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Important Information About Your New Health Plans

Dear Colleagues,

This message follows the [What to Expect Next](#) update sent on December 16 and highlights what you need to know now that the new benefits plan year has begun. Please read below for key transition details and resources to help you use your benefits confidently in 2026.

If you have any questions, please feel free to contact the askHR Service Center at (847) 491-4700 or askHR@northwestern.edu.

Prescription Drug Prior Authorization

Northwestern worked closely with Express Scripts to transfer active prior authorizations (PAs) to CVS Caremark wherever possible to prevent delays and service interruptions. PAs that expired on or before December 31, 2025, or are excluded from the formulary were not transferred.

CVS Caremark will honor transferred PAs through the original approval end date, or for the time frames listed below, whichever is lesser:

- Specialty medications: up to 6 months
- Non-specialty medications: up to 1 year

To support a smooth transition, the requirement for prior authorizations of non-specialty medications has been waived for the month of January 2026. This temporary waiver allows faculty and staff time to complete any necessary renewals before February 2026.

Members will need to follow the CVS Caremark prior authorization process and criteria for all new PAs and once any transferred Express Scripts authorization expires. Please note that prior authorization does not guarantee coverage.

For questions about the PA process, including how to initiate a PA or check the status of a PA, contact **CVS Caremark at (833) 844-5348**.

Behavioral Health

For information on how your specific care is covered under the plan, you should contact UHC directly to discuss your questions. The summary of coverage below is meant to provide information that could guide your conversations with UHC about how your care will be covered.

Behavioral Health Transition of Care

We recognize that for community members going through ongoing behavioral health treatments, an insurance change can create uncertainty. Therefore, we have set up processes to support you and minimize disruption to your care.

If your current in-network Behavioral health provider under BCBSIL will be out-of-network with UHC, Transition of Care may allow you to **temporarily continue to receive in-network benefits when seeing that provider**. To request Behavioral Transition of Care you must contact the UHC NU dedicated number by [June 30, 2026](#):

- **PPO and HSA Plans: (833) 314-1787**
- **HMO Plan: (855) 828-7715**

Transition of Care support for Behavioral health extends through the **2026 plan year** while you move to an in-network provider.

Please note that even under Behavioral Transition of Care your **out-of-network providers may not submit claims on your behalf and may choose to balance bill you**. Balance bill amounts will not apply to your deductible or out-of-pocket maximums. You can submit out-of-network claims to UHC directly through [myUHC.com](#).

Behavioral Health Copay and Coinsurance

PPO & HMO Plans

In general, Behavioral health office visit claims from an in-network provider under the **PPO** and **HMO** plans have the primary care provider copay applied. For the PPO plan, out-of-network Behavioral health claims will be applied to the out-of-network deductible and out-of-pocket maximum. Out-of-network providers may not submit claims on your behalf and may choose to balance bill you. Balance bill amounts will not apply to your deductible or out-of-pocket maximums. You can submit out-of-network claims to UHC directly through [myUHC.com](#).

For questions about how a specific service is covered, contact UHC at:

- **PPO Plans: (833) 314-1787**
- **HMO Plan: (855) 828-7715**

HSA Plans

In general, Behavioral health office visit claims from in-network providers under the **HSA Plus** or **HSA Essential** plans are applied to the in-network deductible at the negotiated rate. Once the in-network deductible is satisfied, coinsurance applies until the out-of-pocket maximum is met. Out-of-network Behavioral health claims will be applied to the out-of-network deductible and out-of-pocket maximum. Out-of-network providers may not submit claims on your behalf and may choose to balance bill you. Balance bill amounts will not apply to your deductible or out-of-pocket maximums. You can submit out-of-network claims to UHC directly through myUHC.com.

For questions about how a specific service is covered, contact UHC at:

- **HSA Plans: (833) 314-1787**

Behavioral Health Telehealth

Telehealth services for Behavioral health and other medical needs will incur a cost share (copay or coinsurance), depending on your plan and the provider's network status. HMO participants may have all cost sharing waived when using UHC's Virtual Visits accessed through myUHC.com. More information on the HMO plan is available on the [website](#). To confirm available telehealth providers, contact the UHC HMO team at **(855) 828-7715**.

Enhanced UHC Customer Support

The enhanced UHC support model remains available to faculty and staff through the first calendar quarter. You may 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**, and **(855) 828-7715 for the HMO plan**.
2. For questions about complex medical needs or ongoing treatment, you can [schedule a one-on-one meeting](#) with UHC to discuss how your treatment will be covered and transition of care questions. You may also email these questions to UHC directly at northwestern@uhc.com.
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 dedicated phone line, a 1:1 consultation, and from the UHC email address, which may take up to 2 business days, you can email benefits@northwestern.edu for additional support.

Health Savings Account (HSA)

Faculty and staff enrolled in the HSA Plus or HSA Essential medical plans may contribute to a Health Savings Account (HSA) and receive the University's matching contribution. Northwestern partners with Inspira Financial (formerly PayFlex) to administer HSAs.

HSAs are regulated by banking laws, therefore faculty and staff who are establishing an Inspira HSA for the first time must complete identity verification before any funds can be deposited. Inspira will mail a welcome kit to your home address with instructions on how to activate your account. For assistance, contact Inspira Financial Customer Service at (800) 284-4885 (Employer ID: 100398).

For faculty and staff eligible for an HSA, [register for an info session with Inspira](#), on Wednesday, January 28 at noon. The webinar will cover how to review your HSA balance, understand the tax benefits of investing, and explore your options for investing amounts over \$1,000.



Thank you for staying engaged and informed as we transition into the new plan year! As noted at the top of this message, we're here to help and support, you can reach us at askHR at (847) 491-4700 or askHR@northwestern.edu.

Benefits

Office of Human Resources

Northwestern University



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