



Utah Network Selection

Generally, if you're retired and have Medicare Parts A and 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 January 31st (for new open season subscribers) or within 30 days after enrollment (for new subscribers outside of open season) or your network will be defaulted to the Standard Network – Aetna Choice POS II for the benefit year.

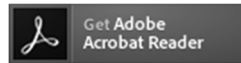
To find out if your provider participates in our Network:

- Search our electronic directory at <https://www.aetna.com/dsepublic/#/mhbp>; or
- Call us at [1-833-497-2416](tel:1-833-497-2416) (TTY: [711](tel:711)) to speak with a customer service representative.



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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.

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**.

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