Welcome!
We appreciate your interest in the Shell Centers of Excellence, MD Anderson Physicians Network® (MDAPN) Cancer Manager Program®. Please read this entire letter before clicking on the link to the enrollment form found at the end of this document.

*Eligibility*
To qualify for the Cancer Manager program, you must be an active Shell employee, Non-Medicare retiree or covered Non-Medicare adult dependent*, enrolled in an HSM medical option (UHC Group #182232). It is not necessary to enroll in the program unless you wish to schedule an appointment, however; you must enroll in the program before you receive services at M. D. Anderson Cancer Center in order to receive 100% coverage under the “The Program” benefits. The Program does not retro-activate enrollment.

The Program provides benefits to participants with cancer diagnosis as well as those who desire prevention services. There are no pre-existing conditions clauses preventing enrollment, or affecting program benefits. You may enroll at any time, even after diagnosis, and/or treatment for cancer. To enroll, simply complete the enrollment form and click the submit button or, return it to fax number 713-792-2106.

*Eligible dependent children under age 18 should enroll with Texas Children’s Hospital for cancer related care.*

Employees and dependents Covered by United Healthcare, Group # 182232 Are eligible for the Shell Centers of Excellence Cancer Manager Program

**Employee**
Active (working) Or Retired

ACTIVE

RETIRED

Retirees and dependents Covered by United Healthcare, Group # 182232, Remain eligible until they become Medicare-eligible either by virtue of age or disability, non-Medicare dependent children remain eligible until Dec. 31, in the year of their 26th birthday.

***You are responsible for reporting any and all changes in your personal and or family’s healthcare coverage to your employer and healthcare provider, failure to do so may result in personal out of pocket expenses.***
**Participation Benefits**

**Cancer Prevention Screening**

As a Program participant, a Member Services Representative will be assigned to you. You will receive a business card with your Representative’s contact information along with your Program identification card. Representatives are assigned to both diagnosed and prevention participants. Your representative is available to assist you with the following services:

- Eligibility verification
- Program enrollment
- First appointment requests
- Clinical Information acquisition
- Advocacy assistance
- Travel/directions assistance
- First appointment greeting
- Pre-printed education materials
- Center-program/benefits resource
- Assistance with contacting Case Managers/MDACC Clinics/etc.

**Cancer Treatment**

Participants who are/have been diagnosed with cancer will be assigned a Case Manager. Your Case Manager will review your care needs and assist you/the cancer center with determining your care needs and answering any questions you may have about the Program and its benefits. Diagnosed participants will receive a business card with the Case Manager’s contact information along with their Program identification card. Your Case Manager is available to assist with the following services:

- Patient/care-giver education
- Services authorizations
- Advocacy assistance
- Referral to social work/nutrition
- Cancer Manager Program Navigation

**Coverage**

This plan pays 100% for cancer prevention services, diagnosis/treatment of cancer, and management of complications of cancer diagnoses/treatment with no out-of-pocket/co-pays for covered services. Note that pre-existing conditions not related to cancer (i.e. cardiac conditions, diabetes, and the like) although they may be exacerbated by the cancer/treatment, are not covered by this Program and will be considered by United Healthcare or other Centers of Excellence programs, as applicable.

**Note:**

1. Genetic testing for **Breast, Ovarian and Prostate cancer are covered**; other genetic tests require medical director review and approval.
2. **Clinical trials** require Case Manager review and may be fully to partially covered subject to the specifics of each case.
3. **Bone Marrow Transplants** require medical director review and pre-certification.
4. **Durable medical equipment** such as standard wheelchairs, walkers, etc., are covered if the item(s) is available through MD Anderson or one of our contracted companies. Otherwise, the physician should provide you with a **prescription** and claims should be submitted to UnitedHealthcare for consideration and are subject to coverage, co-pays or deductibles as defined by UnitedHealthcare.
5. **Medication given as treatment (not prescriptions) while at an MD Anderson Clinic** or care center is covered.
6. **Medication** for which you are given a **prescription** should be filled through the prescription drug plan administered by CVS Caremark® and is subject to coverage, co-pays, and deductibles as defined by CVS Caremark.
7. Supplies needed for feeding with formulas are covered, but the feedings themselves are not covered by the Program. Please contact United Healthcare for other coverage information.

8. One wig is covered per lifetime and claims should be submitted to United Healthcare. Please contact United Healthcare for coverage information.

9. Two mastectomy bras are covered at 100% annually. Contact United Healthcare for additional purchase/coverage information.

10. Whole body scans for cancer screening are not recommended by the MD Anderson Cancer Prevention experts and are not covered by the Program.

11. Cat scans for lung cancer screening are not covered by the Program.

12. Any eligible claims for treatments or services not related to cancer are processed by United Healthcare according to plan provisions.

Billing

1. You should not receive a bill for covered charges. MD Anderson bills the Cancer Manager Claims office directly. If you receive a bill please contact your Member Services Representative immediately.

2. You should receive an identification card in the mail within 30 days of enrollment; if you do not, please call 713-745-9720 to have a card sent out as soon as possible.

3. When registering for your first appointment at MD Anderson, please do not share your UHC information. Inform the business center that you are a Cancer Manager, Shell Centers of Excellence Participant, present your Program identification card and explain that they should call 713-745-9720 with any questions about your coverage or to confirm your eligibility if necessary.

Enrollment

You must enroll in the Centers of Excellence Program prior to your first visit. Within this letter you will find a link to the Program enrollment form along with an invitation code. It is very important that you fully complete this form. Remember to use your legal name on this document. You will need to complete a form for each individual enrolling in the Program.

You will need to indicate the type of appointment you are requesting at this time. Please list any personal history of cancer before requesting prevention appointments. Prior cancer diagnoses may require referral through a specialty center prior to any prevention appointments.

Please review the list of available screenings below when choosing a prevention service. You may choose a combination of prevention services to be scheduled on the same day. Keep in mind that requests for multiple appointments on the same day or multiple family member appointments on the same day may result in appointment date delays. Again, please list any personal history of cancer in the comments section on the form. Patients with a history of cancer are usually not seen in prevention, but in the care center specific to their diagnosis/cancer history.

If you are requesting a prevention screening earlier than specified by the M.D. Anderson Risk Based guidelines below, you must include information about a personal/family history including the age at which you/your family member was diagnosed and the family member’s relationship to you. Please type this information into the comments section of the form. If you do not have this information please provide as much information as possible about the personal/family history of cancer.
Members also participating in the “Be Well at Shell - Prevention” program should be aware of the recommendations for cancer screenings. The MD Anderson Prevention experts recommend cancer screenings with a cancer prevention expert annually or as indicated. Cancer prevention experts contend that the continuity and dependability of information is invaluable when diagnosing cancer early and treating quickly. If you choose to have examinations via a combination of programs you may present any findings from your cancer screenings to your “Be Well at Shell” provider without benefits reductions.

Below is a list of available cancer prevention screening services offered under the Centers of Excellence Program. You will have a choice to select these when enrolling using the online form:

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Frequency/Recommendation</th>
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<tbody>
<tr>
<td>Screening mammogram only (no breast exam):</td>
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</table>
  Breast exam with your private physician  
  Mammogram at MDACC  
  Recommended: Annually to begin at age 40. |
| Breast cancer screening (breast exam and screening mammogram): |  
  Breast exam and breast cancer risk assessment in the Cancer Prevention Center  
  Mammogram will be scheduled for you on the same day.  
  Recommended: Annually to begin at age 40. |
| Pap and Pelvic exam: |  
  Every 2 years age 21-30.  
  Every 3 years with HPV testing age 30 and over. |
| Female cancer screening (breast exam, screening mammogram, Pap and pelvic exam): |  
  A combination of Breast Screenings, with Pap/Pelvic exams provided in one visit.  
  Prostate cancer screening with Prostate Specific Antigen (PSA)  
  Prostate specific antigen (PSA) blood test  
  Digital rectal exam (DRE)  
  Recommended: Begin at age 50 (at age 45 for African Americans or those with a family history).  
  Frequency of screening will be discussed at the time of initial exam. |
| Skin cancer screening: |  
  Skin cancer screening will be based on risk factors to be discussed at an initial skin examination or other cancer screening appointment. |
| Initial screening colonoscopy |  
  Recommended: to start at age 50  
  The frequency of subsequent colonoscopies for colorectal cancer screenings are determined based on a review of risk factors, and results of prior colonoscopies and biopsies (please obtain records of previous colonoscopies and biopsies and bring them with you to your clinic appointment) |

Additionally, if you already have a diagnosis/potential diagnosis, the online form will allow you to provide additional information such as:

- Breast Issues/concerns:  
  - Palpable breast mass felt by your or your health care provider  
  - Abnormal breast imaging (please provide copies of abnormal imaging reports)  

- Female Gynecological concerns:  
  - Abnormal Pap smear or HPV testing
___Abnormal uterine bleeding in a woman age 40 or older
___Pelvic mass with elevated CA-125 (to be seen by Gynecologic Oncology)
___Other (specify): __________________________________________

Male genitourinary (GU) concerns:
___Abnormal PSA (please provide copies of recent and previous PSA values)
___Abnormal digital rectal exam (prostate nodule)
___Testicular/scrotal mass

Skin concerns:
___Skin lesion
___Unusual or changing moles

Appointments for Prevention Screening

Prevention appointments are scheduled by the New Patient Access team at the Prevention Center. If you have not received an appointment date and time within 10 business days of enrollment, you may contact the prevention center at 713-745-8040 and listen for the “New Patient” option.

Alpha listing by last name:

Members Services Representatives:
Kimberly Evans  A – O  713-745-9728  kjevans@mdanderson.org
Trish Moore  P – Z  713-745-9744  pmoore@mdanderson.org

Appointments for Cancer Treatment

Diagnosed participants are scheduled by the specialty clinic where they will receive care. Diagnosed participants who have not received an appointment date and time within 10 business days of enrollment should immediately contact their Member Services Representative listed above.

Cancer Center Contact Information
Once enrolled and seen for your first appointment at the cancer center, there are several ways that you may contact M. D. Anderson to schedule/reschedule appointments, request consultations to other specialty centers, leave messages for you nurse/physician, and etc.:
- Enroll in myMDAnderson (you will need a medical record number).  www.myMDanderson.org
- Call the returning patient information line at the number provided by the care center in which you are being treated.
- Contact your Member Services Representative if the center has not addressed your questions within 3 business days of contact.

Appointment Location

M. D. Anderson Cancer Center: (Use this location for free valet parking for your first visit only)
Entrance # 7
1220 Holcombe Blvd @ Bertner
Houston, TX  77030

Inquire at your care center as to the best location to park for future appointments.  Only your first appointment parking is free.
Now you are ready to enroll.
Click the link below to enroll. Your invitation code is: PNCMPSHELL.

https://www3.mdanderson.org/physiciansnetwork/CMP_Shell/Request.cfc
You may need to press the Ctrl button on your keyboard and click the link at the same time.

Below is a link to the personal information and history form that you will need to complete before you are seen at the cancer center. Please complete and return this form before your scheduled appointment at M. D. Anderson Cancer Center or print the completed form and bring it with you to your first appointment.

https://my.mdanderson.org/
then click on the Patient History Form link.

The information contained in this e-mail, including any attachments, is privileged, strictly confidential, and may constitute attorney work product, and/or contain material protected by Federal privacy regulation. This e-mail is solely for the use of the intended recipients thereof. If you are not an intended recipient of this e-mail, you are strictly prohibited from reading, reviewing, using, disclosing, printing, copying or disseminating this e-mail, and are asked to (a) notify the sender only of your receipt this e-mail, and (b) permanently delete this e-mail immediately.