

FRONT PANEL

BACK PANEL



<Wellcare By Allwell>
<Wellcare Dual Access Open
(PPO D-SNP)>
CMS#: <H7169-003>
Effective Date: <MM/DD/YYYY>

MEMBER INFORMATION

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

Medicare limiting charges apply
In-Network PCP Office visit: \$0
Out-of-Network PCP Office visit: \$0

PHARMACY INFORMATION



Rx Claims Processor:
<CVS Caremark®>
RXBIN: <004336>
RXPCN: <MEDDADV>
RXGRP: <RX8936>

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

www.wellcare.com/allwellIOH

FOR MEMBERS

Member Services: <1-866-389-7690 (TTY: 711)>
Nurse Advice Line: <1-866-389-7690 (TTY: 711)>
Transportation: <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: <1-866-389-7690>
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. If corrections are needed, please call Member Services at 1-866-389-7690 (TTY: 711) so we can fix that for you.

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.

H7169_PPDSNP2023CARD_C Internal Approved 07282022