

Wellcare / Wellcare By Allwell / Wellcare By Superior HealthPlan

2026 Quick Reference Guide

Wellcare

Managed By Wellcare

ID Card Sample:

 Wellcare Dual Access (HMO D-SNP) MEMBER ID#: 1234567890123 PLAN#: H0174-004-000 ISSUER#: (80840) 9151014609	
Member: SAMPLE A SAMPLE	
 2026 Member portal	You can see any PCP in our Network PCP: [Physician Name] PCP Phone: 1-XXX-XXX-XXXX PCP Office Visit: \$0
Card Issued: 10/15/2025	RXBIN: 610014 RXPCN: MEDDPRIME RXGRP: 2FFA
 Medicare Prescription Drug Coverage	

	
Member Services / Nurse Advice Line	1-833-444-9089 (TTY: 711)
Vision: Premier Eye Care	1-855-879-1456 (TTY: 711)
Dental: Liberty Dental	1-866-544-4669 (TTY: 711)
Transportation: ModivCare	1-866-393-2166 (TTY: 711)
Provider Services / Pharmacy Prior Auth	1-855-538-0454 (TTY: 711)
Pharmacist Only	1-833-750-0408 (TTY: 711)
Medical Claims: Wellcare Attn: Claims Department P.O. Box 31372 Tampa, FL 33631-3372 Payor ID: 14163	
Part D Claims: Wellcare 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	
go.wellcare.com/Medicare	

Contract Numbers:

HMO: H0174(009,010,014,015,016,017,018,019,020,021)

HMO DSNP: H0174 (004,006,022,023,024,025,026)

PPO: H7323 (007,012) H4506 (003,010,030), S4802 (013,155)

Web Portal:

Provider.Wellcare.com

Claims Mailing Address:

Attn: Claims

Department P.O. Box 31372

Tampa, FL 33631-3372

Payor ID: 14163

Authorizations:

[1-855-538-0454](tel:1-855-538-0454)

Medical Fax:

1-833-562-7172

Behavioral Health Fax:

1-855-710-0159 (Inpatient)

1-855-710-0160 (Outpatient)

Provider Services:

H0174, H4506, H7323: 1-855-538-0454

S4802: 1-855-538-0454

Additional Resources:

Wellcare.com/en/Texas/Providers

Wellcare.com/FindMyProviderRep

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Managed By Superior HealthPlan

ID Card Sample:

 Wellcare Dual Access (HMO D-SNP)	
MEMBER ID#: C12345678-01 PLAN#: H5294-015-000 ISSUER #: (80840) 9151014609	
Member: SAMPLE A SAMPLE	
2026  Member portal	You can see any PCP in our Network PCP: [Physician Name] PCP Phone: 1-XXX-XXX-XXXX PCP Office Visit: \$0
Card Issued: 10/15/2025	RXBIN: 610014 RXPCN: MEDDPRIME RXGRP: 2FFA
 Prescription Drug Coverage	

	
Member Services / Nurse Advice Line	1-855-445-3556 (TTY: 711)
Vision: Premier Eye Care	1-855-879-1456 (TTY: 711)
Dental: Liberty Dental	1-866-544-4669 (TTY: 711)
Transportation: ModivCare	1-866-393-2166 (TTY: 711)
Provider Services / Pharmacy Prior Auth	1-855-445-3572 (TTY: 711)
Pharmacist Only	1-833-750-0202 (TTY: 711)
Medical Claims: Wellcare By Allwell Attn: Claims P.O. Box 9700 Farmington, MO 63640-0700 Payor ID: 68069 Part D Claims: Wellcare By Allwell 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	
go.wellcare.com/AllwellTX	

Contract Numbers:

HMO: H5294 (011,013,014,016,017,018,019)

HMO DSNP: H5294 (010,015,021,022,023,024,025)

Web Portal:

Provider.SuperiorHealthPlan.com

Claims Mailing Address:

Attn: Claims

P.O. Box 3060 Farmington

MO 63640-3822

Payor ID: 68069

Authorizations:

HMO: [1-800-977-7522](tel:1-800-977-7522)

HMO SNP: [1-877-935-8023](tel:1-877-935-8023)

Medical Fax:

1-877-808-9362

Behavioral Health Fax:

1-866-900-6918 (Inpatient)

1-855-772-7079 (Outpatient)

Provider Services:

HMO: [1-800-977-7522](tel:1-800-977-7522)

HMO DSNP: [1-877-935-8023](tel:1-877-935-8023)

Additional Resources:

SuperiorHealthPlan.com/Provider

SuperiorHealthPlan.com/FindMyProviderRep

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ID Card Sample:

		Wellcare Superior HealthPlan Dual Align (HMO D-SNP) An Integrated Medicare/Medicaid Plan	
		MEMBER ID#: C12345678-01 MEDICAID ID#: 0123456789012 PLAN#: H0062-011-000 ISSUER#: (80840) 9151014609	
Member Name: SAMPLE A SAMPLE			
2026  Member portal	This card combines Medicare and Medicaid coverage Service Coordinator Phone: 1-855-445-3556 (TTY: 711) MEMBER CANNOT BE CHARGED PCP / Specialist Office Visit: \$0 Co-pays: \$0		
	Effective Date: 01/01/2026 Card Issued: 10/15/2025	 RXBIN: 610014 RXPCN: MEDDPRIME RXGRP: 2FFA	
			
		Member Services / Nurse Advice Line 1-855-445-3556 (TTY: 711) Behavioral Health 1-855-445-3556 (TTY: 711) Vision: Premier Eye Care 1-855-879-1456 (TTY: 711) Dental: Liberty Dental 1-866-544-4669 (TTY: 711) Transportation: ModivCare 1-866-393-2166 (TTY: 711) Provider Services / Pharmacy Prior Auth 1-855-445-3572 (TTY: 711) Pharmacist Only 1-833-750-4258 (TTY: 711)	
Send Claims To: Wellcare By Superior HealthPlan Attn: Claims P.O. Box 9700 Farmington, MO 63640-0700 Payor ID: 68069 Part D Claims: Wellcare By Superior HealthPlan 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 Website: go.wellcare.com/SuperiorTX			

Contract Numbers:

HMO DSNP: H0062 (011,012)

Web Portal:

Provider.SuperiorHealthPlan.com

Claims Mailing Address:

Attn: Claims
P.O. Box 9700 Farmington
MO 63640-0700
Payor ID: 68069

Authorizations:

[1-855-445-3572](tel:1-855-445-3572) (Effective 12/1/2025)

Medical Fax:

1-877-808-9362

Behavioral Health Fax:

1-866-535-6974 (Inpatient)
1-855-772-7079 (Outpatient)

Provider Services:

[1-855-445-3572](tel:1-855-445-3572) (Effective 12/1/2025)

Additional Resources:

SuperiorHealthPlan.com/Provider
SuperiorHealthPlan.com/FindMyProviderRep