

QUICK REFERENCE GUIDE

Wellcare Medicare Advantage Plan

Premier Eye Care

Provider Services #	1-800-738-1889: Monday-Friday, 8:30 a.m. to 6:00 p.m.
Member Customer Service #	1-866-434-0024: Monday-Friday, 8:00 a.m. to 8:00 p.m.
Premier Web portal	www.premiereyecare.net
Co-Payments	Co-Payment amounts are \$0 for all Routine Vision services (Annual Wellness Eye Exam and Eyewear)
Claims Submission	Please file Claims Electronically: Payer ID: 65054. For Original Paper Claims send to Premier Eye Care: P.O. Box 21503 Eagan, MN 55121
Claims Timely Filing Limits	60 days except COB
Coordination of Benefit Claims	Claims must be submitted within 60 days after receipt of initial payment. Original Explanation of Benefits must be submitted when secondary claim is remitted for processing.
Claims Appeals	Same claims address above - Attention: Appeals Include supporting documentation.

Health Plan Information

Health Plan (HP)	Wellcare Medicare
Health Plan Customer Service #	1-855-538-0454
Type of Product	Medicare HMO and DSNP
Coverage area	Iowa

Covered Services - Routine Vision

Payment Method	Fee for Service
Co-Payment Amounts	Routine Vision Exam Co-Payment is \$0.
Routine Vision Services	Yes - Routine Vision Exam and Eyewear
Glasses after Cataract Surgery	Yes- Members have open access to any Premier routine vision provider. Members may refer to their routine vision provider directory or contact Premier directly at 1-866-434-0024.

Routine Vision - Eye Exams and Eyewear

For Routine Vision - Members have open access to any Premier routine vision provider. Members may refer to their routine vision provider directory or contact Premier directly at 1-866-434-0024.

For Routine Vision - Providers may access the Premier web portal for eligibility verification at www.premiereyecare.net

Medical Eye Care

For Medical visits – Providers and Members should contact Wellcare directly.