

Update to the SUMMARY PLAN DESCRIPTION FOR THE SYNEOS HEALTH EMPLOYEE WELFARE BENEFIT PLAN

Employee Benefit Plan of Syneos Health

This document--called a Summary of Material Modifications—updates the 2024 Syneos Health Plan Description (SPD) for the Employee Benefit Plan of the Syneos Health (Plan) and describes the following changes to the information in the SPD:

- Changes to your Prescription Drug Plan

This document modifies certain information in the SPD, so keep it for future reference along with that SPD. It is important that you review the changes outlined below in the context of the SPD; such changes are organized in the order in which they appear in the SPD. Please share these materials with your covered family members.

Except for the changes noted below, all other provisions of the SPD remain unchanged for 2024. As always, Syneos Health reserves the right, at any time and at its discretion, to amend, supplement, modify or eliminate, in whole or in part, the benefits provided under the Plan.

Changes to your Plan benefits

- **Prescription Drug Plan:**
 - As of October 1, 2024, your GLP-1 medication is still covered by the plan, but you will pay a copay or cost-share for the medication.

For More Information

This SMM is meant to supplement and/or replace certain information in the SPD, so please retain it for future reference, along with your SPD. Please share these materials with your covered family members.

If you need a copy of your SPD, or if you have questions or concerns about this SMM, contact the Benefit Service Center.

Syneos Health reserves the right to amend, modify or terminate the Plan, in whole or in part, at any time. Receipt of this memorandum does not confer any eligibility or entitlement to any benefits under the Plan.