2026
Summary of Benefits

Texas

Wellcare Patriot Simple (HMO)

H5294 | 014 | 000

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We know how important it is to have a health plan you can count on.

This is a summary of health services covered by Wellcare Patriot Simple (HMO) from January 1, 2026 to December 31, 2026.

This booklet will provide you with a summary of what we cover and what you pay. It does not list every service, limitation, or exclusion. A complete list of services can be found in the plan's Evidence of Coverage (EOC). You can find the Evidence of Coverage on our website at go.wellcare.com/AllwellTX. To request a copy, please call 1-844-480-0680 (TTY 711). Hours are: Sunday-Saturday, 8 am to 8 pm.

Who can join?

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and be a United States citizen or lawfully present in the United States. You must continue to pay your Medicare Part B premium if not otherwise paid for under Texas Department of Health and Human Services or by another third party.

Plan's service areas:

Our service area includes these counties in Texas: Armstrong, Atascosa, Bailey, Bandera, Bastrop, Bee, Bexar, Blanco, Borden, Briscoe, Brooks, Burnet, Caldwell, Cameron, Castro, Collin, Colorado, Comal, Crosby, Dallas, Denton, DeWitt, Duval, Ector, El Paso, Ellis, Fisher, Floyd, Garza, Glasscock, Goliad, Gonzales, Grimes, Guadalupe, Hays, Hidalgo, Hockley, Hood, Jack, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kent, Kimble, Kleberg, La Salle, Lamb, Lee, Lubbock, Lynn, Martin, Mason, Maverick, McCulloch, McMullen, Medina, Milam, Nolan, Nueces, Palo Pinto, Parker, Potter, Randall, Real, Refugio, Rockwall, San Patricio, Shackelford, Starr, Sterling, Swisher, Tarrant, Terry, Throckmorton, Uvalde, Webb, Willacy, Williamson, Wilson, Wise, Zapata, and Zavala.

About this plan & how to get care

Health Maintenance Organizations (HMOs) are health care plans offered by an insurance provider with a network of contracted healthcare providers and facilities. HMOs generally require members to select a primary care provider (PCP) to coordinate care and if you need a specialist, the PCP will choose one who is also in our network.

Our plan gives you access to our network of skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. **Please note** that, if you go elsewhere without proper authorization, you will have to pay in full. Neither Medicare nor our plan will be responsible for the costs. The only exceptions are emergencies, urgently needed services when the network is not available (that is, in situations when it is unreasonable or not possible to obtain services in-network), out-of-area dialysis services, and cases in which Wellcare Patriot Simple (HMO) authorizes use of out-of-network providers.

Our plan is for beneficiaries who receive creditable Part D coverage through a retiree plan, VA benefits, or other coverage.

Which doctors and hospitals can I use? Wellcare Patriot Simple (HMO) has a network of doctors, hospitals, and other providers. You can save money by using our providers in the plan's network. If you use providers that are not in our network, the plan may not pay for these services.

You can see our plan's provider directory on our website at go.wellcare.com/2026providerdirectories. We cover the services and items in this document and the Evidence of Coverage if they are medically necessary.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

We must provide information in a way that works for you (in languages other than English, in audio, in braille, in large print, or other alternate formats, etc.). For more information, or to request information in an alternate format, please call us at 1-844-480-0680 (TTY users should call 711). Hours are: Sunday-Saturday, 8 am to 8 pm.

Benefits

	Wellcare Patriot Simple (HMO) **H5294, Plan 014, 000**
Note: *Services with an asterisk (*) may require prior authorization.* *Services with a square (▪) means a referral may be required.*	
Monthly Plan Premium	$0 Plan does not cover Part D. You must continue to pay your Medicare Part B premium.
Deductible	No deductible
Maximum Out-of-Pocket (MOOP) Responsibility	$3,400 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
Inpatient Hospital Coverage	For each admission, you pay: • $275 copay per day for days 1 through 5 • $0 copay per day for days 6 through 90 • $0 copay per day for days 91 and beyond *
Outpatient Hospital Coverage	
Outpatient Hospital Services	$0 copay for skin biopsies. $200 copay for all other outpatient services. *
Outpatient Hospital Observation Services	$150 copay for outpatient observation services when you enter observation status through an emergency room. $200 copay for outpatient observation services when you enter observation status through an outpatient facility.
Ambulatory Surgical Center (ASC) Services	$125 copay for each Medicare-covered visit to an ambulatory surgical center. *
Doctor Visits	
Primary Care Providers	$0 copay

Benefits

	Wellcare Patriot Simple (HMO) H5294, Plan 014, 000
Specialists	$10 copay *
Preventive Care (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu/influenza shots, Hepatitis B shots, Pneumococcal shots, COVID shots))	$0 copay
Emergency Care	$150 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide Emergency Coverage	$150 copay Worldwide emergency and worldwide urgently needed services are subject to a $50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for worldwide emergency services.
Urgently Needed Services	$25 copay Copay is waived if you are admitted to a hospital within 24 hours.

Benefits

	Wellcare Patriot Simple (HMO) H5294, Plan 014, 000
Worldwide Urgent Care Coverage	$150 copay Worldwide emergency and worldwide urgently needed services are subject to a $50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services.
Diagnostic Services/Labs/Imaging Lab Services	 $50 copay for genetic testing. $0 copay for all other labs. *
Diagnostic Tests and Procedures	$0 copay *
Outpatient X-rays	$25 copay *
Diagnostic Radiology Services (e.g. MRI, CAT Scan)	$0 copay for a diagnostic mammogram. $200 copay for all other diagnostic radiology services received in an outpatient setting. $75 copay for all other services received in all other locations. *
Therapeutic Radiology	20% coinsurance *
Hearing Services Hearing Exam Medicare-covered	 $10 copay *
Routine Hearing Exam	$0 copay * 1 exam(s) every year

Benefits

	Wellcare Patriot Simple (HMO) H5294, Plan 014, 000
Hearing Aids	
Hearing Aid Fitting/Evaluation(s)	$0 copay * 1 fitting(s) / evaluation(s) every year
Hearing Aid Allowance All Types	Up to a $750 allowance per ear every year for hearing aids. $0 copay * Limited to 2 hearing aid(s) every year
Additional Hearing Information	**What you should know** Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.
Dental Services	
Medicare-covered	$10 copay for each Medicare-covered service. *
Routine Diagnostic and Preventive Services	$0 copay * Cleanings 2 every year Dental x-rays 1 set(s) every date of service to 3 plan years depending on type of service Oral exams 2 every year
Fluoride Treatment	$0 copay * 1 every year

Benefits

	Wellcare Patriot Simple (HMO) H5294, Plan 014, 000
Other Diagnostic Dental Services	$0 copay * 1 every date of service to 3 plan years depending on type of service
Other Preventive Dental Services	$0 copay * 1 every date of service to 3 plan years depending on type of service
Routine Comprehensive Services	
Restorative Services	$0 copay *
Endodontics/Periodontics	$0 copay *
Oral/Maxillofacial Surgery	$0 copay *
Prosthodontics, Fixed	$0 copay *
Prosthodontics, Removable	$0 copay *
Adjunctive General Services	$0 copay *
	For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.

Benefits

	Wellcare Patriot Simple (HMO) H5294, Plan 014, 000
Additional Dental Information	**What you should know:** This plan includes coverage of routine comprehensive services up to $3,000 per plan year.
Vision Care Eye Exam Medicare-covered	$0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam $10 copay for all other Medicare-covered eye exams *
Routine Eye Exam (Refraction)	$0 copay * 1 exam(s) every year
Glaucoma Screening	$0 copay for each Medicare-covered service.
Eyewear Medicare-covered	$0 copay
Routine Eyewear Contact Lenses/ Eyeglasses (frame and lenses)/ Eyeglass Frames	$0 copay *
Eyewear Allowance	Up to a $300 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services Inpatient Visit	For each admission, you pay: • $225 copay per day for days 1 through 5 • $0 copay per day for days 6 through 90 *

Benefits

	Wellcare Patriot Simple (HMO) H5294, Plan 014, 000
Outpatient Individual Therapy Visit	$0 copay *
Outpatient Group Therapy Visit	$0 copay *
Skilled Nursing Facility (SNF)	For each admission, you pay: • $0 copay per day for days 1 through 20 • $218 copay per day for days 21 through 40 • $0 copay per day for days 41 through 100 *
Therapy and Rehabilitation Services Physical Therapy	$10 copay *
Outpatient Rehabilitation Services Provided by an Occupational Therapist	$10 copay *
Pulmonary Rehabilitation Services	$40 copay
Ambulance Ground Ambulance	$225 copay *
Air Ambulance	$225 copay *
Transportation Services (Non-emergency medical transportation)	Not covered

Benefits

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Medicare Part B Drugs Chemotherapy Drugs and Other Part B Drugs	20% coinsurance * Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above.
Insulin	$35 copay (maximum per month) *
Allergy Antigen	0% coinsurance *

Additional Benefits

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Chiropractic Services Medicare-covered	$10 copay *
Acupuncture Medicare-covered	$0 copay for Medicare-covered Acupuncture received in a PCP office. $10 copay for Medicare-covered Acupuncture received in a Chiropractor office. $10 copay for Medicare-covered Acupuncture received in a Specialist office. *
Podiatry Services (Foot Care) Medicare-covered	$10 copay *

Additional Benefits

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Virtual Visits	$0 copay for virtual visit services performed through your plan's virtual visit provider(s). Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more. A virtual visit (also known as telehealth or telemedicine) is a visit with a doctor either over the phone or internet using a smart phone, tablet, or a computer. Certain types of visits may require internet and a camera-enabled device. For more information, please see your Evidence of Coverage. **What you should know:** The $0 copay above only applies when services are received from your plan's virtual visit provider(s). If you receive telemedicine services from a network provider and not your plan's virtual visit provider(s), you will pay the cost shares listed for those providers, as outlined within the Evidence of Coverage (*e.g., if you receive telehealth services from your PCP, you will pay the PCP cost share*).
Social Support Platform	Our plan provides an online and app-based support platform for your overall well-being. The platform offers personalized therapeutic self-guided activities and programs to help manage stress, anxiety, and support your emotional and mental health. Engage in interactive activities, meditations and games tailored to your needs. The platform also features the ability to join social communities. Available online 24/7 - you can use it whenever you choose. For more information on how to access the social support platform, please see your Evidence of Coverage. $0 copay
Home Health Agency Care	$0 copay *

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Meals	
Post-Acute Meals	$0 copay ▪ **What you should know:** If you qualify, you pay nothing for home delivered meals up to 45 days following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days with a maximum of 42 meals per occurrence for an unlimited number of occurrences per year.
Chronic Meals	$0 copay ▪ **What you should know:** If you qualify, you pay nothing for home delivered meals as part of a supervised program designed to transition members with specific chronic conditions to lifestyle modifications. Members receive 3 meals per day for up to 28 days, for a maximum of 84 meals per month. The benefit can be received for up to 3 months.
Medical Equipment/Supplies	
Durable Medical Equipment (DME)	20% coinsurance *
Prosthetics	20% coinsurance *
Diabetic Supplies	$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage.
Diabetic Therapeutic Shoes Or Inserts	20% coinsurance *

Additional Benefits

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Opioid Treatment Program Services	$10 copay *
Health and Wellness Education Programs Fitness	For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage. $0 copay **What you should know:** To help support an active and healthy lifestyle, your plan provides a fitness program that offers access to fitness locations nationwide. You may access one or more gyms within the fitness network. Members have access to in-person fitness centers, available on-demand exercise programs, and a variety of Home Fitness Kits.
Personal Emergency Response System (PERS)	$0 copay
24-Hour Nurse Advice Line	$0 copay
Annual Routine Physical Exam	$0 copay **What you should know:** The exam includes a detailed medical/family history and recommendations for preventive screenings/care.
Wellcare Spendables®	You will receive **$50 monthly** preloaded on your Wellcare Spendables® card. Your monthly allowance **rolls over to the following month if unused and expires at the end of the plan year.** Your card allowance can be used towards:

Additional Benefits

	Wellcare Patriot Simple (HMO) H5294, Plan 014, 000
	Over-the-Counter items (OTC) - Your card can be used at participating retail locations, through the mobile app, or online through your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items. **Dental, Vision, and Hearing -** You may use your card to help reduce your out-of-pocket expenses for eligible dental, vision, and hearing services. For more information, limitations, and exclusions, please see your Evidence of Coverage.
My Wellcare Rewards	With **My Wellcare Rewards**, you can earn up to $100 by completing eligible health activities and portal activities through your member portal. Rewards will be loaded onto your Wellcare Spendables® card.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-428-2224 (TTY: 711).

Español ATENCIÓN: Contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. También se encuentran disponibles de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-844-428-2224 (TTY: 711).

Tiếng Việt LƯU Ý: Chúng tôi có cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và trợ giúp bổ trợ phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi 1-844-428-2224 (TTY: 711).

简体中文 注意：我们为您提供免费的语言协助服务，同时也可免费提供适当的辅助设施与服务，以便提供无障碍格式的信息。请致电 1-844-428-2224（TTY：711）。

繁體中文 注意：我們爲您提供免費的語言協助服務，還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電 1-844-428-2224 (TTY：711)。

العربية انتباه: تتوفر لك خدمات مساعدة لغوية مجانية. تتوفر كذلك مجانًا مساعِدات وخدمات إضافية ملائمة لتزويد المعلومات بتنسيقات قابلة للوصول إليها. اتصل على الرقم 1-844-428-2224 (TTY: 711).

हिंदी ध्यान दें: आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं. एक्सेस करने योग्य फ़ॉर्मेट में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं. 1-844-428-2224 (TTY: 711) पर कॉल करें.

Yorùbá ÀKÍYÈSÍ: Àwọn iṣẹ́ ìránlọ́wọ́ ti èdè wà nílẹ̀ fún ọ lọ́fẹ̀ẹ́. Àwọn iṣẹ́ àti àwọn ìrànwọ́ arannílọ́wọ́ tóyẹ láti pèsè ìwífúnni ní àwọn ọ̀nà kíkọsílẹ̀ tóṣeé ráàyè sí tún wà nílẹ̀ bákan náà lọ́fẹ̀ẹ́ láisan owó rárá. Pe 1-844-428-2224 (TTY: 711).

Twi HYƐ NO NSO: Kasa ho mmoa dwumadie ahodoɔ wɔ hɔ ma wo a wontua hwee. Nneɛma a ɛbɛboa wo ama wate nsɛm ne dwumadie ahodoɔ a ɛde nsɛm bɛma wo wɔ akwan bebree so nso wɔ hɔ a wontua hwee. Frɛ 1-844-428-2224 (TTY: 711).

Igbo NLERUANYA: A na-enye gị ọrụ enyemaka asụsụ n'efu. Enyemaka na ọrụ ndị kwesịrị ekwesị iji nye ozi n'ụdị ndị dị mfe inweta dikrawa n'akwụghị ụgwọ. Kpọọ 1-844-428-2224 (TTY: 711).

Tagalog ATENSYON: May mga libreng serbisyo ng tulong sa wika na available para sa inyo. Available din nang libre ang mga naaangkop na karagdagang tulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format. Tumawag sa 1-844-428-2224 (TTY: 711).

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اردو توجہ: زبان معاونت کی خدمات آپ کے لیے مفت دستیاب ہیں۔ معلومات کو قابلِ رسائی شکل میں فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-844-428-2224 (TTY: 711) پر کال کریں۔

Français REMARQUE : des services d'assistance linguistique gratuits sont à votre disposition. Des services et aides pour obtenir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-428-2224 (TTY : 711).

Français cadien COMMUNIQUE: Des services d'aide linguistique sans frais sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations en formats accessibles sont également proposés sans frais. Composez le 1-844-428-2224 (TTY : 711).

తెలుగు గమనిక: మీకు ఉచిత భాష సంబంధ సహాయక సేవలు అందుబాటులో ఉన్నాయి. యాక్సెస్ చేయదగిన ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక టూల్‌లు, సేవలు కూడా ఉచితంగా అందుబాటులో ఉన్నాయి. 1-844-428-2224 (TTY: 711) నంబర్‌కి కాల్ చేయండి.

한국어 주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 정보 제공을 위해 적합한 보조 도구 및 서비스 또한 액세스 가능한 형식으로 무료 이용이 가능합니다. 1-844-428-2224 (TTY: 711)번으로 전화해 주십시오.

Deutsch ACHTUNG: Sprachdienstleistungen stehen Ihnen kostenlos zur Verfügung. Geeignete zusätzliche Unterstützung und Dienstleistungen für Informationen in zugänglichen Formaten stehen Ihnen ebenfalls kostenlos zur Verfügung. Rufen Sie folgende Nummer an: 1-844-428-2224 (TTY: 711).

नेपाली ध्यान दिनुहोस्: तपाईंका लागि भाषासम्बन्धी सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छन्। सुलभ फर्म्याटहरूमा जानकारी प्रदान गर्नका निम्ति उचित सहायक सामग्री र सेवाहरू पनि निःशुल्क रूपमा उपलब्ध छन्। 1-844-428-2224 (TTY: 711) मा कल गर्नुहोस्।

तुमच्यासाठी विनामूल्य भाषा सहाय्य सेवा उपलब्ध आहेत. सुलभ स्वरूपात माहिती प्रदान करण्यासाठी योग्य अतिरिक्त मदत आणि सेवादेखील विनामूल्य उपलब्ध आहेत. 1-844-428-2224 (TTY: 711) वर कॉल करा.

മലയാളം ശ്രദ്ധിക്കൂ: നിങ്ങൾക്ക് സൗജന്യ ഭാഷാ സഹായ സേവനങ്ങൾ ലഭ്യമാണ്. ആക്സസ് ചെയ്യാവുന്ന ഫോർമാറ്റുകളിൽ വിവരങ്ങൾ നൽകുന്നതിന്, സൗജന്യമായി അനുയോജ്യമായ ഓക്സിലിയറി സഹായങ്ങളും സേവനങ്ങളും ലഭ്യമാണ്. 1-844-428-2224 (TTY: 711) എന്ന നമ്പറിൽ വിളിക്കുക.

ಕನ್ನಡ ನಿಮ್ಮ ಗಮನಕ್ಕೆ: ನಿಮಗೆ ಉಚಿತ ಭಾಷಾ ಸಹಾಯ ಸೇವೆಗಳು ಲಭ್ಯವಿದೆ. ಪ್ರವೇಶಿಸಬಹುದಾದ ಸ್ವರೂಪಗಳಲ್ಲಿ ಮಾಹಿತಿಯನ್ನು ಒದಗಿಸಲು ಸೂಕ್ತವಾದ ಸಹಾಯಕ ಸಾಧನಗಳು ಮತ್ತು ಸೇವೆಗಳು ಸಹ ಉಚಿತವಾಗಿ ಲಭ್ಯವಿದೆ. ಕರೆ ಮಾಡಿ 1-844-428-2224 (TTY: 711).

தமிழ் உங்களின் கவனத்திற்கு: உங்களுக்கு மொழி உதவிக்கான இலவச சேவைகள் கிடைக்கின்றன. பயன்படுத்தக்கூடிய வடிவங்களில் தகவல்களை வழங்குவதற்குப் பொருத்தமான புலன் உணர்வுக் கருவிகளும் சேவைகளும் இலவசமாகக் கிடைக்கின்றன. 1-844-428-2224 (TTY: 711) என்ற எண்ணை அழைத்திடுங்கள்.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-844-480-0680 (TTY: 711). Hours are Sunday-Saturday, 8 am to 8 pm.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit go.wellcare.com/AllwellTX or call 1-844-480-0680 (TTY: 711) to view a copy of the EOC. Hours are Sunday-Saturday, 8 am to 8 pm.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

Understanding Important Rules

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use. If you have a Marketplace plan, you will need to contact the Marketplace to cancel the plan. If you do not cancel your Marketplace plan, you may be paying for coverage you cannot use and there may be penalties on your next year's tax return.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.

Wellcare By Allwell (HMO and HMO SNP) includes products that are underwritten by Superior HealthPlan, Inc.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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Contact Us

For more information, please contact us:

By phone

Toll-free at 1-844-480-0680 (TTY: 711). Your call may be answered by a licensed agent.

Hours of Operation

Sunday-Saturday, 8 am to 8 pm

Online

go.wellcare.com/AllwellTX