

2027 Medical Plans at a Glance

Use this guide for an overview of Northwestern's health and prescription drug plan options. Faculty and staff may choose from four health plans administered by UnitedHealthcare (UHC), all of which include prescription drug coverage administered through CVS Caremark.

Health Plans Available:

- **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 (for example, lab tests or imaging), 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. You can make pretax contributions to a [Health Savings Account](#) (HSA) with matching University contributions. You can use 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 Navigate HMO network. This plan pays no benefits for services from an out-of-network provider except for emergency medical care. You must elect a primary care provider with UHC before you see them. The provider's name is printed on your ID card. If you do not elect a provider at enrollment, one will be assigned to you. You have the option to change your primary care provider once per month with UHC. To see a specialist, you must receive a referral from your primary care provider before your visit.

Key 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 automatically enrolled in [prescription drug](#) coverage with CVS Caremark when you enroll in a medical plan.

2027 Medical Plans				
Plan Features	PPO ^{1, 2, 3, 5}	HSA Plus ^{2, 4, 5}	HSA Essential ^{2, 3, 5}	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/\$55 specialist	20% Coinsurance after Deductible		\$25 Primary Care/\$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			
ER	\$150 (waived if admitted) + 20% Coinsurance after Deductible	20% Coinsurance after Deductible		\$150 (waived if admitted)
Health Savings Account Eligibility				
University Match	n/a	Employee Only \$1,000 / Family \$2,000		n/a

¹ Copays apply toward out-of-pocket maximums.

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

³ Each family member has an individual deductible within the overall family deductible. Once a family member meets their individual deductible, coinsurance begins for that person even if the full family deductible has not been met. The remaining family deductible must be met by any combination of the other family members before coinsurance begins for the remaining family members.

⁴ For You + Spouse, You + Child(ren), or You + Spouse + Child(ren) coverage, the family deductible must be met before coinsurance coverage begins for any individual member.

⁵ Each family member has an individual out-of-pocket maximum (OOPM) within the overall family OOPM. Once a member meets their individual OOPM, the plan pays 100% for that person even if the full family OOPM has not yet been met. The remaining family OOPM must be met by any combination of other family members before the plan pays 100% for the remaining family members.

2027 Prescription Drug Coverage				
Plan Features	PPO ^{1, 2, 4}	HSA Plus ³	HSA Essential ³	HMO ^{1, 2, 4}
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 prescription drug plans are tracked separately.

² Prescription drug copays apply toward out-of-pocket maximums.

³ Out-of-pocket maximums for medical and Rx are combined.

⁴ Family out-of-pocket maximum is \$1,500 per family member until the family limit is reached.

Important Prescription Drug Information for all Medical Plans

- [Generics preferred](#): Ancillary charges apply to brand-name if generic is available, even when the “Dispense as Written” box is checked.
- [CVS Retail 90 Network](#): Select long-term [medications](#) require a 90-day supply and must be filled at Walgreens, CVS, and CVS Mail Order only.
- [Specialty drugs](#): Must be filled through CVS Specialty pharmacy, even if administered at your doctor’s office or an infusion center.
- While you may use third party assistance, such as manufacturer coupons, for the amount you pay, it is not applied towards satisfying your deductible or out-of-pocket maximums.

PPO and HMO Plan Participants

- [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). Medication covered under PrudentRx is not applied toward your annual deductible or annual out-of-pocket maximum. If you have any questions about the PrudentRx program and how to enroll, call 800-578-4403.

Finding In-network Providers

You can use the online [UnitedHealthcare Find a Doctor](#) tool to search for an in-network provider.

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](#) allow you to schedule same-day virtual appointments for common conditions or urgent care 24/7, when your primary care provider (PCP) is not available.
- Access to [primary care](#), [behavioral health](#), and [specialist providers](#) without the office visit.

Prescription Drug Coverage

For the most up-to-date information on your prescriptions, use the online formulary tool in the [CVS online portal](#) or the [mobile app](#) to verify how your prescriptions are covered and or to alternatives. You can also review the [specialty formulary](#) and [non-specialty formulary](#) in addition please review the [list of medications](#) that are excluded from the plan.

Customer Support

Customer support is available through United Healthcare, CVS Caremark, and the askHR Service Center.

UnitedHealth Care (UHC) Questions about medical coverage:

- PPO and HSA plans: 833-314-1787
- HMO plan: 855-828-7715
- Email UHC: northwestern@uhc.com

CVS Caremark Questions about prescription drug coverage or to verify how your medication is covered:

- 833-844-5348

askHR Service Center General benefits questions:

- 847-491-4700
- Email: askHR@northwestern.edu

How Your Salary Determines Your Premium

Your salary band is determined by your salary on September 1 of the year preceding the plan year (e.g., premiums starting January 1, 2027, are based on your September 1, 2026, salary). Mid-year changes to your salary will not change your assigned salary band unless you transition from a full-time to a part-time or a part-time to a full-time position. When your September 1 salary crosses a salary band due to a salary increase not associated with a change to full-time or part-time status, you will pay the lower premium for the following year.

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

2027 Monthly Plan Premiums

	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	\$66	\$406	\$39	\$349	\$28	\$310	\$51	\$361
\$42,001- \$75,000	\$121	\$438	\$84	\$380	\$54	\$325	\$113	\$402
\$75,001- \$128,000	\$205	\$498	\$154	\$426	\$122	\$371	\$183	\$449
\$128,001- \$182,000	\$290	\$553	\$231	\$478	\$190	\$415	\$266	\$504
\$182,001 and Over	\$452	\$662	\$359	\$562	\$304	\$493	\$422	\$609
You + Spouse								
\$42,000 and Under	\$144	\$886	\$86	\$764	\$61	\$675	\$110	\$786
\$42,001- \$75,000	\$265	\$964	\$188	\$831	\$120	\$711	\$245	\$877
\$75,001- \$128,000	\$449	\$1,089	\$339	\$933	\$268	\$810	\$397	\$978
\$128,001- \$182,000	\$632	\$1,210	\$511	\$1,044	\$421	\$917	\$580	\$1,100
\$182,001 and Over	\$990	\$1,449	\$794	\$1,234	\$672	\$1,082	\$916	\$1,327
You + Child(ren)								
\$42,000 and Under	\$122	\$754	\$74	\$649	\$53	\$571	\$95	\$679
\$42,001- \$75,000	\$225	\$822	\$158	\$703	\$101	\$605	\$212	\$757
\$75,001- \$128,000	\$381	\$925	\$283	\$786	\$224	\$688	\$343	\$844
\$128,001- \$182,000	\$538	\$1,031	\$428	\$884	\$352	\$772	\$501	\$949
\$182,001 and Over	\$841	\$1,231	\$666	\$1,042	\$563	\$913	\$791	\$1,145
You + Spouse + Child(ren)								
\$42,000 and Under	\$217	\$1,331	\$128	\$1,145	\$92	\$1,012	\$168	\$1,187
\$42,001- \$75,000	\$398	\$1,451	\$281	\$1,247	\$179	\$1,070	\$372	\$1,324
\$75,001- \$128,000	\$674	\$1,636	\$508	\$1,398	\$403	\$1,220	\$604	\$1,478
\$128,001- \$182,000	\$951	\$1,821	\$766	\$1,571	\$631	\$1,372	\$882	\$1,666
\$182,001 and Over	\$1,488	\$2,178	\$1,191	\$1,853	\$1,008	\$1,624	\$1,392	\$2,008