

# Diabetes Education Reimbursement

## Did you know that Dow supports participation in Diabetes Education?

**Active U.S. Dow employees and retirees under the MAP or MAP Plus benefits plans are eligible for diabetes education coverage with the following guidelines:**

- For MAP Plus In-Area, participation is covered according to Network (85 percent coverage) and Non-Network (70 percent of the charge or 70 percent of the Plan Allowable Amount, whichever is less) guidelines, after any required deductibles have been met.
- For MAP High Deductible and MAP Plus Out-of-Area, participation is covered at 80 percent of the charge (coverage will not exceed 80% of the Plan Allowable Amount) after any required deductibles have been met.
- Coverage is provided up to an annual maximum per family of \$400 per year.
- The diabetes education program must be at a facility approved by the American Diabetes Association. For a current listing of approved programs in your area, check the ADA website at <http://www.diabetes.org/education/edustate2.asp> or call 1-800-342-2383.

## How do I take advantage of the diabetes education benefit?

1. Participate in an eligible program and get an itemized, dated receipt.
2. Upon completion of the program/activity, complete the “To be completed by the employee/retiree” section of the [Medical Claim Form](#) and attach your receipt(s). To improve the ease of processing, we also recommend that you include a cover letter ([sample on page 2](#)) requesting reimbursement for diabetes education expenses.
3. Mail the form to the AETNA claim office:  
AETNA  
PO Box 981106  
El Paso, TX 79998-1106

## How will I receive my reimbursement?

The diabetes education reimbursements are processed the same way as any other health care claim. After your claim is processed and approved, you will receive a check directly from AETNA.

## What is the deadline to submit my reimbursement request?

Similar to other health care claims, you must submit your reimbursement request within one year at the end of the month from the date of service/purchase.

**If you have questions about this coverage, call Aetna at 1-800-7DOW-DOW.**

12/20/2006

AETNA Life Insurance Company  
PO Box 981106  
El Paso, TX 79998-1106

DIABETES EDUCATION CLAIM

Dear Sir or Madam:

Enclosed is my request for reimbursement for my eligible Diabetes Education Expenses, which are covered under Dow's MAP Plus benefit plan. I have included my receipt and completed claim form.

I look forward to receiving reimbursement at your earliest convenience of "[Click here and type dollar amount due]" . If you have any questions or concerns, please contact me at "[Click here and type your contact information]"

Sincerely,

[Click **here** and type your name]  
"[Click here and type Member ID Number]"