



Utah Network Selection

Generally, if you're retired and have Medicare Parts A and/or B as your primary coverage, it's not necessary to select a Network provider.

MHBP subscribers can select a provider network that is right for you and your family's medical needs. We offer Utah subscribers two (2) provider network options to choose from. The Utah Network choices are:

- Standard Network – Aetna Choice POS II includes, HCA/Mountainstar, University of Utah, CommonSpirit/Holy Cross (formerly Stewart Healthcare), and rural Intermountain facilities and supporting providers. **If you want to remain in this network, you do not need to fill out the form below.**
- AWH – Connected Utah Network includes Intermountain Healthcare and limited University of Utah (pediatrics, dermatology, and behavioral health) supporting providers.

If you want to select AWH – Connected Utah Network, you must submit a completed form by December 9th (for existing MHBP subscribers) or January 31st for new MHBP subscribers or your network will be defaulted to the Standard Network – Aetna Choice POS II for the benefit year.

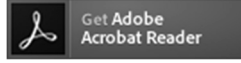
To find out if your provider participates in our Network:

- Search our electronic directory at <https://www.aetna.com/dsepublic/#/mhbp>; or
- Call us at [1-800-410-7778](tel:1-800-410-7778) (TTY:[711](tel:711)) to speak with a customer service representative.



Utah Network Selection

This form contains interactive fields and should be viewed with Adobe® Acrobat® or Acrobat Reader® software.



Completion of this form guarantees your selection in AWH - Connected Utah Network for you and your dependents for the calendar benefit year. **Please note** that you do not have to fill out this form if you want to remain in the Aetna Choice POS II network.

Utah Subscriber:					
First Name		Middle Initial	Last Name		
Member ID(W#) (If an existing member)			Date of Birth - MM/DD/YYYY (For new members)		
Address				Apt, Unit or Lot number	
City	County	State	ZIP Code	Phone	
Email					
M ("9511") AWH - Connected Utah Network(12655")					
Date		Signature			

Click Submit
We will notify you once the process is complete.

Submit

If you prefer to mail in the completed form, please submit to PO Box 818087, Cleveland, OH 44181-8087, or fax to 1-860-607-7297.

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 [1-800-648-7817](tel:1-800-648-7817), TTY: [711](tel:711),

Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at [1-800-368-1019](tel:1-800-368-1019), [800-537-7697](tel:800-537-7697) (TDD).

TTY: [711](tel:711)

English	To access language services at no cost to you, call the number on your ID card.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.