Why did I get a receipt request letter when I used my Card?

Now that you've been using your Prepaid Benefits Card, you may have received a letter asking for a receipt to verify the eligibility of a purchase. We do all we can to automatically verify your Card transactions, as required by the IRS. However, if we're unable to, you will receive a letter or email requesting itemized receipts for card transactions.

We want to help you understand and/or reduce these letters, so here are a few things you should know.

How to **AVOID** receiving a letter:

1. If you have a deductible plan with co-insurance, don't use your Card to pay the provider at the point of care. It is not necessary to pay the provider until you have received an Explanation of Benefits (EOB) and/or the bill with the patient balance-due after it had been submitted to your insurance. You can then write your Card number on the invoice and return for payment. *However, if a doctor or dentist insists that you pay at the point of service, use another form of payment and then submit a manual claim.*

2. Only use your Card for dependents covered under your health plan.

3. Only use your Card at pharmacies that can separate eligible items from non-eligible items. To find out which merchants are participating, visit the web site or call the number on the back of the Card.

You **WON'T** receive a letter:

1. If you have a benefit plan with co-payments.

2. When prepaid card transactions are verified electronically.

   If you are asked to provide a receipt, it must include: merchant or provider name, service received or item purchased, date of service, and amount of the expense. Cancelled checks, handwritten receipts, your Card transaction receipts or previous balance receipts cannot be used to verify an expense. If you don't have the receipt, you can contact the provider who can usually supply the receipt from their files.

Paying with your Benny Prepaid Benefits Card
makes it easy and keeps cash in your wallet!