



What to know when enrolling in coverage at CoverME.gov

December 2023

Maine's Health Insurance
Consumer Assistance
Program

mainecahc.org

Application Deadlines:

December 15th for coverage to start January 1st
January 16th for coverage to start February 1st

Getting close to the deadline?

Call CoverME.gov at 1-866-636-0355 and talk with someone before the deadline. If you experience an application error, call CoverME.gov. The CoverME.gov Consumer Assistance Center is open until midnight on December 15th.

Need help?

You can find help using the [Find Local Help](https://coverme.gov/find-help-near-you) tool at CoverME.gov. (coverme.gov/find-help-near-you)

If it is close to the deadline, call CoverME.gov at 1-866-636-0355 and ask for help there. As the deadline gets closer, it may be harder to get help from other resources since they may be booked with other appointments.

Can I still enroll in a plan if I missed the deadline?

Check to see if you can enroll through a [special enrollment period](https://coverme.gov/special-enrollment-periods) (coverme.gov/special-enrollment-periods) (for example, if you lost other coverage) or if you may be eligible for MaineCare.

Use the [PLAN COMPARE TOOL](https://me24.checkbookhealth.org/#/) at [CoverME.gov](https://coverme.gov) to estimate your tax credits (how much help you can get paying your monthly premiums) and explore plan options. (me24.checkbookhealth.org/#/)



Be sure to add:

- all household members, indicating those who do not need coverage,
 - any income source for members required to file taxes in 2024 (when estimating family income), and
 - doctors, specialists, preferred hospitals, and medications for all household members who need coverage.
- More plan information is available by clicking on the green box "view plan details".



Harvard Pilgrim HealthCare

Clear Choice HMO Silver 5500 CSR 73

Overall Rating: ★★★★★ (4 stars)

Silver CSR-73

Compare View Plan Details

Clear Choice Specialist Referral Required

Monthly Premium: \$256.18 after \$935 subsidy Annual Deductible: \$4,800 Out-of-pocket Limit: \$7,200

Annual deductible and out-of-pocket limit shown are per-person.

My Doctors Edit

✓ Doe, Mary M.

My Prescriptions Edit

✓ Gabapentin (Oral Pill) 100 ...

✓ Lisinopril (Oral Pill) 5 Mg

My Hospitals Edit

✓ Healing Hospital

Annual Cost Estimates

Good Year \$3,525

Balanced \$5,625

Bad Year \$10,150

Consider the following when selecting a plan:

- Premiums are what you pay monthly. Deductibles and Out of Pocket Maximums update annually.
 - Some Primary Care Provider visits, and preventive care are co-pay free and are not applied to your deductible.
 - Check to see if your doctors, specialists, and hospitals are in-network and if medications are covered for the plan(s) you are considering.
 - If you have any planned or think you may have major medical expenses, you may want to explore lower deductible plans.
 - If you are eligible for Cost Sharing Reductions (CSRs) that lower out-of-pocket costs, consider enrolling in a Silver Plan.
 - Consider your household budget and expenses when determining affordability.
- Click [here](https://coverme.gov/learn-more/glossary) (coverme.gov/learn-more/glossary) for more help understanding health insurance terms.

TIP: Write the plan name, word for word, that you are enrolling in. Once you are at the plan enrollment part of your application, you can easily find that specific plan that you found through the Plan Compare Tool.

Complete your application and enrollment:

Create or log into your account at CoverME.gov. Complete your application, answering the questions for everyone included on your application. Once your application is submitted, you will see the premium tax credit and any cost sharing reductions you may be eligible for. You can then enroll in the plan you selected using the Plan Compare Tool.



Answering questions about your household income:

- Tax credits (help paying your monthly premiums) are based on what you think your household income for 2024 will be. You can estimate your income for the coming year based on 2023 household income and/or what you think you will earn in the coming year.
- Include income for all household members who will be required to file taxes in 2024. If these filers receive income from multiple sources, add each income source separately. Include start and end dates as appropriate. Click [here](https://healthcare.gov/income-and-household-information/income/) for a list of countable sources. (healthcare.gov/income-and-household-information/income/)
- If you are not sure when you started earning a wage or began receiving an income source, put in a date prior to 1/1/2024.
- **Do not put an end date for income sources unless you are certain they will end in 2024.**
- **If you are self-employed, use your net (after expenses and deductions) income.**

Family Information

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
Mary Doe	58	Female	SELF

Info Needed ADD INCOME & COVERAGE INFO

FIRST NAME *MIDDLE NAMELAST NAME *X

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

DATE OF BIRTH *SOCIAL SECURITY☐ I don't have an SSN☐ MALE☐ FEMALE

NAMEthis personRELATIONSHIP | Not sure?is choose of ACCOUNT HOLDERMary Doe

Tax Info for John Doe

Tell us about this person's tax info. When you're finished select CONTINUE.

* = required field

Will this person file taxes for 2024? *	<input type="radio"/> Yes	<input type="radio"/> No	Not sure?
Will this person be claimed as a tax dependent for 2024? *	<input type="radio"/> Yes	<input type="radio"/> No	Not sure?

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



If your monthly premiums are higher than estimated:

- Be sure household members enrolled in other coverage (who are MaineCare eligible, a spouse with employer coverage or Medicare) are checked as **“not seeking coverage”** at the beginning of your application in the **“Family Information”** section.
- Dependents should be checked as dependents on your application in **“tax information for”** household members.
- When you are choosing your plan, be sure to add only Marketplace eligible household members to your plan. If you included ineligible members (for example, people who might be eligible for MaineCare), your premiums may be too high.

Job Income for Mary Doe

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?

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

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

Job Income for Mary Doe

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 *

Amount * \$0.00 How Often * Choose FROM * TO

PHONE NUMBER *

[Cancel](#) [Save](#)

Once your enrollment is done:

- Check your messages for your “Eligibility Results” and “Your Plan Enrollment.”
- Make sure the premium tax credits listed in your Eligibility Results match the results on your application.
- Make sure the plan you enrolled in matches the plan listed in Your Plan Enrollment.

