



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.

However, you will not receive Network-level benefits for any services that Medicare does not cover when you choose a Non-Network provider.

Your Relationship with Your Provider is Important

We understand the importance of having confidence in your health care provider. You've built a trusting relationship and you want to keep it. But, did you know that you can also save money by using a Network provider? That's why MHBP UT subscribers will be able to make a medical provider network selection that is right for you and your family's health and well-being. We are offering Utah subscribers, that will apply to dependents as well, two (2) provider networks to choose from - **the Utah MC – Choice POS II (“9511”) or the Utah Connected - Choice POS II (“9627”)**. If you do not select a network during open enrollment and submit your completed form by December 21st (for existing MHBP members) or February 1st for new MHBP members, your network will be the Utah MC – Choice II, our default network, for the benefit year.

Utah Network choices are:

The **Utah MC – Choice POS II** includes HCA/MountainStar; Steward Healthcare (formerly IASIS); Intermountain Primary Children's Hospital and all rural IHC facilities and supporting providers; and all University of Utah facilities and supporting providers;

The **Utah Connected – Choice POS II** includes HCA/MountainStar; all Intermountain Healthcare (IHC) facilities and providers; and University of Utah Neuropsychiatric Institute; University of Utah Department of Pediatrics and University of Utah Department of Dermatology.

To find out if your provider already participates in the Network:

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

It's Easy to make Your Network Selection

All you need to do is complete the form on the next page and click *SUBMIT* on or before December 21st, (for existing MHBP members); and February 1st for new MHBP members.

Thank you and once again should you have any questions; please don't hesitate to call us at **1-800-410-7778 (TTY: 711)** for further assistance.

Sincerely,

MHBP



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 Network Selection for the calendar benefit year.

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				
Utah Network – Choice POS II (Annual Benefit Year) Utah MC (“9511”) _____ or Utah Connected (“9627”) _____				
Date	Signature			

Click Submit

Please note that you do not have to select a Utah Network if you want to remain in the Utah MC – Choice POS II, the default provider network. We will notify you once the process is complete.

Submit

If you prefer to mail in the completed form, please submit to **PO Box 300088, Salt Lake City, UT 84130**, or Fax to **1-801-954-3103**.

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, TTY: 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, 800-537-7697 (TDD).

TTY: 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.