

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" and includes the following fields and options: a text input field for "Username or email", a text input field for "Password" with a "[Password Hints]" link next to it, a checkbox for "Remember me", a blue link for "Forgot Password?", and two buttons at the bottom: "Create Account" (highlighted with a red box) and "Sign In". The coverME.gov logo is visible at the top of the form area.

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

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.

CONTINUE

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, there is a navigation menu with 'Account Setup', 'Tell Us About Yourself', and 'Family Info'. The main heading is 'Personal Information'. Below the heading, there is a red 'CONTINUE' button and a 'SAVE & EXIT' section with instructions: 'If you select Save & Exit, you can save your work and continue where you left off the next time you login.' There is also a 'Help Me Sign Up' button and a 'Live Chat' button.

Enter your personal information and answer the following questions. When you're finished, select CONTINUE.

* = required field

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

Does Sabine need coverage? * Yes No Not sure?

DATE OF BIRTH *	SOCIAL SECURITY	SEX
01/01/1985	395-87-5844	<input type="checkbox"/> I don't have an SSN <input type="radio"/> MALE <input checked="" type="radio"/> FEMALE

Is this person a US citizen or US national? * Yes No Not sure?

Is this person a naturalized or derived citizen? * Yes No Not sure?

Is this person a member of an American Indian Or Alaska Native Tribe? * Yes No Not sure?

Is this person currently incarcerated? * Yes No

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, there is a navigation menu with 'View My Applications', 'Family Info', and 'Review & Submit'. The main heading is 'Family Information'. Below the heading, there is a red 'CONTINUE' button and a 'PREVIOUS SAVE & EXIT' section. There is also a 'Help Me Sign Up' button and a 'Live Chat' button.

If you need to get health insurance coverage for other members of your family, select 'Add New Person'. When you're finished, select CONTINUE.

* = required field

NAME	AGE	SEX	RELATIONSHIP
Sabine Example Smith	32	Female	SELF

Info Complete [ADD INCOME & COVERAGE INFO](#)

[Add New Person](#) | Who else should I include in my household?

Application for Coverage
Ready for Review
You must enter all required information for everyone in your household.
CONTINUE

PREVIOUS
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.

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

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?

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

- 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

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](#)

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

[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](#)

[Family Info](#)

[Review & Submit](#)

Eligibility Results

Tax Household 1

Qualifies for a Plan with Financial Assistance

These 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**

These 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: 1399433

[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

Someone in the household lost MaineCare coverage between April 15, 2023 and July 31, 2024 due to the end of the Medicaid continuous coverage requirement.

None of the situations listed above apply.

Personal Info

Verify Identity

Household Info

Special Enrollment Period

Choose Plan

Confirm

Complete

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.

Live Chat

Help Me Sign Up

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

Personal Info

Verify Identity

Household Info

Special Enrollment Period

Choose Plan

Confirm

Complete

CONTINUE

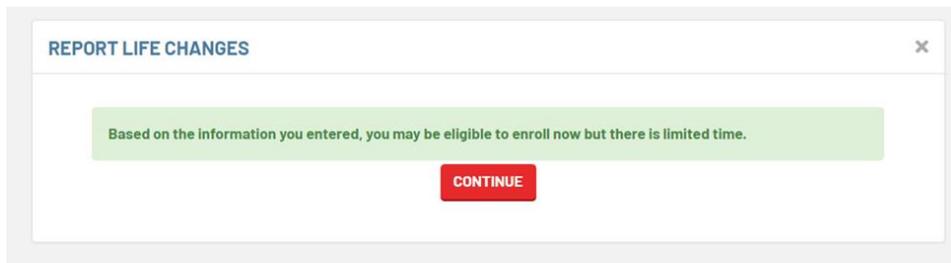
PREVIOUS

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

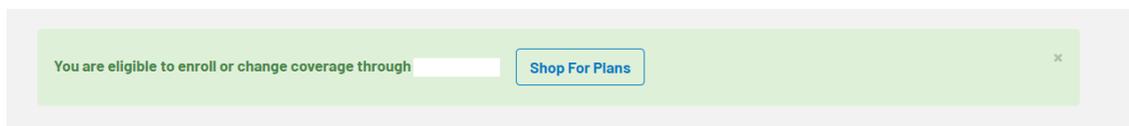
10. If you qualify to enroll based on your last day of MaineCare coverage, you'll see the message below. You can click "Continue" to shop and enroll.



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.

The screenshot shows the 'Choose Plan' interface. At the top, it says 'Choose Plan' and provides instructions. Below that, there's a 'Go To Plan Compare' button. The coverage information is: 'Coverage For: Sabine Example Smith Plans: 64 Effective Date: 06/01/2023'. There are 'Filter Results' and 'Sort By' options (Plan Name, Premium Amount, Deductible, Carrier). A 'Your Tax Credit' section has a slider set to 388.00, with 'Available' at \$388.00 and 'Apply Monthly' at 388.00. A 'Metal Level' section has 'BRONZE' and 'CATASTROPHIC' options. The main plan selection table shows 'CLEAR CHOICE PLAN' with a monthly premium of \$52.25. Below the table are 'Compare', 'Select Plan', and 'See Details' buttons.

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

Sort By Plan Name Premium Amount Deductible Carrier

APPLY Reset

Your Tax Credit ?

Available \$388.00

Apply Monthly 388.00

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.**

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

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

85% Complete

- Special Enrollment Period
- Plan Selection
- Review**
- Complete

CONFIRM

PREVIOUS

- 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.