

2026 BENEFITS AT A GLANCE

Benefits Effective Jan. 1 - Dec. 31, 2026

At **Parexel**, you have access to a comprehensive benefits program, giving you options and flexibility to choose the plans that best match the needs of you and your family.

BENEFIT ELIGIBILITY

All active regular full-time or part-time employees who are scheduled to work 30 or more hours per week are eligible to participate in Parexel's benefits program. In addition, Parexel temporary employees who work 30 or more hours per week are eligible to enroll in medical coverage and an HSA. New hires have 30 days from their date of hire to enroll in Parexel benefits. You will see the specific benefits that you're eligible for when you enroll through the **Aptia365 website**.

What If I Don't Enroll?

If you don't enroll or make updates by the deadline, you will automatically transition to the corresponding 2026 plans

- FSAs (Healthcare, Dependent Care, Commuter, etc.) must be re-elected each year—they do not roll over
- To receive 2026 HSA contributions, you must enroll in an HSA during Open Enrollment
- [View the 2026 Benefit Rates](#)

MEDICAL PLAN

	\$3,000 DEDUCTIBLE PLAN	\$4,000 DEDUCTIBLE PLAN WITH HSA OFFERING	\$5,500 DEDUCTIBLE PLAN WITH HSA OFFERING
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	IN-NETWORK	IN-NETWORK	IN-NETWORK
ANNUAL DEDUCTIBLE			
Individual	\$3,000	\$4,000	\$5,500
Family	\$6,000	\$8,000	\$11,000
OUT-OF-POCKET MAXIMUM			
Individual	\$5,500	\$6,000	\$7,500
Family	\$11,000	\$12,000	\$15,000
MEDICAL BENEFIT COVERAGE*			
Plan Coinsurance	80%	80%	70%
Preventive Care	Free	Free	Free
Primary Care Visit	\$25 copay	80% after deductible	70% after deductible
Specialist Visit	\$45 copay	80% after deductible	70% after deductible
Inpatient Hospital	80% after deductible	80% after deductible	70% after deductible
Outpatient Hospital	80% after deductible	80% after deductible	70% after deductible
Urgent Care	\$50 copay	80% after deductible	70% after deductible
Emergency Room	\$150, then 80% after deductible	80% after deductible	70% after deductible
RETAIL PRESCRIPTIONS (30-DAY SUPPLY)			
Generic	\$10 copay	80% after deductible; deductible waived for some medications	70% after deductible; deductible waived for some medications
Preferred Brand	\$30 copay*	80% after deductible; deductible waived for some medications	70% after deductible; deductible waived for some medications
Non-Preferred	\$60 copay*	80% after deductible; deductible waived for some medications	70% after deductible; deductible waived for some medications
Specialty Drugs	Subject to applicable copay	Subject to applicable cost share	Subject to applicable cost share

* Please refer to plan documents for out-of-network benefits and additional details



DENTAL PLAN

Dental coverage* is offered for basic and major services. The dental plan also includes **100%** coverage for preventive care. You and your eligible dependents may enroll in **one of the three** dental coverage options administered by **Delta Dental of Massachusetts**.

	BASIC PLUS DENTAL	STANDARD DENTAL	ENHANCED DENTAL WITH ORTHODONTIA
	DELTA DENTAL	DELTA DENTAL	DELTA DENTAL
DEDUCTIBLE AND MAXIMUM			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
Annual Maximum	\$1,000	\$1,500	\$2,000
DENTAL			
Preventative Dental Services	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Dental Services	Plan pays 70%	Plan pays 80%	Plan pays 80%
Major Dental Services	Plan pays 50%	Plan pays 50%	Plan pays 50%
ORTHODONTIA			
Basic Services	Not covered	Not covered	80%
Ortho Lifetime Max			Plan pays \$2,500
Ortho Eligibility			Adult and Child

* Please refer to plan documents for out-of-network benefits and additional details.

VISION PLAN

Your vision insurance* is provided by **VSP** and entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

	ENHANCED		MATERIALS ONLY	
	VSP		VSP	
	COPAY	FREQUENCY	COPAY	FREQUENCY
Exam	\$15	Once every 12 months	Not covered	Not covered
Lenses	\$15	Once every 12 months	\$10	Once every 12 months
Frames	Up to \$210	Once every 12 months	Up to \$175	Once every 12 months
Contact Lenses**	Up to \$210	Once every 12 months, in lieu of glasses	Up to \$175	Once every 12 months, in lieu of glasses

* Please refer to plan documents for out-of-network benefits and additional details

** Contact lens coverage provided in lieu of frames and lenses

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GARNER HEALTH REIMBURSEMENT BENEFITS

Garner Health is a free benefit designed to help you access exceptional care while saving money on out-of-pocket medical costs. Garner identifies top doctors within your Blue Cross Blue Shield network based on real patient outcomes—meaning these providers have a proven track record of accurate diagnoses and effective treatment. You have the option to choose one of these top-tier providers and be eligible for reimbursement through a Health Reimbursement Arrangement (HRA) for qualified medical expenses.

To learn more or get started, visit **Garner Health**. A Garner Concierge is available to offer personalized support 1-866-761-9586.

- Create a **Garner Health** account
- Select a Garner top rated doctor and add the provider to your Care Team before the date of service.



Claim your reimbursements:
Visit a Top Provider and get reimbursed for qualifying out-of-pocket costs. For more details on how to use your benefits, check out your **Garner Guide** for helpful tips to ensure you get the most from your coverage.

NEW 2026 PLANS (BCBSMA)	GARNER HEALTH REIMBURSEMENT (HRA)
\$3,000 Deductible Plan	Reimburse up to \$2,000 for individuals and \$4,000 for families*
\$4,000 Deductible Plan with HSA	Reimburse up to \$2,000 for individuals and \$4,000 for families*
	*Please Note: subject to IRS deductible. You pay the first \$1,700/\$3,400 and HRA reimburses the next \$2,000/\$4,000. Employee pays the final \$300/\$600 without reimbursement
\$5,500 Deductible Plan with HSA	Reimburse up to \$2,000 for individuals and \$4,000 for families*
	*Please Note: subject to IRS deductible. You pay the first \$1,700/\$3,400 and HRA reimburses the next \$2,000/\$4,000. Employee pays the final \$1,800/\$3,600 without reimbursement

* Please refer to plan documents for out-of-network benefits and additional details.

SPENDING ACCOUNTS

You can save money on your health care and dependent care expenses by enrolling in a tax-advantaged Health Savings Account (HSA) and/or Flexible Spending Account (FSA)

If you elect a High-Deductible Health plan and open an HSA Parexel will provide an annual employer contribution of dependents. Eligible employees may also elect to contribute to Dependent Care and Parking/Transit FSA using pre-tax dollars for qualified expenses.

HSA		
TIER	IRS 2026 LIMIT	EMPLOYER CONTRIBUTION
Single	\$4,400	\$500
Family	\$8,750	\$1,000

FSA	
TIER	MAXIMUM ALLOWED
Healthcare FSA	\$3,400
Combination FSA	\$3,400
Dependent Care	\$7,500
Parking & Transit	\$340

Contributions are made through payroll deductions, subject to annual IRS limits. Refer to your benefit plan documents for details.

EMPLOYER-PAID DISABILITY AND GROUP LIFE INSURANCE

Life and Accidental Death and Dismemberment (AD&D) insurance provides you and your family with financial protection should you die or become permanently disabled. Short-Term Disability (STD) and Long-Term Disability (LTD) insurance provide financial support if you're unable to work due to illness or injury.

Term Life and AD&D	2X Base Salary to a maximum of \$1,250,000
Short-Term Disability	60-100% Base Salary up to 13 weeks
Long-Term Disability	60% Base Salary, up to \$12,000/month



ADDITIONAL BENEFITS*

In addition to your Employer Paid benefits, you have access to a range of additional coverage options designed to provide extra security and peace of mind. From **accident, hospital and critical illness insurance to home, auto, legal protection, employee paid term life, AD&D and LTD** these benefits help safeguard your health, finances, and future. Explore your options and choose the coverage that best fits your needs.

*For additional benefits and plan details, visit myparexelbenefits.com

CONTACT INFORMATION

You will find many details about the Parexel benefit plans on the Aptia365 website. However, you can use this table if you need to contact a benefit provider directly. **Please note that some websites and phone numbers may not be accessible until your benefits take effect.**

Benefit	Vendor	Phone	Website
General Benefit Inquiries	Aptia365	1-866-696-8683	Aptia365
Medical	BCBS of MA	1-800-832-3871	BCBS of MA
Prescription Drugs	CVS Caremark	1-877-817-0477	CVS Caremark
Garner Health	Garner Health	1-866-761-9586	Garner Health
Telehealth	Well Connection	1-844-733-3627	Well Connection
EAP	CompPsych (Password: PXLEAP)	1-888-327-4235	CompPsych (Password: PXLEAP)
Supplemental Medical	Metlife	1-800-438-6388	Metlife
Dental	Delta Dentall	1-800-872-0500	Delta Dentall
Vision	VSP	1-800-877-7195	VSP
Aptia365 HUB	Aptia365 HUB	1-866-696-8683	Aptia365 HUB
Spending Accounts	WEX	1-888-842-4462	WEX
COBRA	WEX	1-888-842-4462	WEX
401(k) Plan	Fidelity	1-800-835-5097	Fidelity
Life and Accident Insurance	New York Life	1-866-679-3054	New York Life
Disability Insurance	New York Life	1-866-679-3054	New York Life
Commuter Benefits	WEX	1-844-440-3900	WEX
Legal Plan	Metlife (access code: GETLAW)	1-800-438-6388	Metlife (access code: GETLAW)
Pet Insurance	Nationwide	1-855-525-1458	Nationwide
Identity Theft Protection	Allstate Identity Protection	1-800-789-2720	Allstate Identity Protection
Auto and Home Insurance	Farmers Auto & Home	1-800-438-6381	Farmers Auto & Home
Discount Mall	Perkspot	1-866-606-6057	Perkspot
Home Benefit Discount Program	Sirva	1-866-448-6742	Sirva
Universal Life Insurance	Transamerica	1-888-763-7474	Transamerica

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