



CAN Cares Insurance Assistance Agreement Summary

CAN COMMUNITY HEALTH, INC., a nationwide not-for-profit company (“CAN”), may provide insurance assistance to patients participating in Hepatitis C, HIV, or PrEP programs. Participants in the insurance assistance program, called “CAN Cares” are enrolled in an approved insurance plan through www.healthcare.gov. The insurance plans vary by state. Insurance assistance will cover the monthly premiums of the insurance plan. CAN Cares insurance assistance does not pay for co-pays, deductibles, or co-insurance. Please note that the payments made by CAN as monthly premiums may be considered income when filing your taxes and can create tax credits. We suggest you seek guidance from a tax professional. These tax credits and any returned monthly premiums paid by CAN will need to be returned to CAN as soon as they are received.

Thank you for participating in the CAN Cares insurance assistance program, which will begin on the first day of the month following a completed enrollment and continue through the date described below and terminate no later than the last day of the calendar year, subject to any other terms and conditions applicable to the agreement. You have verbalized agreement with the following “Conditions for Participation” described below and this is a summary of those agreements.

I have agreed to use a CAN approved pharmacy and CAN approved medical provider.

I have agreed to remain adherent to the treatment plan as agreed to by my CAN provider including specialty referrals, medications, and follow up visits.

I have agreed to keep all medical and lab appointments.

All information I provided is accurate and complete. I understand that I need to inform my care navigator with any changes to my income. I am responsible for any expenses because of providing inaccurate or incomplete information, CAN is not responsible for any expenses incurred or tax liabilities.



I agreed to present all correspondence from the healthcare marketplace, the insurance company, lab companies, insurance brokers, or requested by CAN to my care navigator.

I agreed to provide CAN with any refund checks associated with my health plan I may receive. Failure to do so may affect my ability to participate in the program. Examples include premium refunds, provider over payments, and tax credits.

I agreed that I will not change my health insurance plan without first contacting my care navigator.

I understand that I may be removed from the CAN Cares insurance assistance plan for non-adherence for more than 30 days, or for using a pharmacy or provider that is not CAN approved.

I understand that my insurance plan may change at any time to better suit my CAN Cares healthcare needs and my participation will be reviewed each year during the healthcare marketplace open enrollment period.

I understand that I may cancel my healthcare coverage at any time and CAN is able to cancel my healthcare coverage for any reason with 30 days of notice.

I have read and understand the above policy. I understand and will comply with the criteria and my responsibilities to continue receiving assistance as long as I have a need and assistance is available.

If I have any questions or concerns about my CAN Cares health insurance, I will contact my clinic or reach out to CANcaresHelp@cancommunityhealth.org.