

CREATING YOUR COVERME.GOV ACCOUNT

CoverME.gov, Maine's Health Insurance Marketplace, helps people without access to affordable coverage learn more about health insurance options, compare plans, determine whether they qualify for financial help, and enroll in quality, comprehensive health coverage.

For assistance or technical support, please contact the CoverME.gov Consumer Assistance Center at 1-866-636-0355 TTY: 711.

If you are new to CoverME.gov, you will need to set up a new account to shop for a plan. Here are the steps to get started:

Step 1: On CoverME.gov, select **Shop > New Consumers** to get started.



Step 2: On the New Consumers page, click the green **Enroll Now** button. You can also go to enroll.coverme.gov/users/sign_up

New Consumers

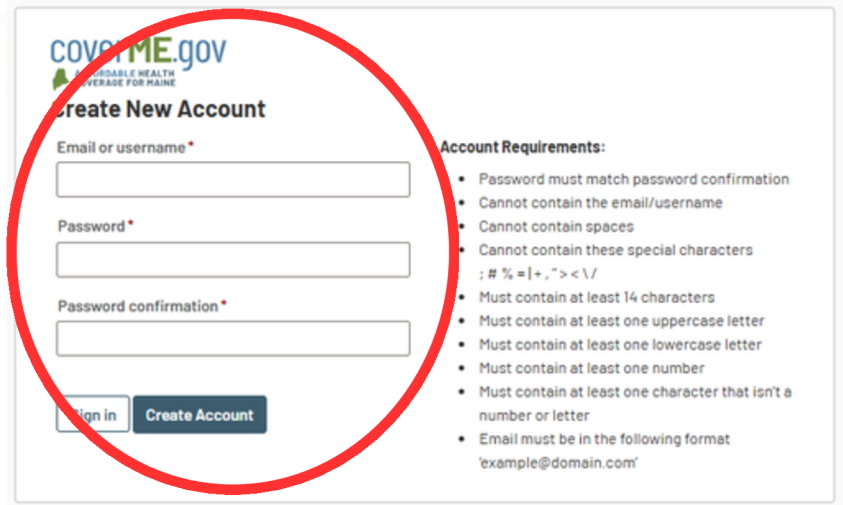
Depending on your expected household income for the year, you may qualify for lower costs for your marketplace plan, like advanced premium tax credits or extra savings on out-of-pocket costs so it's important to complete that section of the application. We will assess anyone in your household for MaineCare when you apply – even if you don't qualify, your children may since the State of Maine has expanded coverage for Maine kids.

Ready to get started?

Open Enrollment has ended, but you may be eligible to enroll [with a Special Enrollment Period](#). Use our [step-by-step guide](#) to set up your account.

ENROLL NOW

Step 3: This will bring you to the page to create your CoverME.gov account. Enter an email or username and a password, then click **Create Account**.



coverME.gov
AFFORDABLE HEALTH
COVERAGE FOR MAINE

Create New Account

Email or username *

Password *

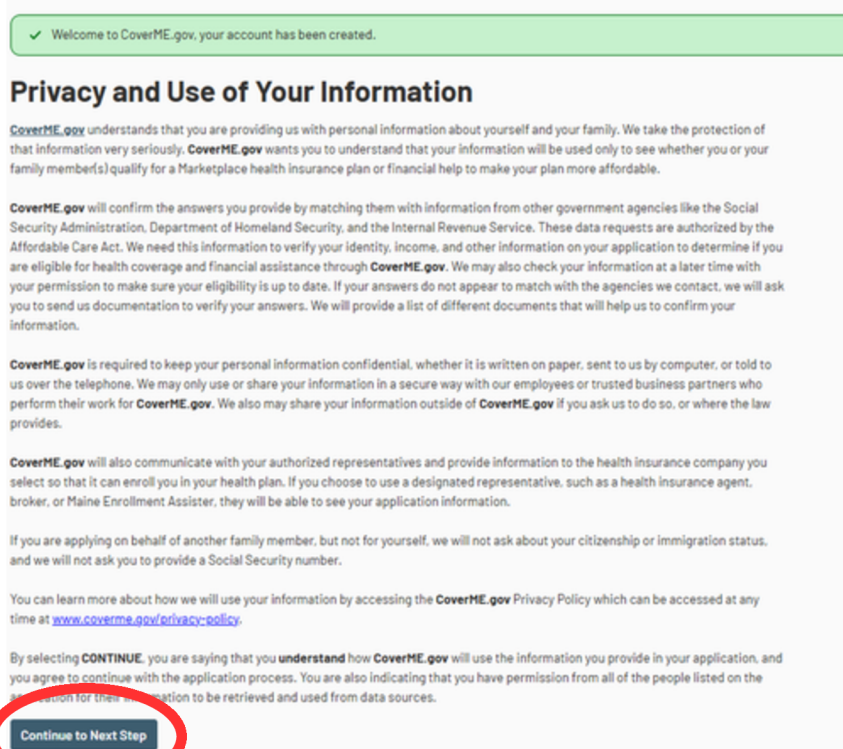
Password confirmation *

Sign in Create Account

Account Requirements:

- Password must match password confirmation
- Cannot contain the email/username
- Cannot contain spaces
- Cannot contain these special characters : # % = [+ , " > < \ /
- Must contain at least 14 characters
- Must contain at least one uppercase letter
- Must contain at least one lowercase letter
- Must contain at least one number
- Must contain at least one character that isn't a number or letter
- Email must be in the following format 'example@domain.com'

Step 4: Review the CoverME.gov Privacy and Use of Your Information agreement. After reviewing the document, click **Continue to Next Step**.



✓ Welcome to CoverME.gov, your account has been created.

Privacy and Use of Your Information

CoverME.gov understands that you are providing us with personal information about yourself and your family. We take the protection of that information very seriously. CoverME.gov wants you to understand that your information will be used only to see whether you or your family member(s) qualify for a Marketplace health insurance plan or financial help to make your plan more affordable.

CoverME.gov will confirm the answers you provide by matching them with information from other government agencies like the Social Security Administration, Department of Homeland Security, and the Internal Revenue Service. These data requests are authorized by the Affordable Care Act. We need this information to verify your identity, income, and other information on your application to determine if you are eligible for health coverage and financial assistance through CoverME.gov. We may also check your information at a later time with your permission to make sure your eligibility is up to date. If your answers do not appear to match with the agencies we contact, we will ask you to send us documentation to verify your answers. We will provide a list of different documents that will help us to confirm your information.

CoverME.gov is required to keep your personal information confidential, whether it is written on paper, sent to us by computer, or told to us over the telephone. We may only use or share your information in a secure way with our employees or trusted business partners who perform their work for CoverME.gov. We also may share your information outside of CoverME.gov if you ask us to do so, or where the law provides.

CoverME.gov will also communicate with your authorized representatives and provide information to the health insurance company you select so that it can enroll you in your health plan. If you choose to use a designated representative, such as a health insurance agent, broker, or Maine Enrollment Assister, they will be able to see your application information.

If you are applying on behalf of another family member, but not for yourself, we will not ask about your citizenship or immigration status, and we will not ask you to provide a Social Security number.

You can learn more about how we will use your information by accessing the CoverME.gov Privacy Policy which can be accessed at any time at www.coverme.gov/privacy-policy.

By selecting CONTINUE, you are saying that you understand how CoverME.gov will use the information you provide in your application, and you agree to continue with the application process. You are also indicating that you have permission from all of the people listed on the application for their information to be retrieved and used from data sources.

Continue to Next Step

Step 5: Enter your Contact Information and Personal Information, then click **Continue to Next Step**.

Account Setup
Tell us about yourself
Family Info
Log Out

Personal Information

Please review your information carefully. Once submitted, some fields cannot be changed without contacting the CoverME.gov Consumer Assistance Center.

Enter your personal information. We'll check to see if you already have an existing application with CoverME.gov. This application could be from an application you had with Healthcare.gov, the Maine Office for Family Independence or one you've completed with us previously. If your family has applied to one of these places, use the information of the person who completed that application here. When you are finished, select "Continue to Next Step".

First Name *
First Name

Middle Name
Middle Name

Last Name *
Last Name

Suffix
None

Date Of Birth *
mm/dd/yyyy

Sex *
Select Option
Not sure?

Social Security *
000-00-0000
☐ I don't have an SSN
Not sure?

Does this person need coverage? *
☒ Yes ☐ No
Not sure?

Continue to Next Step

Step 6: If you are creating a new account, you will see a blue pop-up notification. Check that the information you entered is correct. If it is, click **Continue to Next Step** again.

Personal Information

i We weren't able to find an existing application on CoverME.gov for you. Please verify that the information was entered correctly. We need to verify if you or you and your family are eligible to enroll in coverage through CoverME.gov. Select "Continue to Next Step" to go to the next step of verification.

First Name * Middle Name * Last Name * Suffix

Please note: If you already have a CoverME.gov account, you will see a red pop-up notification with different instructions.

Step 7: Continue with your application, completing **Demographic Information**. If you are not a US citizen or US national, you will be asked additional questions to determine your eligibility.

*Please note: If you are unsure if your immigration status qualifies, click **Not Sure**.*

Demographic Information for

Is this person a US citizen or US national? *

☐ Yes ☐ No
Not sure?

Is this person a member of an American Indian or Alaska Native Tribe? *

Does this person have an immigration status that qualifies for CoverME.gov?

i Note: You can continue the application without answering this question, but if you don't answer it, this person won't be eligible for full Medicaid or Marketplace coverage. They'll only be considered for coverage of emergency services, including labor and delivery services.

If you do have a qualifying immigration status and want to see if you qualify for financial assistance, be sure to review all questions on the "Other Questions" page, since your answers will impact your eligibility for APTC and/or CSR.

☐ Yes
Not sure?

Step 8: Continue with your application, completing Additional Contact Information. If you checked **Mail** as a contact preference earlier, you will need to **Add Mailing Address** even if it is the same as your home address.

Contact Information for Home Address

1 Your home address is where you legally reside. If you prefer to receive mail at another address such as your office or a PO Box, select 'Add Mailing Address'.

Address Line 1 (Number, Street, Quadrant)* Address Line 2 Apt, Unit, etc.

City* State* Zip Code* County

City SELECT STATE Zip Code Please provide a zip code

☐ I'm a ME resident experiencing homelessness, or have no permanent home address

Add Mailing Address

Previous Step Continue to Next Step

Step 9: Next, we will ask if you consent to us verifying your identity. Remote Identity Proofing (RIDP) is used to verify your identity. CoverME.gov uses Experian to confirm your identity.

Authorization & Consent

1 You will have a total of three (3) attempts to verify your identity electronically with CoverME.gov. Please confirm that all the personal information you've provided so far is entered correctly. **You have 3 attempts remaining.**

To protect you and your personal information, we verify your identity using trusted data sources. By agreeing to verify your identity:

- You're allowing the Marketplace under the Fair Credit Reporting Act to obtain information from your personal credit profile or other information from trusted data sources and credit reporting agencies, e.g. Experian, to verify your identity.
- You authorize your wireless carrier to use or disclose information about your account and your wireless device, if available, to the Centers for Medicare and Medicaid Services or its service provider, solely to help identify you or your wireless device and to prevent fraud for the purpose of this application.
- For more information about how we use your data, see our privacy policy at [CoverMe.gov](https://www.coverme.gov/privacy-policy). If you don't want to provide this information, you need assistance, call our call center at (866) 636-0355.

Select one of the following statements *

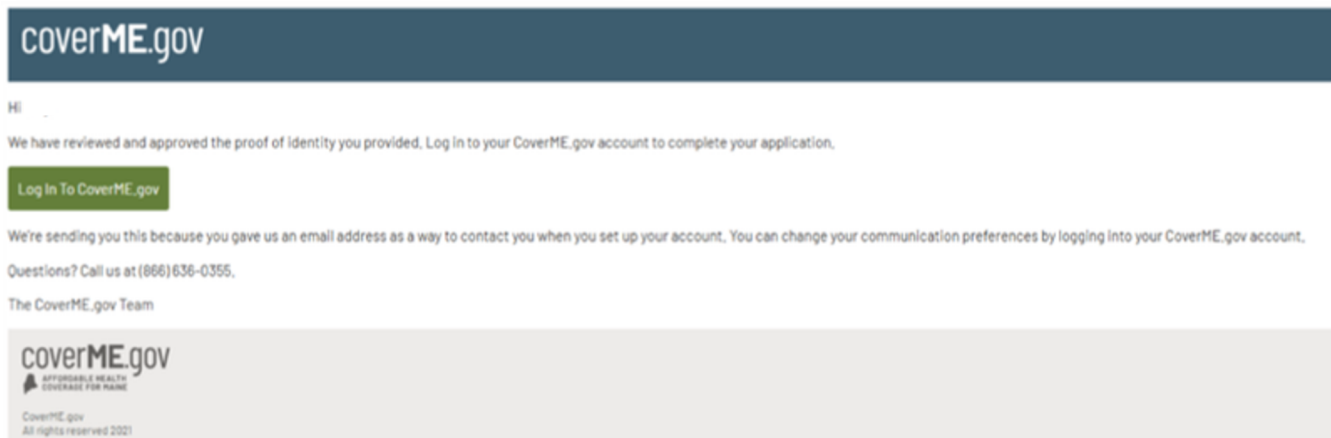
☒ I agree ☐ I disagree

We are required by federal law to verify your identity before you continue with your application. If you do not want to continue with identity verification through Experian, you must provide documents to prove your identity.

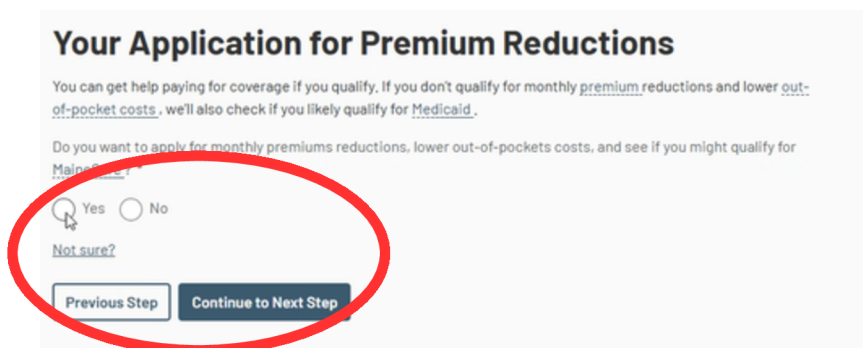
Previous Step Continue to Next Step

*Please note: If you cannot or do not want to verify your identity online, you may upload approved documents. A list of approved documents can be found at <https://www.coverme.gov/support/forms> under **Verification Forms and Documents**. CoverME.gov must review and approve uploaded documents before you can proceed (typically this takes 3-5 business days).*

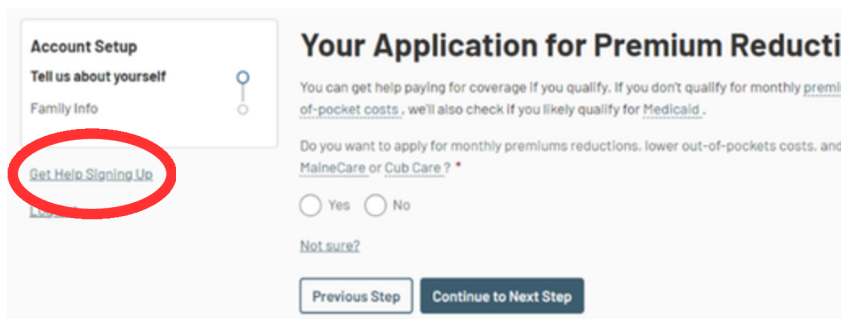
Step 10: Once your identity has been verified, you will receive this email. Log in to your new account via the button in the email.



Step 11: Lastly, you will be asked about applying for financial savings, called **premium reductions**. If you select **Yes**, you will continue to the financial assistance application. If you select **No**, we cannot determine if you are eligible for savings. You may miss out on significant savings.



Step 12: At this point, you can assign a free, qualified expert to your account. To assign an expert, click **Get Help Signing Up** on the left side of the page.



Please note: See our [Assigning an Expert](#) guide for step-by-step instructions to choose an expert and add them to your account. The guide can also be found at www.coverme.gov/support/how-do-i.

Step 13: Review the Application Checklist. Make sure you have all necessary information so you can complete your application easily. Click **Begin Application**.

Application Checklist

Before you get started, please review the application checklist below. If you gather the information in advance, you can complete the application quickly. When you're ready to begin, select 'Begin Application'. This application takes about 15-20 minutes to complete. You may save your progress at any time.

[Previous Step](#) **Begin Application**

You will need detailed information for each person in your household (even if they don't need coverage) to complete the application.

For each person in your household who needs health insurance, you'll need:	For each person in your household who doesn't need health insurance, you'll need:
• Full legal names, birth dates, social security numbers, and addresses • Tax filing plans for the year you want coverage. For example: ◦ Who will file federal taxes? ◦ Who will be claiming dependents on their tax return? ◦ If anyone is married, will they file taxes jointly? • Information about income (how much you get, how often you get it, etc.). It helps to have: ◦ Your most recent tax return	• Full legal names, birth dates, social security numbers, and addresses • Tax filing plans for the year you want coverage. For example: ◦ Who will file federal taxes? ◦ Who will be claiming dependents on their tax return? ◦ If anyone is married, will they file taxes jointly? • Information about income (how much you get, how often you get it, etc.). It helps to have: ◦ Your most recent tax return

Step 14: When completing the Family Information section, add all members of your tax household to your account. Add them to your account even if they already have health coverage or they are not looking for coverage.

You will have the option for every person in your household to identify if they do or don't need coverage.

After you have added all members of your tax household, click **Continue to Next Step**.

Family Information

2026 Application for Coverage

If you need to get health insurance coverage for other members of your family, select 'Add New Member To Household'. When you're finished, select 'Continue to Next Step'.

[+ Add New Member To Household](#) [Who else should I include in my household?](#)

Member 1

Name Age Sex Relationship

[Edit Member](#)

Member 2

Name Age Sex Relationship

[Edit Member](#)

[Previous Step](#) **Continue to Next Step**

Does this person need coverage? *

☐ Yes ☒ No

[Not sure?](#)

Step 15: When completing the Job Income section, leave **End Date** blank unless your income is ending on 12/31/2027. This could include leaving your job or permanently closing your business on this date. If you expect to have income in 2027, leave **End Date** blank.

Job Income

Tell us about job income for Test, select "Continue to Next Step" when finished.

Does Test have income from an employer? *

☒ Yes ☐ No

[Not sure?](#)

Note: For job income Test currently receives, do not enter an end date into the "End Date" field. Only enter an end date if the job income will end soon or has already ended.

Employer Name * Phone Number *

Amount * Frequency * Start Date * End Date

Yearly mm/dd/yyyy mm/dd/yyyy

Step 16: Review your application. Once you have confirmed that all information is correct, click **Continue to Next Step**.

Enroll in Coverage

Family Info
Family Relationships
Income & Coverage
Preferences
Review
Submit
Eligibility Results

[Get Help Signing Up](#)
[Log Out](#)

Review Your Application

You're almost done! Review the application summary below and make sure it's correct. Select the 'Edit Section' button to go back to any section and make changes. When you're finished, select 'Continue to Next Step'.

Income and Adjustments

The following is information you entered for everyone in this application:

Person	Types	Frequency	Amount	Dates	Edit
	Wages and Salaries	Yearly	\$50,000.00	04/01/2025 - Present	Edit
estimated annual income for 2026			\$50,000.00		
estimated annual income for 2028			\$0.00		

Step 17: You can now view your results to see if you qualify for financial savings. Financial savings on CoverME.gov are based on many things, including the income you report for your household and your household size.

Enroll in Coverage

Family Info
Family Relationships
Income & Coverage
Preferences
Review
Submit
Eligibility Results

[Back To My Account](#)

[Get Help Signing Up](#)
[Log Out](#)

Applications / Application Details / **Eligibility Results**

Eligibility Results

Tax Household 1

Qualifies for a Plan with Financial Assistance

These people are eligible to enroll in an insurance plan on CoverME.gov and qualify for a premium tax credit of \$222.00 per month to help lower their monthly payment. This financial assistance will be applied during plan selection.

These people qualify for lower out-of-pocket costs called Cost Sharing Reductions. Select a silver plan to use this benefit.

Did Not Apply for Coverage

These people indicated on the application that they did not want coverage.

To see more details about this decision, please check your Messages and review the Eligibility Results letter.

Step 18: If you haven't already selected a plan, now is the time to shop for coverage that fits your health needs and budget. Click **Continue to Shop for Plans**.

The screenshot shows the 'Eligibility Results' page on CoverME.gov. On the left, a vertical progress bar indicates the current step is 'Eligibility Results'. The main content area is titled 'Eligibility Results' and includes the following sections:

- Tax Household 1**
 - Qualifies for a Plan with Financial Assistance**

These people are eligible to enroll in an insurance plan on CoverME.gov and qualify for a premium tax credit of \$222.00 per month to help lower their monthly payment. This financial assistance will be applied during plan selection.

 -

These people qualify for lower out-of-pocket costs called Cost Sharing Reductions. Select a silver plan to use this benefit.

 -
 - Did Not Apply for Coverage**

These people indicated on the application that they did not want coverage.

 -

To see more details about this decision, please check your Messages and review the Eligibility Results letter.
 - Next Steps**

Select 'Continue to Shop for Plans' to check if you're eligible to choose a new plan or make changes to your current one. You can also qualify through Special Enrollment Period or during Open Enrollment. If you're already enrolled in a CoverME.gov plan, any updates you make will take effect starting next month.

Continue to Shop for Plans (circled in red) | **Return to Account Home**

QUESTIONS? WE'RE HERE TO HELP.

Call CoverME.gov's Consumer Assistance Center at 1-866-636-0355, TTY: 711.
For expanded hours during Open Enrollment, visit CoverME.gov/support/find-help.
Work with a Broker or Assister for free: CoverME.gov/localhelp.