

**FRONT PANEL****BACK PANEL**

<Wellcare By Allwell>  
 <Wellcare No Premium Medicare (HMO)>  
 CMS#: <H0724-001>  
 Effective Date: <MM/DD/YYYY>

**MEMBER INFORMATION**

**Name:** <First MI Last>  
**Member ID#:** <XXXXXXXX-XXX>  
**Issuer ID:** <(80840)> <9151014609>

**PROVIDER INFORMATION**

**PCP Name:** < >  
**PCP Phone:** < >  
**PCP Office Visit:** \$0

**PHARMACY INFORMATION**

**MedicareRx**  
 Prescription Drug Coverage  
**Rx Claims Processor:**  
 <CVS Caremark®>  
**RXBIN:** <004336>  
**RXPCN:** <MEDDADV>  
**RXGRP:** <RX8915>

**FOR EMERGENCIES** Dial 911 or go to the nearest Emergency Room (ER).

[www.wellcare.com/allwellOH](http://www.wellcare.com/allwellOH)

**FOR MEMBERS**

**Member Services:** <1-855-766-1851 (TTY: 711)>  
**Nurse Advice Line:** <1-855-766-1851 (TTY: 711)>  
**Involve Dental (For Members and Providers):** <1-844-464-5634 (TTY: 711)>  
**Involve Vision (For Members and Providers):** <1-855-659-6663 (TTY: 711)>

**FOR PROVIDERS**

**For Member eligibility and Medical prior auth/referrals:** <1-855-766-1851>  
**Medical Claims:** <Wellcare By Allwell> <Attn: Claims>  
 Payor ID: <68069> <P.O. Box 3060 Farmington, MO 63640-3822>



**Pharmacy prior auth:** <1-800-867-6564>  
 For help: (PHARMACY USE ONLY) <1-888-865-6567>  
**Submit Part D Drug Claims to:** <Wellcare By Allwell> < Attn: Member Reimbursement Dept> <P.O. Box 31577><Tampa, FL> <33631-3577>

**APRON**

Enclosed is your new Wellcare By Allwell member identification card. Please discard any old identification cards you may have from Wellcare By Allwell.

You'll want to take a few minutes to carefully review all of the information on the card, including the spelling of your name. Also, be sure the PCP you selected matches what is on your ID card. If it doesn't, please call Member Services at 1-855-766-1851 (TTY: 711) so we can fix that for you. If you didn't select a PCP, we selected one for you; but don't worry, you can choose a new PCP by calling Member Services at the number noted above.

Your ID card is very important so be sure to have it with you and show it at all of your healthcare appointments.

Thank you for choosing Wellcare By Allwell . We appreciate the trust you put in us and look forward to serving you.

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