Guide to Creating a CoverME.gov Consumer Account

This document is intended as a user guide for CoverME.gov consumers. For assistance or technical support, please contact the CoverME.gov Consumer Assistance Center at 1-866-636-0355 TTY 711.

Step 1: On CoverME.gov, please review the information in the Get Started menu.



Step 2: When you are ready to create an account, follow <u>this link</u>. This will bring you to the page below where you can create your CoverME.gov consumer account.

COVERME.GOV	Maine's Official Health Insurance Marketplace	CALL CUSTOMER SERVICE (866) 636-0355 / TTY:711
	Create Account	
	Email or username	
	Password 8 characters minimum	
	Password confirmation	
	CREATE ACCOUNT	
		C Live Chat

COVERME.GOV	Maine's Official Health Insurance Marketplace	CALL CUSTOMER SERVICE
	Create Account	
	newconsumer@mailinator.com	
	Password 8 characters minimum Average	
	Password confirmation Match 🗸	
	CREATE ACCOUNT	
	Sign In	

Step 3: Enter an email/username and a password, and press Create Account.

Step 4: Review the CoverME.gov Privacy Information and press Continue.

	Maine's Official Health Insurance Marketplace	CALL CUSTOMER SERVICE (866) 636-0355 / TTY: 711	HELP LOGOUT newconsumer@mailinator.com
Welcome to CoverME.go	x. Your account has been created.		×
CoverME.gov understand We take the protection o information will be used insurance plan or financi CoverME.gov will confirm agencies like the Social S Services. These data req your identity. Income, an coverage and financial as with your permission to r the agencies we contact list of different documen CoverME.gov is required us by computer, or told tu with our employees or tr your information outside CoverME.gov will also co health insurance compar	And Use of Your Information about yourself and your family. If that information very seriously. CovertHE.gov wants you to understand that your only to see whether you or your family member(s) qualify for a Marketplace health al help to make your plan more affordable. In the answers you provide by matching them with information from other government uests are authorized by the Affordable Care Act. We need this information to verify d other information on your application to determine if you are eligible for health asistance through CovertHE.gov. We may also check your information at a later time make sure your eligibility is up to date. If your answers do not appear to match with we will asky uo to send us documentation to verify your answers. We will provide a ts that will help us to confirm your information. to keep your personal information confidential, whether it is written on paper, sent to ous over the telephone. We may only use or share your information in a secure way used business partners who perform their work for CoverHE.gov. We also may share of CoverHE.gov if you ask us to do so, or where the law provides. municate with your authorized representatives and provide information to the y you select so that it can enroll you in your health plan. If you choose to use a e, such as a health insurance agent, broker, or Maine Enrolment Assister, they will be		

Step 5: Enter your personal information, and press Continue. If you do not have an existing application on CoverME.gov, you will receive the following message in green. Press Continue again to proceed with your new application.

ell Us About Yourself	FIRST NAME* New	MIDDLE NAME	LAST NAME* Consumer	SUFFIX NONE	
amily Info	DATE OF BIRTH * 01/01/1970	SOCIAL SECURITY 752-24-3650	🗆 I don't have an SSN 🝞	MALE O FEMALE 2	
			n CoverME.gov for you. Next, we rage through CoverME.gov. Sele		

Step 6: After pressing Continue, you can proceed with your application (shown below). At any point, if you wish to exit the application and continue later on, you can click the "Save & Exit" option on the right side of the application screen. You can log back in to finish your application any time using <u>this link</u>, which can also be found on the CoverME.gov home page.

COVER ME. GOV	Individual and Fa	mily		CALL CUSTOMER SE	
Account Setup Tell Us About Yourself	Personal Inf	ormation			CONTINUE
Family Info	Enter your personal inform	nation and answer the follow	ing questions. When you're fi	nished, select CONTINUE. * = required field	SAVE & EXIT
	FIRST NAME * New	MIDDLE NAME	LAST NAME * Consumer	SUFFIX NONE	If you select Save & Exit, you can save your work and continue where you left off the next time
	Does New need covera	ge? *	Yes O No	Not sure?	you login.
	DATE OF BIRTH* 01/01/1970	social security 752-24-3650	🗆 I don't have an SSN 😯	MALE FEMALE	Help Me Sign Up
	Is this person a US citi	en or US national?*	O Yes	O No Not sure?	
	Is this person a membe <u>Alaska Native</u> Tribe?*	r of an <u>American Indian</u> or	O Yes	O No	
	Is this person currently	incarcerated? *	() Yes	O No Not sure?	
	What is your race/ethn	icity?(OPTIONAL - check all	that apply)		₽ ∎ L
	White Black or African	 Filipino Japanese 	 Native Hawailan Samoan 	Other Pacific Islander	

Step 5: Enter your personal information, and press Continue. If you do not have an existing application on CoverME.gov, you will receive the following message in green. Press Continue again to proceed with your new application.

COVER ME. GOV	Maine's Official Health	Insurance Marketpla	ce	CALL CUSTOMER SERVICE	HELP LOGOUT migratedconsumer@mailinator.com
Account Setup	Personal Ir	nformation			CONTINUE
Tell Us About Yourself	FIRST NAME* Migrated	MIDDLE NAME	LAST NAME* Consumer	suffix NONE -	
Family Info	DATE OF BIRTH * 11/01/1980	SOCIAL SECURITY 658-60-8709	🗆 I don't have an SSN 😮	🔿 MALE 🔘 FEMALE 😮	
	application you had	with Healthcare.gov, the Mai reviously. Please review you	ion with CoverME.gov. This app ne Office for Family Independe r application as it's very import	nce, or one you've	

Step 6: After pressing Continue, you can proceed with your application (shown below). At any point, if you wish to exit the application and continue later, you can click the "Save & Exit" option on the right side of the application screen. You can log back in to finish your application any time using this link, which can also be found on CoverME.gov.

AFORDABLE HEALTH COVERAGE FOR MAINE	Individual and	Family				STOMER SERVICE 636-0355 / TTY: 711	MY INSURED PORTAL HELP LOGO Migrated Consumer ID: 10064
Account Setup Tell Us About Yourself	Personal li	nformation					CONTINUE
Family Info	Enter your personal in	formation and answer the follow	ing questions. When	you're fini:	shed, sele	ect CONTINUE. * = required field	SAVE & EXIT
	FIRST NAME* Migrated	MIDDLE NAME	LAST NAME* Consumer		SUFFIX		If you select Save & Exit, you can save your work and continue where you left off the next time
	Does Migrated need	d coverage? *) Yes	() No		Not sure?	you login.
	DATE OF BIRTH * 11/01/1980	SOCIAL SECURITY 658-60-8709	I don't have an SS	N 🚱	O MALE	FEMALE ?	Help Me Sign Up
	Is this person a US	citizen or US national?*	Yes		⊖ No	Not sure?	
	Is this person a nat	uralized or derived citizen? *	O Yes		🖲 No	Not sure?	
	Is this person a me <u>Alaska Native</u> Tribe	mber of an <u>American Indian</u> or ?*	O Yes		🖲 No		
	is this person curre	ntly incarcerated? *	O Yes		No	Not sure?	

Step 7: Navigating to your "My Insured Portal" in the top right will show any plan enrollments (including auto-renewals). By navigating through the menu on the left, you can upload documents, review or update your application information, and access your secure inbox.

My CoverME.gov	My CoverME.gov		
Documents	Shop for health and dental plans	Shop For Plans	Select a Broker or Assister
Cost Savings			Get Help Signing Up
Messages 2			No WHAT IS AN ASSISTER?
			Selection WHAT IS A BROKER?
My Account			
Migrated Consumer			Have life changes?
Manage Family			See how it may affect your health insurance.
			TOP LIFE CHANGES
			Lost or will soon lose other health insurance
			K Had a baby
			Adopted a child

Please note that in order to claim an account for households who had 2021 coverage on HealthCare.gov, the information you enter must match the individual who initially registered your HealthCare.gov account