



[Wellcare Dual Access Open] [(PPO D-SNP)]

MEMBER ID: [123456789012]

PLAN #: [H7169-003-000]

ISSUER #: [(80840) 9151014609]

[MEMBER FULL NAME]

[2025]



Member portal

Medicare limiting charges apply.

In Network PCP Office Visit: [\$0]

Out of Network PCP Office Visit: [\$0-20%]

Card Issued: [mm/dd/yyyy]



RXBIN: [610014]

RXPCN: [MEDDPRIME]

RXGRP: [2FFA]



Member Services / PCP Change

<Vision: [Premier Eye Care]

<Dental: [DentaQuest]

<Transportation [Access2Care]

Provider Services

Pharmacist Only

[1-844-796-6811] (TTY: 711)

[1-888-285-2826] (TTY: 711)>

[1-844-822-8113] (TTY: 711)>

[1-844-515-6875] (TTY: 711)>

[1-844-796-6811] (TTY: 711)

[1-833-750-0202] (TTY: 711)

Medical Claims: [Wellcare By Allwell] [Attn: Claims] [P.O. Box 3060 Farmington, MO 63640-3822] [Payor ID: 68069]

Part D Claims: [Wellcare By Allwell] [Attn: Medicare Part D Member Reimbursement Department] [P.O. Box 31577, Tampa, FL 33631-3577]

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

[www.wellcare.com/allwellOH]