based on the category of the prescribed drug, as shown in the table below.

| PRESCRIPTION DRUG | MEDICAL EPO, MEDICAL PPO & GUIDE PPO (IN-NETWORK) | HDHP (IN-NETWORK) | KAISER HMO (IN-NETWORK) |
|--|--|---|-------------------------|
| Retail Pharmacy | 30- to 90-Day Supply | 30- to 90-Day Supply | 30-Day Supply |
| Generic | \$10 Copay (1-30 days supply) \$10 Copay (31-90 days supply) | 20% Coinsurance | \$10 Copay |
| Name Brand Within Formulary | \$30 Copay (1-30 days supply) \$60 Copay (31-90 days supply) | 20% Coinsurance | \$25 Copay |
| Name Brand Outside of Formulary | \$60 Copay (1-30 days supply) \$120 Copay (31-90 days supply) | 20% Coinsurance | Not Applicable |
| Self-administered Injectable Medication | 30% Coinsurance (maximum payment of \$150) | 30% Coinsurance (maximum payment of \$150) after deductible | Not Applicable |
| Mail Order | Up to 90-Day Supply | Up to 90-Day Supply | 100-Day Supply |
| Generic | \$10 Copay | 20% Coinsurance | \$20 Copay |
| Name Brand Within Formulary | \$60 Copay | 20% Coinsurance | \$50 Copay |
| Name Brand Outside of Formulary | \$120 Copay | 20% Coinsurance | Not Applicable |
| Self-administered Injectable Medication | 30% Coinsurance (maximum payment of \$300) | 30% Coinsurance (maximum payment of \$300) after deductible | Not Applicable |

RETAIL PHARMACIES

- **Medical EPO, Medical PPO, Guide PPO, and HDHP:** These plans use the Capital Rx pharmacy network. For assistance, you can contact Capital Rx and also Collective Health.
- **Kaiser HMO:** This plan uses the Kaiser pharmacy network.

MAIL ORDER PROGRAM

For prescriptions you take on a regular basis (called maintenance medications), you can receive them through mail order. Mail order is convenient and less expensive — the medication gets delivered to your door, you can receive a larger supply, and at a lower cost per dosage. For more information, contact Collective Health (for the Medical EPO, Medical PPO, Guide PPO, and HDHP) or Kaiser Permanente (for Kaiser HMO).

Mail order refills for members in the Medical EPO, Medical PPO, Guide PPO, and HDHP: Capital Rx offers an auto-refill program through Optum Rx. It's a service where prescriptions are automatically refilled and delivered to you without needing to request a refill each time. To participate, log into Collective Health and access the Capital Rx member portal to enroll your eligible prescriptions. You will receive reminders before an order is shipped.



GET TO KNOW CAPITAL RX

Capital Rx is the pharmacy benefit manager for the Medical EPO, Medical PPO, Guide PPO, and HDHP medical plans. Capital Rx provides 24/7 customer support to help you find the best price for your medications. For assistance, call the number on the back of your Capital Rx ID card or Collective Health at **(844) 803-0209**. You can also go online to access the [pharmacy locator and list of covered medications](#).

SPECIALTY MEDICATIONS

Specialty medications are used to treat chronic conditions including multiple sclerosis, cancer, HIV, and certain forms of rheumatoid arthritis.

Medical EPO, Medical PPO, Guide PPO, and HDHP members: Specialty medications are dispensed through Optum Specialty Pharmacy. They offer a team of nurses, pharmacists, and care coordinators to help you achieve the best possible outcomes from your treatments.

- **To learn more, contact Collective Health's Member Advocates:** They're trained to guide you through the process with Optum Specialty Pharmacy to ensure proper fulfillment. Collective Health Member Advocates are available by calling **(844) 803-0209** from 4 AM to 6 PM Pacific Time, Monday – Friday; 7 AM to 11 AM Pacific Time, Saturday.
- **Capital Rx's specialty medications and Optum Home Delivery:** You can manage all medications (including speciality medications) from the same Capital Rx member portal by logging into Collective Health.

Kaiser members: 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 4 AM to 6 PM Pacific Time, Monday – Friday; 7 AM to 11 AM Pacific Time, Saturday.





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 in some plans, 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) | • Pelvic exams | • Breastfeeding supplies and counseling |
| • Immunizations | • Prostate Specific Antigen (PSA) exams | • Contraceptive drugs, devices, and sterilization (see plan for details) |
| • Bone-density tests | • Prenatal exams and gestational diabetes tests | |
| • Cholesterol screenings | • Screenings and counseling for HIV, HPV, and domestic violence | |
| • Mammograms | | |
| • Pap smears | | |



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 established 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 all 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, Medical PPO, and Guide PPO:** Services at the onsite SpaceX Health Center are free (\$0 copay!) for you and your covered dependents (except for lab services). Specifically, lab work at the SpaceX Health Center is sent out to an in-network 3rd party lab partner (e.g., LabCorp or Quest Diagnostics). You will receive a separate bill, after insurance payments are applied, from the 3rd party lab partner with the lab processing fees, which will be your financial responsibility.
- **HDHP with HSA:** Preventive services, such as an annual wellness exam, are free. However, in accordance with IRS rules, you will pay out-of-pocket for the fair market value of non-preventive 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 the year (except for lab services). Specifically, lab work at the SpaceX Health Center are sent out to an in-network 3rd party lab partner (e.g., LabCorp or Quest Diagnostics) for processing. You will receive a separate bill, after insurance payments are applied, from the 3rd party lab partner with the lab processing fees, which will be your financial responsibility.

- **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 expenses 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, Medical PPO, Guide PPO, and HDHP, 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 to treat work-related injuries or illnesses, these services are provided free to you, irrespective of your health insurance plan.

The SpaceX Health Center is generally open Monday – Friday, 8 AM – 5 PM (closes at 4 PM on Wednesdays). Walk-in lab hours are Monday – Friday, 8 AM – 12 PM and 1 PM – 4 PM. To book appointments at the onsite SpaceX Health Center, you must first register with One Medical at onemedical.com/spacex and use SpaceX company code **SXJCXOM15**.

Then, download the free mobile app (One Medical) to book an appointment (select specific location and choose SpaceX Health Center). You can also contact the SpaceX Health Center at **(310) 706-8992** or 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, on-demand virtual care 24/7, 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 convenient, efficient, and even enjoyable. Best of all, your One Medical membership fee (normally \$199 per person, per year) is 100% covered by SpaceX.

YOUR ONE MEDICAL BENEFITS INCLUDE:

- Access to expert primary care at any of One Medical's 150+ community offices across the U.S. One Medical Kids (pediatrics) also available in select locations, including El Segundo, CA.
- Employees without access to a One Medical office nearby, still have access to free 24/7 on-demand, virtual care through One Medical Now.
- One Medical's membership fee is 100% paid by SpaceX for employees, spouses, and dependent children under age 26, if enrolled in the Medical EPO, Medical PPO, Guide PPO, or HDHP.

HOW ONE MEDICAL WORKS WITH YOUR MEDICAL INSURANCE

- Visits to One Medical community offices are in-network with SpaceX's Medical EPO, Medical PPO, Guide PPO, and HDHP.
- Office visits (both remote and in-person) at One Medical's community offices 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.

2nd.MD

SpaceX employees and their family members enrolled in the Medical EPO, Medical PPO, Guide PPO, or HDHP can consult with leading physicians about their treatment plan or diagnosis through 2nd.MD at no cost. 2nd.MD is a leading expert medical opinion service that connects individuals with board-certified, nationally-recognized expert doctors for live consultations, via phone or video — within 3-5 days.

WHEN TO USE 2ND.MD

When dealing with illness, injury or chronic pain, 2nd.MD makes it easy to speak to an expert doctor on a wide range of conditions. 2nd.MD works with doctors from major academic institutions who are highly credentialed in their field. 2nd.MD can help when you have medical questions like:

- Do I have the right diagnosis?
- Am I on the best treatment path and medications?
- Is this surgery or procedure the best option for me?

STEPS TO REQUEST AN EXPERT SECOND OPINION

- Activate your 2nd.MD account by visiting 2nd.md/spacex or by calling **(866) 841-2575**.
- Discuss your medical questions with a 2nd.MD specialized nurse who will handle all the details and paperwork, making it convenient and easy for you.
- Consult with a leading medical specialist — via video or phone — at a time that works for you within 3-5 days of requesting a consult (including evenings and weekends!).

CONDITIONS THAT 2ND.MD CAN HELP WITH

2nd.MD experts are industry leaders across hundreds of subspecialties and thousands of conditions, like:

- Cancer
- Heart disease & stroke
- Digestive problems
- Cardiac concerns and conditions
- Immunological disorders (type 1 diabetes, rheumatoid arthritis)
- Mental health issues
- And thousands more!

ELIGIBILITY

SpaceX extends 2nd.MD's services at no cost to employees and their dependents enrolled in the Medical EPO, Medical PPO, Guide PPO, or HDHP. To activate your account and request a consult:

- Visit 2nd.md/spacex
- Call **(866) 841-2575**
- Download the 2nd.MD app via App Store or Google Play



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. The Lyra Health benefit is split into two distinct programs — Lyra Coaching and Lyra Therapy (with access to medication management) — each with different eligibility criteria and cost sharing. If you want access to mental health therapy and medication management from Lyra Health, you must be enrolled in the Medical EPO, Medical PPO, Guide PPO, or HDHP.

LYRA COACHING

Lyra Coaching is a six-session mental health coaching program, designed by Lyra clinicians and grounded in principles of evidence-based treatments, that will empower you to better manage stress, make difficult decisions, and improve relationships, both at work and at home. Meet with a certified coach via video, who is trained in proven methods and will personalize a plan to you and your life.

- Available via live video
- Supported by digital therapeutic tools and exercises

Access and Cost

Lyra Coaching is available for **FREE** as an employee assistance program (EAP) to all SpaceX employees (regular, temporary, and interns), who are normally scheduled to work at least 20 hours per week, their legally-married spouse, and their dependent children (ages 18 – 25). No employee contributions are required to access Lyra Coaching and there are no copays, coinsurance, or deductibles applicable for Lyra Coaching sessions.

LYRA THERAPY (WITH ACCESS TO MEDICATION MANAGEMENT)

About Therapy

Lyra providers practice evidence-based treatments, such as Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT), which are effective for many common mental health issues. Evidence-based treatments are typically short-term and most people make meaningful progress in 8-12 therapy sessions. Extended therapy to treat certain high-risk conditions and children/adolescents may also be available through Lyra Health.

- Available in-person or live video
- Supported by digital therapeutic tools and exercises

About Medication Management

Medication management offers in-depth consultation to help members learn about and understand if a medication may or may not be right for them. This service also offers ongoing support between visits and rigorous symptom monitoring to ensure medications are effective.

- 90-minute consultation available via live video
- Supported by digital therapeutic tools and exercises
- Often even more effective when combined with therapy

Access and Cost

Lyra Therapy (with access to medication management) is available **ONLY** to SpaceX employees and their dependents enrolled in the SpaceX Medical EPO, Medical PPO, Guide PPO, or HDHP.

Access to mental health therapy and medication management consultations through Lyra Health is included in the bi-weekly employee contributions that you pay via payroll deductions for your Medical EPO, Medical PPO, Guide PPO, or HDHP coverage. However, any therapy session or medication consultation with a Lyra network provider, conducted either in-person or via video, will be subject to the same copay, coinsurance, and/or deductible as office visits to other in-network mental health providers under the SpaceX Medical EPO, Medical PPO, Guide PPO, or HDHP. This means that if you elect the Medical EPO, Medical PPO, or Guide PPO, you will generally be subject to a \$25 copay (Medical EPO and Medical PPO) or a \$10 copay (Guide PPO) for each therapy session or medication consultation, with the deductible waived. In accordance with IRS rules, if you elect the HDHP, you must pay the full cost of each Lyra therapy session or medication consultation until you satisfy your HDHP deductible. After you meet your HDHP deductible, you generally will be subject to 20% coinsurance for each therapy session or medication consultation.

Lyra's tools and services are 100% confidential.

To get started with Lyra, visit spacex.lyrahealth.com or contact the Lyra care team 24/7 by phone at **(855) 240-0049** or email at care@lyrahealth.com.

Hinge Health

Hinge Health offers exercise therapy programs to treat joint and muscle pain from your head to your toes, which may include chronic back, knee, hip, shoulder pain, and more. It's convenient and fits your schedule — it can be done anywhere, at any time. Each user is paired with a health coach who acts as an accountability partner and works with you throughout the program to help you create and stick to your goals. The Hinge Health program only takes 45 minutes per week, and the average participant reports a 60% pain reduction by the end of the program.

Best of all, this program is available at no cost to you and your dependents (age 18+) enrolled in the Medical EPO, Medical PPO, Guide PPO, or HDHP.

Once enrolled, you'll receive:

- **Convenient Exercise Therapy:** Complete less than 45 minutes of exercise therapy sessions per week, anytime and anywhere.
- **Coaching and Peer Support:** To motivate you and help you meet your goals.
- **Education:** To help you understand treatment options and how you can manage your pain.

ELIGIBILITY

SpaceX employees and dependents (age 18+) enrolled in the Medical EPO, Medical PPO, Guide PPO, or HDHP are eligible to apply by taking a short, clinical questionnaire online. No referral or diagnosis is needed from a physician.

If you're experiencing back or joint pain, Hinge Health is available to help. They deliver everything you need to your home so you can participate remotely. Visit hinge.health/spacex to apply.

You can also contact Hinge Health at (855) 902-2777 or hello@hingehealth.com.

Kindbody

Kindbody is a modern-day fertility and family planning provider helping you understand and take control of your family planning and future. Through Kindbody, you will have access to gynecology, fertility, and family-building services — from preconception through postpartum. You will receive best-in-class care at affordable prices in clinics that are modern, warm, and welcoming. A dedicated care navigation team is available to guide you through your journey and give you peace of mind, every step of the way.

YOUR KINDBODY BENEFIT SPONSORED BY SPACEX

Your fertility and family-building benefits through Kindbody include:

Fertility Services

- Up to four (4) KindCycle* fertility treatments (lifetime limit), inclusive of medication, subject to 20% coinsurance.
- Discounted retail rates on services at Kindbody Signature clinics, after the four (4) KindCycles sponsored by SpaceX are exhausted.
- KindCycle treatments available at Kindbody Signature clinics or at 400+ partner clinics nationwide.
- Dedicated care navigation team available to guide you through your journey.
- Access to end-to-end fertility services, including standard gynecological care.**
- 24/7 virtual care options, online appointment scheduling, and a personalized patient portal for convenient visibility into your care plan.
- **Eligibility:** You and your dependents must be enrolled in the SpaceX Medical EPO, Medical PPO, Guide PPO, or HDHP to be eligible for the Kindbody fertility benefits.

Adoption, Donor & Surrogacy Services

- Up to \$40,000 in reimbursement (lifetime limit) available for eligible adoption, donor, and surrogacy services. Reimbursement of eligible expenses will be administered by Kindbody.***
- Referrals to vetted third party agencies, procurement of surrogacy or adoption agency, financial consultation, and more through Kindbody's third party services.
- **Eligibility:** Employees normally scheduled to work at least 20 hours per week will be eligible for this reimbursement.

**A KindCycle is comprised of various fertility services, such as IVF, IUI, and egg freezing. Kindbody determines how the different fertility services count towards a KindCycle. Contact Kindbody for details.*

***Certain services provided by Kindbody (e.g., gynecological care, well-woman exams, etc.) may be covered through your SpaceX medical plan, subject to applicable cost-sharing.*

****Contact Kindbody for a list of reimbursable adoption, donor, and surrogacy services. Eligible expenses reimbursed by Kindbody on SpaceX's behalf are considered taxable wages to you. SpaceX will tax assist (i.e., gross-up) these reimbursements for applicable incomes taxes (at supplemental rates) and employment taxes.*

HOW TO GET STARTED WITH KINDBODY

Step 1: Go to kindbody.com/spacexbenefits

Step 2: Create your Kindbody account using any email address

Step 3: Confirm your eligibility by entering your access code **KINDSPACEX** (case sensitive) and unique ID.

- Employees will use their 6-digit SpaceX **Employee ID**
- Spouses will use the same 6-digit SpaceX **Employee ID + S**

If you have an existing Kindbody account, please contact Kindbody to ensure your account is updated to reflect the SpaceX-sponsored Kindbody benefits.

Have questions? Contact Kindbody at employeebenefits@kindbody.com or (844) 519-0425.

RethinkCare

RethinkCare is an award-winning web-based program that provides childhood development support to caregivers raising children with learning challenges, behavioral issues, and developmental disabilities (for example, autism spectrum disorder, attention-deficit/hyperactivity disorder (ADHD), learning disabilities, etc.). Through RethinkCare, SpaceX employees gain access to 14 hours of remote consultations annually with a Board Certified Behavior Analyst to address specific challenges. Consultations may be divided into 30-minute increments, and may be conducted by phone or video chat. Common consultation topics include:

- Detailed review of the child's specific needs
- Addressing behavioral problems at home
- Recommendations on strategies for school collaboration
- Coping with the stress of a new diagnosis or ongoing daily struggles at home
- Recommendations regarding school delivery of Individualized Educational Plan (IEP) and community resources

Additionally, when you join, you get access to RethinkCare's platform and mobile app that is filled with step-by-step videos and research-based resources to teach hundreds of skills to children of all ages and abilities. The program has no age restrictions, requires no diagnosis and is completely confidential. RethinkCare doesn't replace in-home consultation or in-person therapy. RethinkCare does not work directly with children — instead, it's a benefit for parents. Behavior experts at RethinkCare help parents generalize the strategies and interventions to situations outside of therapy.

This program is provided to SpaceX employees. To receive access to RethinkCare, sign up by visiting rethinkbenefits.com/spacex and use the enrollment code SPACEX. For questions, contact RethinkCare at (800) 714-9285 or support@rethinkbenefits.com.

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 be reimbursed using a variety of reimbursement methods. Remember to always keep your receipts.

Note: Per IRS rules, if you choose to enroll in the HDHP for 2025, 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 "Health Savings Account (HSA)" on [page 10](#).

| ACCOUNT | ANNUAL CONTRIBUTION |
|--------------------|--------------------------------|
| Health Care FSA | \$3,300 maximum per employee |
| Dependent Care FSA | \$5,000* maximum per household |

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

HEALTH CARE 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)
- Chiroprodists, 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
- Elder care

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 un-related 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 healthequity.com/spacex.

To submit FSA claims for reimbursement, log in to your HealthEquity account at healthequity.com.



CAUTION! Do you know the difference between a Health Care FSA vs. Dependent Care FSA?

A Health Care FSA is a pre-tax account that is used to pay for eligible health care expenses for you and your qualifying dependents (as defined under the Internal Revenue Code). Generally, qualifying dependents include your spouse and dependent children.

A Dependent Care FSA is a pre-tax account used to pay for eligible dependent care expenses, such as day care, day camps, nannies, elder care, etc. The Dependent Care FSA is typically available to employees with dependent children under the age of 13.

A Dependent Care FSA CANNOT be used to pay for the health care expenses of your dependents. Please be very careful to select the correct FSA account type when you make your FSA elections. Otherwise, you risk forfeiting your account balance!



Use it or lose it.

If you do not spend all the money in your FSAs during the year, IRS regulations require that you forfeit any remaining balance. Use your 2025 FSA funds on eligible expenses by March 15, 2026. Submit all FSA claims for reimbursement to HealthEquity (SpaceX's FSA administrator) by March 31, 2026.

Note: If you terminate your employment with SpaceX prior to March 15, 2026, your deadline to use your 2025 FSA funds changes to your termination date. All claims incurred by your termination date must be filed by the earlier of 90 days from your termination date or March 31, 2026.



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, and by an additional 15% at 70.

VOLUNTARY TERM LIFE AND AD&D

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

You can elect additional group term life and AD&D insurance for:

- **Yourself:** In increments of \$5,000, up to a maximum of \$500,000; guarantee issue* of \$250,000.
- **Your Spouse:** In increments of \$5,000, up to the lesser of 100% of employee's amount or \$250,000; guarantee issue* of \$50,000.
- **Your Child(ren):** \$10,000 from live birth to age 26 per child.

The principal amount reduces by 35% at age 65, and by an additional 15% at 70. For the cost of this coverage, please refer to the Voluntary Term Life and AD&D Rate Summary chart on the next page.

If you elect voluntary life insurance, you must also elect voluntary AD&D 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, The 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 Term 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 |
|----------|----------------|----------|----------------|
| <25 | \$0.0500 | 50-54 | \$0.3317 |
| 25-29 | \$0.0600 | 55-59 | \$0.4901 |
| 30-34 | \$0.0800 | 60-64 | \$0.8069 |
| 35-39 | \$0.0900 | 65-69 | \$1.4553 |
| 40-44 | \$0.1337 | 70-74 | \$2.0600 |
| 45-49 | \$0.2228 | 75+ | \$4.4550 |

AD&D Rate (regardless of age): \$0.0198 per \$1,000 in coverage
Child Life Rate (regardless of the number of children): \$.08 per \$1,000 in coverage



401(k) Retirement Savings Plan

All SpaceX employees (regular, temporary, and interns) who 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 \$23,500. If you are age 50 or older in 2025, you can make additional “catch-up” contribution of \$7,500. 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 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 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 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
 - Financial hardship
- Loans
 - Age 59½

Voluntary Benefits

ACCIDENT INSURANCE THROUGH THE HARTFORD

Accident insurance through The Hartford 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.

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 or [spxbenefits.com](#) (password: **2025benefits**).

CRITICAL ILLNESS INSURANCE THROUGH THE HARTFORD

Critical Illness insurance through The Hartford 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 or [spxbenefits.com](#) (password: **2025benefits**).

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 and children are eligible for 100% of the employee benefit amount.

| NON-TOBACCO – BI-WEEKLY RATES | | | | | | | | | | |
|-------------------------------|--------------------|-------------------|--------------------|-------------------|--------------------|-------------------|--------------------|-------------------|--------------------|-------------------|
| Ages | \$10,000 | | \$20,000 | | \$30,000 | | \$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 | EE Only or EE & CH | EE & SP or Family |
| <34 | \$1.29 | \$2.58 | \$2.58 | \$5.17 | \$3.88 | \$7.75 | \$5.17 | \$10.34 | \$6.46 | \$12.92 |
| 35-49 | \$3.09 | \$6.18 | \$6.18 | \$12.37 | \$9.28 | \$18.55 | \$12.37 | \$24.74 | \$15.46 | \$30.92 |
| 50-59 | \$7.15 | \$14.31 | \$14.31 | \$28.62 | \$21.46 | \$42.92 | \$28.62 | \$57.23 | \$35.77 | \$71.54 |
| 60+ | \$16.34 | \$32.68 | \$32.68 | \$65.35 | \$49.02 | \$98.03 | \$65.35 | \$130.71 | \$81.69 | \$163.38 |

| TOBACCO – BI-WEEKLY RATES | | | | | | | | | | |
|---------------------------|--------------------|-------------------|--------------------|-------------------|--------------------|-------------------|--------------------|-------------------|--------------------|-------------------|
| Ages | \$10,000 | | \$20,000 | | \$30,000 | | \$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 | EE Only or EE & CH | EE & SP or Family |
| <34 | \$1.66 | \$3.32 | \$3.32 | \$6.65 | \$4.98 | \$9.97 | \$6.65 | \$13.29 | \$8.31 | \$16.62 |
| 35-49 | \$4.29 | \$8.58 | \$8.58 | \$17.17 | \$12.88 | \$25.75 | \$17.17 | \$34.34 | \$21.46 | \$42.92 |
| 50-59 | \$11.26 | \$22.52 | \$22.52 | \$45.05 | \$33.78 | \$67.57 | \$45.05 | \$90.09 | \$56.31 | \$112.62 |
| 60+ | \$24.37 | \$48.74 | \$48.74 | \$97.48 | \$73.11 | \$146.22 | \$97.48 | \$194.95 | \$121.85 | \$243.69 |

EE = Employee CH = Child(ren) SP = Spouse

| ACCIDENT INSURANCE | BI-WEEKLY RATES |
|-----------------------|-----------------|
| Employee | \$2.98 |
| Employee + Spouse | \$4.70 |
| Employee + Child(ren) | \$5.05 |
| Family | \$7.92 |

HOSPITAL INDEMNITY INSURANCE THROUGH THE HARTFORD

Hospital Indemnity insurance through The Hartford 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. Specific details about the plan can be found on ShareX or [spxbenefits.com](#) (password: **2025benefits**).

| HOSPITAL INDEMNITY INSURANCE | BI-WEEKLY RATE |
|------------------------------|----------------|
| Employee | \$2.79 |
| Employee + Spouse | \$9.87 |
| Employee + Child(ren) | \$7.50 |
| Family | \$15.36 |

Please see “Hospital Indemnity Insurance Notice” on [page 33](#) for an important legal notice.

GROUP LEGAL PLAN THROUGH METLIFE LEGAL PLANS

MetLife Legal Plans 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
 - Money matters, such as identity theft defense and garnishment defense
 - Real estate matters
 - Elder law matters
 - Family law
 - Traffic offenses
 - Document preparation
- Immigration assistance
 - Juvenile matters
 - Consumer protection
 - Defense of civil lawsuits
 - Personal property protection
 - Divorce
 - Lifestages — Identity Management Services

How to get started

Step 1: Visit [Legalplans.com](#)

Step 2: Create an account with your preferred email

Step 3: Confirm your eligibility by entering “SpaceX” as your employer

Covers employee, spouse, and dependents. If elected, \$8.54 will be deducted from each paycheck.

Have questions? Contact MetLife's Client Service Center at **(800) 821-6400** (Monday – Friday, 8 AM – 8 PM ET).

Additional Plan Features

| REDUCED FEES | FAMILY MATTERS™* | E-SERVICES |
|--|---|--|
| Network attorneys provide representation for personal injury, probate & estate administration matters at reduced fees. | 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 MetLife 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 MetLife 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.

**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 |
|---|---|-----------------------|---|
| Medical Coverage | | | |
| Collective Health Blue Shield of California (BlueCard Nationwide) | Medical EPO | Employee Only | Paid by SpaceX |
| | | Employee + Spouse | \$111.98 |
| | | Employee + Child(ren) | \$82.64 |
| | | Employee + Family | \$185.60 |
| Collective Health Blue Shield of California (BlueCard Nationwide) | Medical PPO | Employee Only | \$33.23 |
| | | Employee + Spouse | \$129.07 |
| | | Employee + Child(ren) | \$95.25 |
| | | Employee + Family | \$212.69 |
| Collective Health Blue Shield of California (BlueCard Nationwide) | Guide PPO | Employee Only | \$33.99 |
| | | Employee + Spouse | \$138.38 |
| | | Employee + Child(ren) | \$101.24 |
| | | Employee + Family | \$227.58 |
| Collective Health Blue Shield of California (BlueCard Nationwide) | High-Deductible Health Plan (HDHP) | Employee Only | \$28.07 |
| | | Employee + Spouse | \$119.72 |
| | | Employee + Child(ren) | \$87.58 |
| | | Employee + Family | \$196.89 |
| Kaiser Permanente | HMO | Employee Only | \$126.18 |
| | | Employee + Spouse | \$221.00 |
| | | Employee + Child(ren) | \$179.79 |
| | | Employee + Family | \$396.29 |
| 2nd.MD | Expert Medical Second Opinion & Physician Referrals | All coverage tiers | Included with Medical EPO, Medical PPO, Guide PPO, or HDHP. |
| Hinge Health | Musculoskeletal Pain Management | All coverage tiers | Included with Medical EPO, Medical PPO, Guide PPO, or HDHP. |

| ADMINISTRATOR / NETWORK | COVERAGE | CATEGORY | PER PAY PERIOD COST |
|--|---|---|---------------------|
| Dental Coverage | | | |
| Delta Dental | Dental | Employee Only | Paid by SpaceX |
| | | Employee + Spouse | \$11.42 |
| | | Employee + Child(ren) | \$15.13 |
| | | Employee + Family | \$20.05 |
| Vision Coverage (automatic when you enroll in dental coverage) | | | |
| Vision Service Plan | Vision | Employee Only | Paid by SpaceX |
| | | Employee + Spouse | Paid by SpaceX |
| | | Employee + Child(ren) | Paid by SpaceX |
| | | Employee + Family | Paid by SpaceX |
| Life & Disability Coverage | | | |
| The Hartford | Short-Term & Long-Term Disability | Employee Only | Paid by SpaceX |
| The Hartford | Basic Life and AD&D | Employee Only | Paid by SpaceX |
| The Hartford | Voluntary Life and AD&D | | Employee-Paid |
| Group Legal | | | |
| MetLife Legal Plans | Group Legal | | \$8.54 |
| Behavioral Health | | | |
| Lyra Coaching | Mental Health Coaching | | Paid by SpaceX |
| Pre-Tax Accounts | | | |
| HealthEquity | Health Savings Account (only available if enrolled in HDHP) | You determine the amount you want to contribute up to \$4,300 (Employee Only) or \$8,550 (Employee + 1 or more) annually for 2025 | Employee-Paid |
| HealthEquity | Health Care Flexible Spending Account (not available if enrolled in HDHP) | You determine the amount you want to contribute up to \$3,300 annually for 2025 | Employee-Paid |
| | Dependent Care Flexible Spending Account | You determine the amount you want to contribute up to \$5,000 annually for 2025 | Employee-Paid |
| Retirement Savings Plan 401(k) | | | |
| Fidelity Investments | 401(k) Plan | You determine the amount you want to defer up to \$23,500 annually and an additional \$7,500 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 2025 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 2025 prescription drug coverage offered through Capital Rx 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 2025 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) 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 2025 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.
- 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 **(800) MEDICARE ((800) 633-4227)**. TTY users should call **(887) 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, or you call them at **(800) 772-1213 (TTY: (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 1, 2024

Name of Entity/Sender: SpaceX

Contact–Position/Office: Benefits Department

Address: 1 Rocket Road, Hawthorne, CA 90250

Phone: **(310) 363-6000**

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call the Benefits Department at **(310) 363-6000**.

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 2025. 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.

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 **(877) KIDSNOW ((877) 543-7669)** or 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 or call **(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
(866) 444-EBSA (3272)

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

HOSPITAL INDEMNITY INSURANCE NOTICE

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit HealthCare.gov or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Benefits Contact Information

COLLECTIVE HEALTH MEMBER ADVOCATES

Representatives are available from 4 AM to 6 PM Pacific Time, Monday – Friday; 7 AM to 11 AM Pacific Time, Saturday.

Phone: **(844) 803-0209**

Web: join.collectivehealth.com/spacex

Account log-in: my.collectivehealth.com

You can also reach your SpaceX Benefits Team at benefits@spacex.com.

BENEFITS ENROLLMENT IN WORKDAY

Website: myworkday.com/spacex

Username: Your SpaceX network login

Password: Your SpaceX network password

For Workday login assistance, open an HR JIRA service ticket by typing HRData/ in any browser bar on the SpaceX network.

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

References and Resources

| BENEFIT | GROUP NUMBER | WHOM TO CALL | PHONE NUMBER | WEBSITE/EMAIL |
|--|----------------------------------|---------------------------------|--|--|
| Medical EPO, Medical PPO, Guide PPO, and HDHP | W0054279 | Collective Health | (844) 803-0209 | join.collectivehealth.com/spacex |
| Medical HMO | No. CA: 604194 So. CA: 231722 | Kaiser Permanente | (800) 464-4000 | kp.org |
| Expert Medical Second Opinion | N/A | 2nd.MD | (866) 841-2575 | 2nd.md/spacex |
| Prescription Drug Member Support | W0054279 N/A | Collective Health Capital Rx | (844) 803-0209 Check the number on your Capital Rx ID card | join.collectivehealth.com/spacex app.cap-rx.com/login (click: register now) Pharmacy Locator and Covered Medications |
| Musculoskeletal Pain Management/Exercise Therapy | N/A | Hinge Health | (855) 902-2777 | hinge.health/spacex |
| Fertility and Family Planning | N/A | Kindbody | (844) 519-0425 | employeebenefits@kindbody.com |
| Childhood Development Support | N/A | RethinkCare | (800) 714-9285 | rethinkbenefits.com/spacex |
| Dental | 04917 | Collective Health | (844) 803-0209 | join.collectivehealth.com/spacex |
| Vision | 12260627 | Collective Health | (844) 803-0209 | join.collectivehealth.com/spacex |
| STD and LTD | 402677 | The Hartford | (866) 272-1229 | mybenefits.thehartford.com/login |
| Term Life and AD&D | 402677 | The Hartford | (866) 272-1229 | mybenefits.thehartford.com/login |
| Voluntary Accident | 402677 | The Hartford | (866) 272-1229 | thehartford.com/benefits/myclaim |
| Voluntary Critical Illness | 402677 | The Hartford | (866) 272-1229 | thehartford.com/benefits/myclaim |
| Hospital Indemnity | 402677 | The Hartford | (866) 272-1229 | thehartford.com/benefits/myclaim |
| Group Legal | N/A | MetLife Legal Plans | (800) 821-6400 | legalplans.com |
| Behavioral Health | N/A | Lyra Health | (855) 240-0049 | spacex.lyrahealth.com |
| Health Savings Account | N/A | HealthEquity | (866) 346-5800 | healthequity.com/spacex |
| Flexible Spending Accounts | N/A | HealthEquity | (866) 346-5800 | healthequity.com/spacex |
| 401(k) Retirement | 86233 | Fidelity | (800) 835-5095 | 401k.com |
| SpaceX Health Center | N/A | One Medical | (310) 706-8992 | spacex@onemedical.com |

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.




Offer Documents


Final Audit Report


2025-06-16


| | |
|-----------------|--|
| Created: | 2025-06-13 |
| By: | Greenhouse Esign (greenhouse_esign_cd2c445597@esign.greenhouse.io) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAA_4j77mOPHMcClrADGekqTElxmW5GUXn1 |


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 Document created by Greenhouse Esign (greenhouse_esign_cd2c445597@esign.greenhouse.io)
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 Document emailed to matthewguo.x86@gmail.com for signature
2025-06-13 - 11:00:59 PM GMT

 Email viewed by matthewguo.x86@gmail.com
2025-06-13 - 11:38:41 PM GMT

 Signer matthewguo.x86@gmail.com entered name at signing as Matthew Guo
2025-06-16 - 1:33:30 AM GMT

 Document e-signed by Matthew Guo (matthewguo.x86@gmail.com)
Signature Date: 2025-06-16 - 1:33:32 AM GMT - Time Source: server

 Agreement completed.
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