CareFirst MedPlus



2026 CareFirst MedPlus Plans

This is a solicitation of insurance; an agent may contact you.

MEDICARE SUPPLEMENT INSURANCE COVERAGE ▪ VIRGINIA

CareFirst MedPlus (First Care, Inc.) is proud to offer a range of Medicare Supplement plans that cover most of the costs not covered by Original Medicare. Use this brochure to learn more about CareFirst's MedPlus Medicare Supplement options, so you can get the coverage you deserve.



Protect Yourself With CareFirst MedPlus

Medicare Parts A and B don't pay for everything. Gaps in Medicare coverage could potentially cost you thousands in out-of-pocket expenses each year. CareFirst's MedPlus Medicare Supplement plan limits out-of-pocket costs for doctor's visits and more, protecting your health and your savings.

Medicare Parts A and B only pay about 80% of costs for healthcare and health supplies. Our Medicare Supplement plans cover some of the remaining costs not covered by Medicare. This includes copays, coinsurance, deductibles and some preventive care benefits. Medicare Supplement plans do not include prescription drug coverage.

Pairing your Medicare Parts A and B coverage with our MedPlus plan means you're covered for more, no matter where you are.



Freedom of choice

See any provider that accepts Medicare.



No referrals required

See Medicare-accepting specialists when you want, where you want.



Exclusive member savings

Enjoy discounts on apparel, hearing, travel and more.



Nationwide coverage

You're covered everywhere you travel in the U.S.

Medicare can be complicated.

We make it easier to understand.

Visit **carefirst.com/medicare-options** to learn the basics of Medicare, useful checklists and other educational resources.

Please note: The benefits listed under Exclusive Member Savings are not insurance.

Compare Medicare Supplement plans

How do you know which MedPlus plan is best for you? Use these charts to identify what works for your health and budget.

- **G** Most popular/most comprehensive plan
- **HG** Second most popular plan
- **F** Only offered to those eligible for Medicare prior to January 1, 2020
- **HF** Only offered to those eligible for Medicare prior to January 1, 2020

⇩ **Pay less** per visit/procedure
⇧ **Higher** monthly premiums

B or G or M or F

What's **more important** to you?

Coverage for foreign travel → M or G or F

Both → G or F

Coverage for frequent hospital visits → B or G or F

⇧ **Pay more** per visit/procedure
⇩ **Lower** monthly premiums

HIGH G or L or N or HIGH F

What's **more important** to you?

Coverage for foreign travel → HIGH G or N or HIGH F

Limits on out-of-pocket costs → L or N or HIGH F

2026 percentage of benefit paid by specific plans	Available to all applicants							Eligible before 1/1/2020 only	
	A[1]	B	G[2]	High G	L	M	N	F[2]	High F
Monthly Premium	▲ Higher	▲ Higher	▲ Higher	▼ Lower	▼ Lower	▲ Higher	▼ Lower	▲ Higher	▼ Lower
Cost-sharing	▲ Higher	▼ Lower	▼ Lower	▲ Higher	▲ Higher	▼ Lower	▲ Higher	▼ Lower	▲ Higher
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copay	100%	100%	100%	100%	75%	100%	100%[4]	100%	100%
Blood (first three pints)	100%	100%	100%	100%	75%	100%	100%	100%	100%
Part A hospice care coinsurance or copay	100%	100%	100%	100%	75%	100%	100%	100%	100%
Skilled nursing facility	0%	0%	100%	100%	75%	100%	100%	100%	100%
Medicare Part A deductible	0%	100%	100%	100%	75%	50%	100%	100%	100%
Medicare Part B deductible	0%	0%	0%	0%	0%	0%	0%	100%	100%
Medicare Part B excess charges	0%	0%	100%	100%	0%	0%	0%	100%	100%
Foreign travel emergency (up to plan limits)	0%	0%	80%	80%	0%	80%	80%	80%	80%
Out-of-Pocket limit	N/A	N/A	N/A	N/A	$4,000[5]	N/A	N/A[3]	N/A	N/A

[1] Plan A is the only plan available to Medicare applicants under age 65 and disabled.

[2] Plans F and G also have a high deductible option which require first paying a plan deductible of $2,950 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High Plan G does not cover the Medicare Part B deductible. However, Plans High F and High G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

[3] Plan N pays 100% of covered services for the rest of the calendar year once you meet the out of pocket yearly limit.

[4] Plan N pays 100% of the Part B coinsurance, except for a copay of up to $20 for some office visits and a copay of up to $50 for emergency room visits that do not result in an inpatient admission.

[5] For Plan L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible ($283 in 2026), the Medigap plan pays 100% of covered services for the rest of the calendar year.

Why CareFirst MedPlus?

We offer a broad range of Medicare plans to fit any budget or healthcare needs.

Power of CareFirst MedPlus

CareFirst MedPlus plans are backed by CareFirst BlueCross BlueShield. A trusted name in healthcare for more than 80 years.

Plans to meet your budget

Our plans feature competitive rates and a variety of member discounts.

A leader in care

Dedicated to delivering a distinctive member experience with a focus on quality, equity, affordability, convenience and access.



Ways to save

Enjoy a 10% household discount (when two or more people are enrolled) and an additional $2 off monthly or $24 off annually with automated payment via bank withdrawal or credit card payment, or the annual payment option.



Ready to learn more about when to enroll?

Talk to a licensed sales agent today. Visit **carefirst.com/medicare-options** to compare plans and coverage options and find the best fit for you.

2025 WORLD'S MOST ETHICAL COMPANIES® ETHISPHERE 13-TIME HONOREE

CareFirst has been named by the Ethisphere Institute as one of the World's Most Ethical Companies® for 13 consecutive years!

We are one of just four companies representing the health insurance industry on the list of 136 organizations.

Neither CareFirst BlueCross BlueShield nor its agents represent work for or receive compensation from any federal, state or local government or Medicare.

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CareFirst MedPlus

CONNECT WITH US:

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CFMPBR (1.25) MPVABRCH (12/25)

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-722-2235 (TTY: 711) or speak to your provider.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-722-2235 (TTY: 711) o hable con su proveedor.

French

ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-722-2235 (TTY: 711) ou parlez à votre fournisseur.

Simplified Chinese

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-722-2235（文本电话：711）或咨询您的服务提供商。

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Korean

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-722-2235 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Yoruba

ÀKÍYÈSÍ: Tí ó bá jẹ́ pé o ń sọ èdè Yorùbá, àwọn iṣẹ́ ìtọ́jú ìrànlọ́wọ́ èdè wà ní àrọ́wọ́tó fún ọ. Àwọn ohun èlò ìrànlọ́wọ́ àti iṣẹ́ ìtọ́jú tí ó yẹ láti pèsè àlàyé ní àwọn àwòṣe tí ó ṣe é lò wà ní àrọ́wọ́tó lọ́fẹ̀ẹ́ bákan náà. Pe 1-800-722-2235 (TTY: 711) tàbí kí o bá olùpèsè rẹ sọ̀rọ̀.

Amharic

ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-800-722-2235 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-722-2235 (TTY: 711) o makipag-usap sa iyong provider.

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-722-2235 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

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Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-888-970-0917 (711) أو تحدث إلى مقدم الخدمة.

Russian

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-970-0917 (TTY: 711) или обратитесь к своему поставщику услуг.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-970-0917 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Farsi

توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-888-970-0917 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-970-0917 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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Portuguese

ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-722-2235 (TTY: 711) ou fale com seu provedor.

Urdu

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔-1 800-722-2235 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

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