

2026 Medical Plans at a Glance

Effective January 1, 2026, UnitedHealthcare (UHC) will replace BlueCross BlueShield of Illinois as the administrator of all four plans. As always, Northwestern's goal is to provide comprehensive, competitive medical coverage.

IMPORTANT! To be covered under a Northwestern-sponsored medical plan in 2026, you must elect medical coverage during the Open Enrollment period.

Four medical plans will be available to Northwestern faculty and staff:

- **PPO:** You pay a copay for certain medical services (for example, office visits with your primary care physician or a specialist). For most other covered medical services, this plan provides benefits based on coinsurance once you meet the annual deductible. If you choose this plan, you can receive services from any provider you choose, but you will pay less out of pocket and receive more plan benefits from an in-network provider.
- **HSA Plus or HSA Essential:** Once you meet the annual deductible, these plans provide benefits for covered medical services based on coinsurance. If you choose one of these plans, you can receive services from any provider you choose, but you will pay less out of pocket and receive more plan benefits from an in-network provider. Because both plans qualify as high-deductible health plans, you can make pretax contributions to a Health Savings Account (HSA). You can use the pretax money in the HSA to pay for eligible health care expenses or invest it.
- **HMO:** Once you pay any applicable copay, this plan pays the full cost of covered services you receive from a provider who is a member of the HMO network. This plan pays no benefits for services from an out-of-network provider except for emergency medical care.

Other Coverage Information:

- All four plans pay 100% of the cost of applicable preventive care.
- The PPO, HSA Plus, and HSA Essential Plans utilize the same list of [in-network providers](#) and provide coverage for the same services.
- The HSA Plus and HSA Essential Plans receive the same University match for the [Health Savings Account](#).
- For the HMO, you must select your [in-network](#) primary care provider with UHC before you can schedule an appointment with the provider.
- You will be enrolled automatically in [prescription drug](#) coverage with CVS Caremark.

Resources:

- Watch [medical plan overview video](#)
- Review online [FAQs](#)
- Visit the Tobacco surcharge [website](#) [applies to all medical plans]

2026 Medical Plans				
Plan Features	PPO ^{1, 2}	HSA Plus ^{2,3}	HSA Essential ^{2,3}	HMO ¹
In-Network Providers				
Deductible (Individual/Family)	\$750/\$1,500	\$2,000/\$4,000	\$4,000/\$8,000	Not applicable
Coinsurance	20%	20%		
Out-of-Pocket Maximum (Individual/Family)	\$3,000/\$6,000	\$4,000/\$8,000	\$7,000/\$14,000	\$1,500/\$3,000
Office Visit	\$40 Primary Care Physician/\$55 specialist	20% Coinsurance after Deductible		\$25 PCP/\$35 specialist
ER	\$150 (waived if admitted) + 20% Coinsurance after Deductible			\$150 (waived if admitted)
Out-of-Network Providers				
Deductible (Individual/Family)	\$1,500/\$3,000	\$4,000/\$8,000	\$8,000/\$16,000	Not applicable
Coinsurance	40%	40%		
Out-of-Pocket Maximum (Individual/Family)	\$6,000/ \$12,000	\$8,000/\$16,000	\$14,000/\$28,000	
Office Visit	40% Coinsurance after Deductible			\$150 (waived if admitted)
ER	\$150 (waived if admitted) + 20% Coinsurance after Deductible	20% Coinsurance after Deductible		

¹ Copays apply toward out-of-pocket maximums.

² The in- and out-of-network deductibles and out-of-pocket maximums are tracked separately.

³ For participants who choose You + Spouse, You + Child(ren), or You + Spouse + Child(ren) coverage, family deductible and out-of-pocket rates may apply.

Enhanced Customer Support: Answers to all Your Questions

The UHC support model will allow faculty and staff to contact UHC directly in three different ways:

1. For general questions about medical coverage, contact UHC at **833-314-1787 for PPO** and HSA plans or **855-828-7715 for HMO** plan.
2. For those with questions regarding complex or ongoing conditions, you may [schedule](#) a one-on-one meeting with UHC to discuss how your treatment will be covered and any transition of care questions. You may also email northwestern@uhc.com your questions to UHC directly.
3. If your provider is not in-network, see the nomination tool on the UHC benefits [website](#) to request UHC invite them to join the network.

If you are unable to obtain information from UHC via the 800 number, a 1:1 consultation, or from the email address (after at least 2 business days), you may email benefits@northwestern.edu for additional support. General questions can be sent to the askHR Service Center at askHR@northwestern.edu or **847-491-4700**.

Finding In-network Providers

1. Navigate to the UHC Find a Doctor [website](#)
2. Select *Search as a Guest* found on the right side of the page
3. Select either *Medical Directory* or *Behavioral Health Directory* based on the type of care you need
4. Select *Employer and Individual Plans*
5. Scroll and select *Choice Plus* for the PPO or HSA plans; select *Navigate HMO* for the HMO plan.
6. Select *Change Location*, enter your ZIP code in the search bar, click *Update Location*.

Virtual Visits

UHC offers access to [virtual care](#) for a variety of care needs. To get started, sign in at myuhc.com/virtualvisits, call the number on your health plan ID card, or download the UnitedHealthcare app.

- [24/7 Virtual Visits](#) are a way to schedule same-day, urgent care visits, so you can talk with a provider 24/7 for common urgent care needs or when your primary care provider (PCP) is not available.
- Access to [primary care](#) and [specialist providers](#) without the office visit.

2026 Prescription Drug Coverage				
Plan Features	PPO ¹	HSA Plus ²	HSA Essential ²	HMO ¹
Out-of-Pocket Maximum (Individual/Family)	\$1,500/\$3,000	\$4,000/\$8,000	\$7,000/\$14,000	\$1,500/\$10,200
Prescription Drugs (Retail/Mail Order)	Copay:	Coinsurance after deductible:	Coinsurance after deductible:	Copay:
Generic	\$10 /\$20	20%/20%	20%/20%	\$10/\$20
Formulary	\$50/\$100	20%/20%	20%/20%	\$30/\$60
Non-Formulary	\$75/\$150	20%/20%	20%/20%	\$60/\$120
Specialty	\$100/\$200	20%/20%	20%/20%	\$90/\$180

¹ Out-of-pocket maximums for medical and Rx are tracked separately. Rx copays apply toward out-of-pocket maximums.

² Out-of-pocket maximums for medical and Rx are combined.

Applies to all Medical Plans

- [Generics preferred](#): Ancillary charges apply to brand-name if generic available, even when Dispense as Written box is checked.
- [CVS Retail 90 Network](#): Select long-term [medications](#) require a 90-day supply and can be filled at Walgreens, CVS, and CVS Mail Order only.
- [Specialty drugs](#) typically must be filled through CVS Specialty pharmacy, even if administered at your doctor's office or an infusion center.

PPO and HMO Only

- [PrudentRx](#): If your specialty medication is noted on the [PrudentRx Drug List](#), you **must** participate in the PrudentRx program. Under the program you will receive your medications free of charge (\$0).

Resources

- To verify if your medication is covered under the plan, you may contact CVS Caremark directly at 833-844-5348 or by reviewing the [search tools by medical plan on the website](#).
- Review the online [FAQs](#) to find answers to common questions about prescription drug questions.

2026 Monthly Premiums for Medical Plans								
Coverage/Salary Tier	PPO		HSA Plus		HSA Essential		HMO	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
You Only								
Under \$42,000	63	369	37	316	27	281	47	299
\$42,001–\$75,000	116	400	81	346	52	295	105	338
\$75,001–\$128,000	197	458	148	391	117	340	170	381
\$128,001–\$182,000	278	510	222	441	182	382	248	433
\$182,001 and over	434	616	345	521	292	457	393	531
You & Spouse								
Under \$42,000	138	805	83	693	59	612	102	652
\$42,001–\$75,000	254	880	180	757	115	647	228	736
\$75,001–\$128,000	431	1,000	325	855	257	741	369	830
\$128,001–\$182,000	607	1,117	490	962	404	844	540	944
\$182,001 and over	950	1,347	762	1,145	645	1,003	852	1,154
You & Child(ren)								
Under \$42,000	117	686	71	589	51	518	88	563
\$42,001–\$75,000	216	751	152	641	97	550	197	635
\$75,001–\$128,000	366	850	272	721	215	630	319	717
\$128,001–\$182,000	516	952	411	815	338	711	466	815
\$182,001 and over	807	1,144	639	967	540	846	736	996
Family								
Under \$42,000	208	1,210	123	1,038	88	917	156	986
\$42,001–\$75,000	382	1,326	270	1,137	172	973	346	1,112
\$75,001–\$128,000	647	1,503	488	1,282	387	1,117	562	1,256
\$128,001–\$182,000	913	1,681	735	1,447	606	1,263	821	1,431
\$182,001 and over	1,428	2,024	1,143	1,719	967	1,505	1,295	1,748

Your salary tier is determined by your salary on September 1 of the year preceding the plan year (e.g., premiums starting January 1, 2026 are based on your September 1, 2025 salary).

- Mid-year changes to your salary will not change your assigned salary tier unless you transition from full-time to part-time or part-time to full-time.
- When your September 1 salary crosses a salary tier due to a salary increase not associated with a change to full-time or part-time status, you will pay the lower premium tier for the following year.

If you are covered by a collective bargaining agreement, consult your contract for additional employee contribution information.

See the tobacco surcharge [website](#) for information, including how you can avoid the surcharge.