

Application and Enrollment Guide for Consumers no longer eligible for MaineCare:

1. To create an account, click “Sign In” in the top right corner.



2. This will prompt you to enter a username and password (shown below). If you don't already have a CoverME.gov account, click “Create Account”.

A screenshot of the "Sign into your account" form on the coverME.gov website. The form is titled "Sign into your account" in bold black text. It contains two input fields: "Username or email" and "Password". Below the Password field is a link for "[Password Hints]". There is a checkbox labeled "Remember me" and a link for "Forgot Password?". At the bottom of the form are two buttons: "Create Account" and "Sign In". The "Create Account" button is highlighted with a red box.

Create Account

Email or username

Password 8 characters minimum

Password confirmation

CREATE ACCOUNT

[Sign In](#)

3. Once you've created your account, you'll be asked to review and agree to the CoverME.gov Privacy and Consent statement.

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 Services. 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

4. Next, you'll be asked to enter some information about yourself and anyone in your household. This information will be used to check if you have an existing account on CoverME.gov.

Account Setup

Tell Us About Yourself

Family Info

Personal Information

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.

* = required field

FIRST NAME *	MIDDLE NAME	LAST NAME *	SUFFIX	NONE
Sabine	Example	Smith		

Does Sabine need coverage? *

☒ Yes ☐ No ☐ Not sure?

DATE OF BIRTH *

01/01/1985

395-87-5844

☐ I don't have an SSN

☐ MALE ☒ FEMALE

[?](#)

CONTINUE

If you've lost MaineCare coverage, the Office for Family Independence (OFI) in the Department of Health and Human Services (DHHS) may have already sent your application details to CoverME.gov. If that's the case, CoverME.gov will match your information to your existing application (shown below). Please review the information on the existing application and make sure it is accurate.

Account Setup

Tell Us About Yourself

Family Info

Personal Information

CONTINUE

FIRST NAME *	MIDDLE NAME	LAST NAME *	SUFFIX	NONE
Sabine	Example	Smith		

DATE OF BIRTH *

01/01/1985

SOCIAL SECURITY

395-87-5844

☐ I don't have an SSN ☐ MAL ☒ FEM [?](#)

It looks like 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. Please review your application as it's very important that all your information is up to date.

5. Next, you'll be asked to enter some more information that will help CoverME.gov determine your eligibility to enroll in a Marketplace plan.

The screenshot shows the 'Personal Information' form. On the left, a sidebar contains 'Account Setup', 'Tell Us About Yourself' (selected), and 'Family Info'. The main area has a title 'Personal Information' and instructions: 'Enter your personal information and answer the following questions. When you're finished, select CONTINUE.' A red 'CONTINUE' button is at the top right. Below the instructions, there are several form fields: 'FIRST NAME *' (Sabine), 'MIDDLE NAME' (Example), 'LAST NAME *' (Smith), and 'SUFFIX' (NONE). Below these is a question 'Does Sabine need coverage? *' with radio buttons for 'Yes' (selected), 'No', and 'Not sure?'. Then, 'DATE OF BIRTH *' (01/01/1985), 'SOCIAL SECURITY' (395-87-5844), and a question 'I don't have an SSN?' with a checkbox. Below that are three questions about citizenship and tribal membership, each with 'Yes', 'No', and 'Not sure?' options. The last question is 'Is this person currently incarcerated? *' with 'Yes' and 'No' options. A 'Help Me Sign Up' button is on the right. At the bottom right, there is a 'Live Chat' button.

Once you've finished entering your information, you can click "Continue" to review the application checklist and add information for any other household members.

The screenshot shows the 'Family Information' form. On the left, a sidebar contains 'View My Applications', 'Family Info' (selected), and 'Review & Submit'. The main area has a title 'Family Information' and instructions: 'If you need to get health insurance coverage for other members of your family, select 'Add New Person'. When you're finished, select CONTINUE.' A red 'CONTINUE' button is at the top right. Below the instructions, there is a table with columns: 'NAME', 'AGE', 'SEX', and 'RELATIONSHIP'. The table contains one row: 'Sabine Example Smith', '32', 'Female', 'SELF'. Below the table, there is a green checkmark icon and the text 'Info Complete'. To the right of this is a button 'ADD INCOME & COVERAGE INFO'. At the bottom left, there is a '+ Add New Person' button and the text 'Who else should I include in my household?'. On the right side, there is a red-bordered box containing a 'Application for Coverage' section. This section has a green checkmark icon and the text 'Ready for Review'. Below this, it says 'You must enter all required information for everyone in your household.' At the bottom of this box is a red 'CONTINUE' button. Below the red-bordered box, there are links for 'PREVIOUS' and 'SAVE & EXIT'.

6. You may be eligible for financial assistance on CoverME.gov to help lower your monthly premiums and out-of-pocket costs. Over 80% of CoverME.gov consumers receive financial assistance after applying. If you want to apply, click “Yes” on the screen below. To complete the application, you will need to enter income and coverage information for you and your tax household members.

Your Application for Premium Reductions

You can get help paying for coverage if you qualify. If you don't qualify for monthly [premium reductions](#) and lower [out-of-pocket costs](#), we'll also check if you likely qualify for [Medicaid](#)

* = required field

Do you want to apply for monthly premiums reductions, lower out-of-pockets costs, and see if you might qualify for [MaineCare](#) or [Cub Care](#) ?

☒ Yes ☐ No ☐ Not sure?

My Household

Income and Coverage Info

Tax Info

Job Income

Other Income

Income Adjustments

Health Coverage

Other Questions

Job Income for Sabine

Answer questions for this person. When you're finished, select CONTINUE.

Note: For Job Income this person currently receives, do not enter an end date into the 'To' field. Only enter an end date if the job income ended.

Does this person have **income from an employer**?
* ☒ Yes ☐ No ☐ Not sure?

EMPLOYER NAME

GROSS AMOUNT	HOW OFTEN	START	END
\$35,000.00	Yearly	09/01/2021	

EMPLOYER PHONE
(555) 555-5555

[Add Another Job Income](#)

Does this person have **self-employment income**?
* ☐ Yes ☒ No ☐ Not sure?

CONTINUE

PREVIOUS

SAVE & EXIT

If you select Save & Exit, you can save your work and continue where you left off the next time you login.

[Help Me Sign Up](#)

If you're losing MaineCare coverage, pay close attention to the Health Coverage section of the application. For each member who lost or is losing MaineCare, please indicate "Yes" and enter the last date of their MaineCare coverage (shown below).

My Household

Income and Coverage Info

Tax Info

Job Income

Other Income

Income Adjustments

Health Coverage

Other Questions

Health Coverage for Sabine

Tell us about other health coverage options for this person. When you're finished, select CONTINUE.

Is this person currently enrolled in health coverage or getting help paying for health coverage through a Health Reimbursement Arrangement? *

☐ Yes ☒ No ☐ Not sure?

Does this person currently have access to health coverage or a Health Reimbursement Arrangement that they are not enrolled in? *

☐ Yes ☒ No ☐ Not sure?

Was this person found not eligible for MaineCare (Medicaid) or Cub Care (Children's Health Insurance Program) within the last 90 days? *

☐ Yes ☒ No ☐ Not sure?

Did this person have MaineCare (Medicaid) or Cub Care (Children's Health Insurance Program) that will end soon or that recently ended because of a change in eligibility? *

☒ Yes ☐ No ☐ Not sure?

CONTINUE

PREVIOUS

SAVE & EXIT

If you select Save & Exit, you can save your work and continue where you left off the next time you login.

Help Me Sign Up

Live Chat

Other Questions

Was this person found not eligible for MaineCare (Medicaid) or Cub Care (Children's Health Insurance Program) within the last 90 days? *

☐ Yes ☒ No ☐ Not sure?

Did this person have MaineCare (Medicaid) or Cub Care (Children's Health Insurance Program) that will end soon or that recently ended because of a change in eligibility? *

☒ Yes ☐ No ☐ Not sure?

Has this person's household income or household size changed since they were told their coverage was ending? *

☐ Yes ☒ No ☐ Not sure?

What is the last day of this person's MaineCare (Medicaid) or Cub Care (CHIP) coverage? *

05/31/2023

BACK TO ALL HOUSEHOLD MEMBERS (Go back and work on another person)

Live Chat

7. Once you've completed the application, you can review your answers. You will then be asked to review statements on the next two pages. Once that is completed click "Submit Application".

View My Applications

Family Info

Review & Submit

Review Your Application

You're almost done! Review the application summary below and make sure it's correct. Select the pencil icon to go back to any item and make change. When you're finished, select CONTINUE.

Income and Adjustments

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

PERSON	TYPES	FREQUENCY	AMOUNT	DATES
Sabine Example Smith	Net Self Employment	Yearly	\$25,000.00	01/01/2022 - Present

Sabine's annual income for 2023 ⓘ: \$25,000.00

Sabine Example Smith

AGE	SEX	STATUS	INCARCERATED	NEEDS COVERAGE?
38	Female	US citizen	No	Yes

TAX INFO ⓘ

Will this person file taxes for 2023? *	Yes
Will this person be claimed as a tax dependent	No

CONTINUE

PREVIOUS
SAVE & EXIT

If you select Save & Exit, you can save your work and continue where you left off the next time you login.

Help Me Sign Up

Live Chat

Your Preferences

Tell us your preferences. When you're finished, select CONTINUE.

* = required field

To make it easier to determine my eligibility for premium reductions in future years, I agree to allow CoverME.gov to use my income data, including information from tax returns, for the next five years. CoverME.gov will send me a notice, let me make any changes, and I can opt out at any time. *

☒ I agree ☐ I disagree

View My Applications

Family Info

Review & Submit

Submit Your Application

This is the last step. Carefully read the information below. Select 'I agree' after each statement to acknowledge your agreement. Then, enter your name to electronically sign the application. When you're finished, select SUBMIT APPLICATION.

* = required field

I understand that eligibility for private health insurance, with or without financial assistance, or Medicaid, will be reviewed every year.*

This process is called renewal. CoverME.gov will review eligibility by checking its records and other electronic data sources including, with my consent, information about my federal tax returns from the IRS.

☒ I agree *

I understand that I must report any changes that might affect my eligibility or the eligibility of a household member for health insurance.*

I can report changes by going online and logging into my account, by calling CoverME.gov at (866) 636-0355, or by submitting information via mail.

I'm the person whose name appears in the signature line below. I understand that I'm submitting an application for health insurance and that information that I provided will be used to decide eligibility for each member of my application group.

I have reviewed the information in this application and I attest, under penalty of perjury, that it is accurate and complete to the best of my knowledge. I understand that if I'm not truthful, there may be a penalty.

☒ I agree *

I understand that my application will be used to evaluate eligibility for MaineCare

SUBMIT APPLICATION

PREVIOUS
SAVE & EXIT

If you select Save & Exit, you can save your work and continue where you left off the next time you login.

Help Me Sign Up

Live Chat

8. Once you submit your application, CoverME.gov will determine your eligibility for financial assistance in real time and display your eligibility results.

To enroll in coverage outside of the annual Open Enrollment Period (November 1 – January 15), you will need to qualify for a Special Enrollment Period. Click “Continue” to view the list of Special Enrollment Periods you may be eligible for. If you think you made a mistake on your application and would like to edit and submit again, you can do so by clicking “View My Application” and applying again.

View My Applications
Cancel my application
Review & Submit

Eligibility Results

Tax Household 1

Qualifies for a Plan with Financial Assistance

Those people qualify for lower monthly premiums with financial assistance of \$500.00 per month to be applied to the monthly premium amount selected during plan selection.

- **Sabine Example Smith**

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

- **Sabine Example Smith:** Cost Sharing Reduction 97%.

Next Steps

If you're already enrolled in a CoverME.gov plan, you're finished! You'll see any updates applied to your plan in a minute or two. Select "Return to Account Home".

RETURN TO ACCOUNT HOME

Select "CONTINUE" to see if you are eligible to select a new plan or make changes to your current plan.

Application Reference ID: 1399413

CONTINUE

PREVIOUS
SAVE & EXIT

[Help Me Sign Up](#)

9. If you or a household member recently lost, or will soon lose, MaineCare coverage due to the [continuous coverage requirement ending](#), you should select the “Recently lost MaineCare” Special Enrollment Period and enter your last date of MaineCare coverage.

Special Enrollment Period

75% Complete

Have you or anyone in your household recently experienced any of the following events?

TOP LIFE CHANGES

[Recently lost MaineCare](#)

Remove a family member from enrollment

Lost or will soon lose other health insurance

Had a baby

Adopted a child

None of the situations listed above apply.

PREVIOUS
SAVE & EXIT

If you select Save & Exit, you can save your work and continue where you left off the next time you login.

Live Chat

Help Me Sign Up

CONTINUE

Personal Info

Verify Identity

Household Info

Special Enrollment Period

Choose Plan

Confirm

Complete

Special Enrollment Period

75% Complete

Have you or anyone in your household recently experienced any of the following events?

TOP LIFE CHANGES

[Recently lost MaineCare](#)

Remove a family member from enrollment

Lost or will soon lose other health insurance

Had a baby

Adopted a child

None of the situations listed above apply.

REPORT LIFE CHANGES

Recently lost MaineCare

What date did your coverage end?

mm/dd/yyyy

CONTINUE

PREVIOUS
SAVE & EXIT

If you select Save & Exit, you can save your work and continue where you left off the next time you login.

Help Me Sign Up

CONTINUE

Personal Info

Verify Identity

Household Info

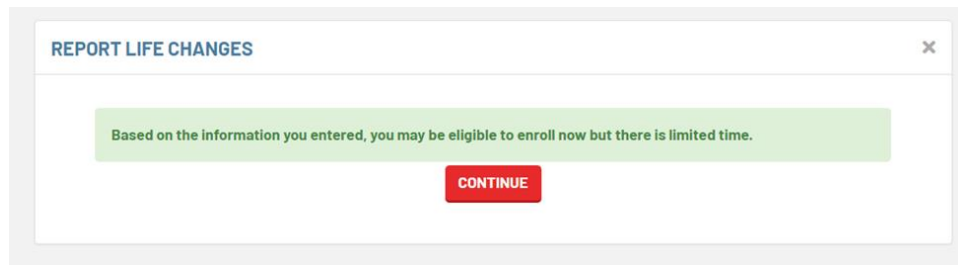
Special Enrollment Period

Choose Plan

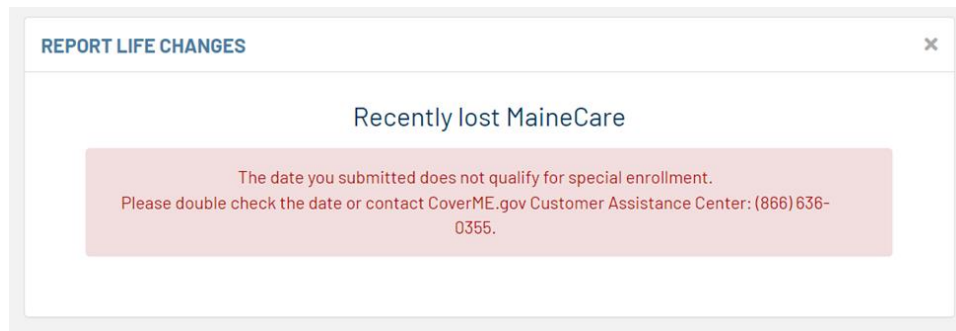
Confirm

Complete

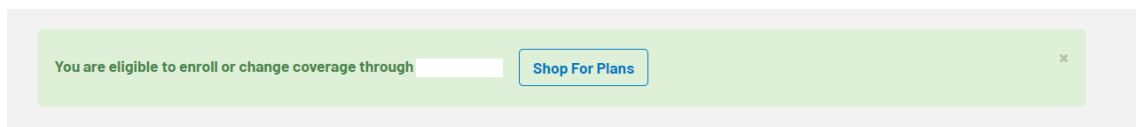
10. If you qualify to enroll based on your last day of MaineCare coverage, you'll see the message below. You can click "Continue" to shop and enroll.



If you receive the message below, please contact the Consumer Assistance Center at 1-866-636-0355 to confirm your eligibility. You may still qualify to enroll.



11. Once the Special Enrollment Period (SEP) is applied to your account, you can shop for a Marketplace plan. Use the green Special Enrollment Period banner at the top of your account to use the SEP to enroll in coverage.



12. During plan shopping, you can see the date your coverage will start. Your plan will start the first of the month after you select your plan. Note that coverage through this Special Enrollment Period is **not** retroactive, so once you know your MaineCare coverage is ending you should report it to CoverME.gov as soon as possible.

Any financial assistance you may qualify for will be automatically applied when you shop for a plan. Advanced Premium Tax Credits (APTC) can be adjusted using the slider on the left.

Choose Plan

If you already know what plan you want, use 'Select Plan' below to choose it. If you want to see which plans include your providers, hospital, prescriptions and an estimate of your total out-of-pocket costs, use Plan Compare.

[Go To Plan Compare](#)

Coverage For: **Sabine Example Smith** Plans: **64** Effective Date: **06/01/2023**

Filter Results

[APPLY](#) [Reset](#)

Sort By [Plan Name](#) [Premium Amount](#) [Deductible](#) [Carrier](#)

YOUR TAX CREDIT ?

Available \$388.00

Apply Monthly

0% 100%

[How Is This Calculated?](#)

Metal Level ?

☐ BRONZE

☐ CATASTROPHIC

CLEAR CHOICE PLAN

\$52.25
/Month

TYPE	LEVEL	NETWORK	DEDUCTIBLE
HMO	<input checked="" type="radio"/> Silver	Maine/Regional	\$1,325

☐ Compare [Summary of Benefits and Coverage](#) [Select Plan](#) [See Details](#)

Once you've selected and enrolled in your plan, you can use the "Pay Now" button to make your first premium payment. You can also make your first payment directly to your health insurance carrier. **Please note that your coverage will not be active until your first premium payment is made.**

Step 1
Tell us about yourself

Step 2
Compare Plans And Choose

Step 3
Enroll

Confirm Your Plan Selection

Please review your current plan selection. Select PREVIOUS if you want to change your plan selection. When you're satisfied with your plan, carefully review and acknowledge the Agreement below along with the Terms and Conditions. You must also provide an electronic signature at the bottom of the page. When you're finished, select CONFIRM to submit your enrollment to your insurance company. You don't have to pay today.

Important: You must complete these steps to enroll.

Benefit: Health
Metal Level: Silver
Market: Individual

85% Complete

Special Enrollment Period

Plan Selection

Review

Complete

CONFIRM

PREVIOUS

Name	Relationship	Age	Premium	APTC	You Pay
Sabine Example Smith	self	32	\$440.25		
TOTALS			\$440.25	\$388.00	\$52.25

Your coverage start date : 06/01/2023

13. Once your enrollment is submitted, you are all set! You can visit your CoverME.gov account to review your enrollment at any time.

My CoverME.gov

2023 HEALTH COVERAGE INDIVIDUAL & FAMILY

Coverage Selected

Premium: \$45.89/month
Plan Selected: 04/10/2023 (11:10AM)
CoverME.govID: 3297808

Plan Start: 06/01/2023
Plan Type: PPO Silver
APTC: \$411.00/month

Covered: Sabine

Summary of Benefits and Coverage

Plan Contact Info

Actions

Shop for health and dental plans

Shop For Plans

If you experience any changes during the year, you should update your financial assistance application by logging into your CoverME.gov account and going to the “Applications” section. From there, you can copy your latest application and make any changes to ensure your eligibility is up to date.

If you have any questions about enrolling on CoverME.gov or using the “Recently lost MaineCare” Special Enrollment Period, please give us a call at 1-866-636-0355/TTY:711.