

2027 BENEFITS AT A GLANCE

Benefits Effective Jan. 1 - Dec. 31, 2027

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 2027 plans

- FSAs (Healthcare, Dependent Care, Commuter, etc.) must be re-elected each year—they do not roll over
- To receive 2027 HSA contributions, you must enroll in an HSA during Open Enrollment
- [View the 2027 Benefit Rates](#)

MEDICAL PLAN

	\$3,500 DEDUCTIBLE PLAN	\$4,500 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	\$3,500	\$4,500	\$5,500
Family	\$7,000	\$9,000	\$11,000
OUT-OF-POCKET MAXIMUM			
Individual	\$5,500	\$6,000	\$7,500
Family	\$11,000	\$10,600	\$15,000
MEDICAL BENEFIT COVERAGE*			
Plan Coinsurance	80%	80%	70%
Preventive Care	No charge	No charge	No charge
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			
Preventive 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

LANTERN SURGERY BENEFIT

Lantern is an optional program that connects you with a network of high-quality, board-certified surgeons and provides personalized support every step of the way, from exploring treatment options to surgery and recovery. Eligible participants can receive personalized support, access to leading surgical specialists, and significantly lower out-of-pocket costs for covered procedures. Lantern provides support and guidance for certain planned procedures, including:

- Joint replacements
 - Cardiac procedures
 - Spine and orthopedic injections
 - Gastrointestinal (GI) procedures

Click [here](#) to learn more or call 1-855-760-2096.

GARNER HEALTH REIMBURSEMENT BENEFITS



Garner Health is a free benefit that helps you find top rated doctors in the Blue Cross Blue Shield MA network and may help lower eligible out-of-pocket medical expenses through a Health Reimbursement Arrangement (HRA).

Visit **Garner Health** to learn more and get started. 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.
 - Visit a Garner top provider and get reimbursed for qualifying out-of-pocket expenses.

2027 PLANS (BCBSMA)	GARNER HEALTH REIMBURSEMENT (HRA)
\$3,500 Deductible Plan	Reimburse up to \$2,500 for individuals and \$5,000 for families*
\$4,500 Deductible Plan with HSA	Reimburse up to \$2,500 for individuals and \$5,000 for families*
	*Please Note: subject to IRS deductible. You pay the first \$1,750/\$3,500 and HRA reimburses the next \$2,500/\$5,000. Employee pays the final \$250/\$500 without reimbursement
\$5,500 Deductible Plan with HSA	Reimburse up to \$2,500 for individuals and \$5,000 for families*
	*Please Note: subject to IRS deductible. You pay the first \$1,750/\$3,500 and HRA reimburses the next \$2,500/\$5,000. Employee pays the final \$1,250/\$2,500 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 for employees and their 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 2027 LIMIT	EMPLOYER CONTRIBUTION
Single	\$4,500	\$500
Family	\$9,000	\$1,000

FSA	
TIER	MAXIMUM ALLOWED
Healthcare FSA	\$3,500
Combination FSA	\$3,500
Dependent Care	\$7,500
Parking & Transit	\$350

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*

Get extra peace of mind with benefits that help protect your health, finances, and future. New York Life, our trusted Life and Disability provider, now also offers voluntary Accident, Critical Illness, and Hospital Indemnity coverage. If you do not make changes during Open Enrollment, any 2026 elected coverage will automatically transition to the corresponding New York Life plans. Identity Theft Protection, Legal Protection, Pet, Home and Auto insurance discounts are unchanged.

*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
Lantern Care	Lantern Care	1-855-760-2096	Lantern Surgery Care
EAP	CompPsych (Password: PXLEAP)	1-888-327-4235	CompPsych (Password: PXLEAP)
Supplemental Medical	New York Life	1-866-679-3054	New York Life
Dental	Delta Dental	1-800-872-0500	Delta Dental
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