

#### **Amerigroup Community Care**

#### Learn more about your benefits

This document gives you details about the services and benefits not included in your member handbook.

To find out more, see your <u>member handbook</u>. You can also call Amerigroup Community Care Member Services at **800-600-4441 (TRS 711)** if you have questions.

#### Chlamydia screening

One screening along with a Pap test is covered each year for people with a uterus who are **ages 16 to 24 years old**.

#### **Diabetic services\***

- Equipment and supplies
- Outpatient self-management training/education
- Medical nutrition counseling

### **Family planning providers**

You do not need a referral to get a yearly well-women visit or for a family planning provider.

#### Home care in CHOICES Group 2 and Group 3

The kinds of home care CHOICES members may get are covered in the member handbook. Some have limits. This means TennCare will pay for only a certain amount. The kind and amount of care you get depends on your needs.

In some cases, Amerigroup may choose to give you a non-covered service if you are in Group 2 or Group 3. This may happen if we decide the non-covered service is a suitable and less costly way to meet your needs compared to other covered services we may have given you. You don't have to get these services.

The decision to give or not to give non-covered services is solely up to Amerigroup. You are not required to get a fair hearing about our decision if we choose not to give you one of these non-covered services.

#### Non-emergency medical transportation (NEMT)/non-emergency ambulance

The rides to and from your TennCare covered services are covered as needed.

#### Occupational therapy\*

The care given by a licensed occupational therapist to bring back, improve, or steady impaired functions is covered.

#### Phenylketonuria (PKU)

Testing for newborns within the first three days after birth as a part of the normal screening process is covered. Care includes licensed professional health services and special formulas for diet.

#### Physical therapy\*

The care given by a licensed physical therapist to bring back, recover, or steady impaired functions is covered.

# [Doctor outpatient services/Community health and other clinic services] Covered as medically needed.

#### **Second opinions**

This is a covered service when you have a question or concern about your medical care. A licensed provider in our plan must give it or we must give our OK for you to see one who is not in our plan.

# Speech therapy\*

The care given by a Licensed Speech Therapist to bring back speech after a loss or impairment is covered as long as your condition keeps getting better.

# Spanish: Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-600-4441 (TRS: 711).

Kurdish: کوردی

ئاگادارى: ئەگەر بە زمانى كوردى قەسە دەكەيت، خزمەتگوزاريەكانى يارمەتى زمان، بەخۆرايى، بۆ تۆ بەردەستە. پەيوەندى بە 178 (TRS 711) بكە.

# Do you need help with your healthcare, talking with us, or reading what we send you? Call us for free at: 800-600-4441 (TRS: 711).

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birth place, language, age, disability, religion, or sex. Do you think we did not help you or treated you differently? Then call 800-600-4441 (TRS 711) or TennCare 855-857-1673 (TRS 711) for free.

<sup>\*</sup> Medically needed for age 21 and older.