Illinois Travel Reimbursement Form Instructions for Approved Mental Health/Substance Use Treatment

Under Illinois law, you may be able to get money back for travel costs if you need mental health or substance use treatment far from home.

Important information

- If you need help finding a provider, call the number on your ID card.
- You may be reimbursed for travel, food, and lodging.
- Children must travel with an adult caregiver who is 21 or older. The travel costs will cover one adult caregiver.
- Adults who require help when traveling (due to a disability, for example) may have costs covered for one caregiver.
- You must pay costs first and then submit your receipts for eligible expenses with the attached form.
- You will be paid back after you send in your claim. Please allow 4-6 weeks for payment.
- Reimbursement is payable to and mailed to the subscriber.
- Some travel payments may be taxable. Please talk to a tax professional if you have questions.

Travel expenses must be related directly to your treatment. Covered costs follow Internal Revenue Service (IRS) and U.S. General Services Administration (GSA) rules.

- **IRS: https://www.irs.gov/tax-professionals/standard-mileage-rates**
- **GSA: https://www.gsa.gov/travel/plan-book/per-diem-rates**

Eligible Expenses (Covered)

- Lodging based on GSA rates
- Food based on GSA rates
- Mileage when driving your own vehicle (based on IRS self-employed standard)
- Taxi, bus, or commercial rideshare travel

Non-eligible expenses (Not Covered)

- Lodging costs that exceed GSA rates
- Lodging outside of admission or discharge dates
- Traffic tickets, fines, court costs, or other loss or damage from traffic violations or incidents
- Airline or train travel
- Wheelchair van service between housing and the facility
- Lost money or lost or damaged luggage, clothing, or other items
- Pet care or pet travel costs
- Travel from outside the United States (except the U.S. Virgin Islands, Puerto Rico, or Guam)
- Travel insurance
- Travel to places other than the treatment location or home (or temporary housing)
- Vehicle costs, including:
  - Maintenance (such as oil changes)
  - Rental vehicle
  - Repairs for any vehicle
  - Insurance for personal or rental vehicles
  - Tires or tire service
- Anything not listed as covered

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Illinois Travel Reimbursement Form for Approved Mental Health/Substance Use Treatment

CLEAR FORM

You may be reimbursed for travel, food, and lodging costs when you must travel far to get covered mental health or substance use treatment.

Covered costs include approved transportation, food, and lodging for you. Coverage may also include one companion if the patient is a child or adult who needs help traveling.

Children must travel with an adult who is 21 or older.

Reimbursement is payable to and mailed to the subscriber.

Please fill out all sections of this form and sign it. Missing information may delay payment. Please make copies of all receipts and the form for your records.

Subscriber name:	Member ID # (not group #):
☐ I attest that the covered services for which travel reimbursement is being requested were performed.	
Patient name:	Relationship to Employee:
Name of accompanying adult, if applicable (must be 21 years old or older):	Patient's email address: OR Phone number:

Note: Please send itemized receipts that show you paid. These receipts must show the name of the business where you received the service.

TRAVEL DATES: Start _____ End _____

DATE EXPENSE INCURRED	VENDOR NAME	TRANSPORTATION (mileage, parking, highway tolls)	LODGING EXPENSE (lodging must be commercially rented, rentals from individuals are not covered)	FOOD EXPENSE
	Totals:			

QUESTIONS? Call the number on your ID card.

By signing below, you confirm you have read and understand the following:

- All travel reimbursement checks are mailed to the address on file.
- Please send itemized receipts that show you paid. We can't accept bank/card statements, reservation emails, or receipts that only show a total as proof of payment.
- Expenses must be submitted within 180 days of travel. Any expenses submitted after 180 days will not be paid.
- Expenses sent in more than 30 days after benefits end will not be paid.
- Prepaid lodging or rentals for **FUTURE** dates are not covered.

By submitting this travel reimbursement form and using the medical plan, I confirm that travel reimbursement and medical services must be for care that is legal in the location where care is received.

Required Signature (Typed signatures accepted): _____ Date: _____

Email completed form with copies of the original itemized receipts to MedicalTravel@CignaHealthcare.com or mail to:

Cigna Healthcare Travel Claims
PO Box 5602
Hartford, CT 06102-5602

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