



Wellcare Mutual of Omaha Premium  
Enhanced Open (PPO)

MEMBER ID #: 41844093  
PLAN #: H5965-007-000  
ISSUER #: (80840) 9151014609

JOY PREY

2025



Member portal

Medicare limiting charges apply.  
In Network PCP Office Visit: \$0  
Out of Network PCP Office Visit: \$0

Card Issued: 10/31/2024



RXBIN: 610014  
RXPCN: MEDDPRIME  
RXGRP: 2FFA



Member Services / PCP Change	1-833-444-9088 (TTY: 711)
Vision: Premier Eye Care	1-866-419-0717 (TTY: 711)
Dental: Liberty Dental	1-866-544-4787 (TTY: 711)
Pharmacy Prior Auth (Providers Only)	1-855-538-0454 (TTY: 711)
Pharmacist Only	1-833-750-0408 (TTY: 711)

**Medical Claims:** Wellcare Health Plans Attn: Claims Department P.O. Box 31372 Tampa, FL 33631-3372 Payor ID: 14163  
**Part D Claims:** Wellcare Health Plans Attn: Medicare Part D Member Reimbursement Dept. P.O. Box 31577 Tampa, FL 33631-3577

**FOR EMERGENCIES:** Dial 911 or go to the nearest Emergency Room (ER)  
[member.wellcare.com](http://member.wellcare.com)