In 2015, plans administered by Aetna and Cigna will no longer be available to Columbia faculty and staff, and all of Columbia’s medical plans will be administered by UnitedHealthcare. In addition, Columbia is changing the names of its medical plans. UnitedHealthcare is using their “Choice” national network for Columbia’s plans, so using this network name will make it easier for your medical providers to identify the plan in which you are enrolled.

In 2015 the POS 80 will be called Choice Plus 80, the POS 90 will be called Choice Plus 90 and the POS 100 will be called Choice Plus 100.

Finding a Doctor

Nearly all medical providers who were in Aetna’s and Cigna’s networks are also in UnitedHealthcare’s network. You can review UHC’s network by visiting http://columbia.welcometouhc.com/home. When you visit the link, check under “Find a Doctor/Hospital” to view the provider network. This site also includes the listing of Columbia Doctors who provide in-network healthcare services via UHC to Columbia’s faculty and staff and their dependents.

What if Your Provider Is not in UHC’s Network?

If you or your covered dependents are currently being treated by a behavioral health provider, you’re pregnant or recently had major surgery, or you’re in active treatment for cancer or a serious medical condition, you can request a Transition of Care benefit. With Transition of Care, you can continue seeing your current out-of-network provider and receive the in-network level of benefits for up to six months.

In order to receive a Transition of Care benefit, you must contact UHC as follows:

Medical
Complete a Transition of Care form (available online at http://hr.columbia.edu/forms-docs/forms#uhc) and submit it to UHC.

Mental Health/Substance Use Disorder
Call Optum Behavioral Health Services (OBHS) at 800-232-9357.

In either case, you should contact UHC beginning December 1, 2014 and no later than January 31, 2015. After receiving and approving your Transition of Care request, UHC will mail you written confirmation that you will receive the Transition of Care benefit. It is important that you complete the Transition of Care request and receive approval from UHC. Otherwise, your out-of-network claims will be paid at the out-of-network benefit level.

If you are not eligible for a Transition of Care benefit or the six-month Transition of Care period ends, you will need to receive services from a medical provider in UHC’s network in order to receive in-network benefits. Of course, you always have the choice to see a provider outside the network and receive out-of-network benefits.