



[Wellcare Simple] [(HMO-POS)]

MEMBER ID: [123456789012]

PLAN #: [H0908-003-000]

ISSUER #: [(80840) 9151014609]

[MEMBER FULL NAME]

[2025]



Member portal

You can see any PCP in our Network

PCP Name: [LAST NAME, FIRST NAME]

PCP Phone: [1-XXX-XXX-XXXX]

PCP Office Visit: [\$0]

Card Issued: [mm/dd/yyyy]

MedicareRx
Prescription Drug Coverage

RXBIN: [610014]

RXPCN: [MEDDPRIME]

RXGRP: [2FFA]



Member Services / PCP Change

<Vision: [Premier Eye Care]

<Dental: [DentaQuest]

<Transportation: [Access2Care]

Provider Services

Pharmacist Only

[1-800-977-7522](TTY:711)

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

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

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

[1-800-977-7522](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]