

# Now Available: Free and Low-Cost Health Insurance!



The **Connecting Kids to Coverage** project is working to help **Maine kids get free and low-cost** health insurance through MaineCare.

Did you know MaineCare covers a broad set of benefits, including regular doctor visits, dental care, immunizations, prescriptions, mental health services, and more?

If your household income is within the income limits in this chart, your family may qualify. Even if your income doesn't fit, call the experts at Consumers for Affordable Health Care at **1-800-965-7476** to explore other options.

2017 MaineCare Monthly Income Limits			
Family Size	Free MaineCare for parents living with children under age 18	Free or Low-Cost MaineCare for children	Free MaineCare for pregnant women <small>*Increase family size by 1, or more if pregnant with multiples</small>
1	\$1,056	\$2,141	—
2	\$1,421	\$2,883	\$2,897
3	\$1,787	\$3,625	\$3,642
4	\$2,153	\$4,367	\$4,387
Add for each extra person	\$366	\$742	\$746

## Ready to get started? Here are **3** simple ways to take the next step:

1. **Return this completed form** to the person who gave it to you. You will get a follow up phone call or email.
2. **Call 1-800-965-7476 for help** knowing what your family qualifies for and how to apply for MaineCare.
3. **Free assistance with MaineCare applications is available in your community.** Call 1-800-965-7476 to get help.

Return this form to \_\_\_\_\_ or to Consumers for Affordable Health Care  
By fax : 1-877-634-6209 or Email: [hl.oe@mainecahc.org](mailto:hl.oe@mainecahc.org)

By completing this form I \_\_\_\_\_ (initials here) give my permission for the information below to be used to contact me regarding health insurance enrollment.

Parent or Guardian Name(s): \_\_\_\_\_

Does the Parent/Guardian have health insurance?: Yes / No How many people live with you? \_\_\_\_\_

How should we contact you? (circle one): Phone Call or E-Mail

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Best time for us to call you is: Morning: \_\_\_\_\_ Afternoon: \_\_\_\_\_ Evening: \_\_\_\_\_ Specific Time: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Insured? Yes / No

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Insured? Yes / No

**\*\*\*Please list additional household members on the back of this form\*\*\***