

Health Plans

[Back to Health Plans](#)

First Health Life & Health Insurance Plan
 3501 Frontage Rd.
 Tampa, Florida 33607
 630-737-7648

Please review the information for the plan below. You must include the health plan name and ID in your Small Business Employer Application. If you need additional help please [contact us](#).

First Health – Flex Choice Plus 50/50

Health Plan Name	First Health – Flex Choice Plus 50/50 \$0/5,000
Insure Oklahoma Health Plan ID	H01206
Individual Annual Deductible (in-network)	\$0
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,500
Office Visit Copay Options	\$20, 25, 30, 40
Pharmacy Options	2 Options: \$20/40/60 \$20/40/60 with \$100 deductible

First Health – Flex Choice Plus 50/50

Health Plan Name	First Health – Flex Choice Plus 50/50 \$500/5,000
Insure Oklahoma Health Plan ID	H01207
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket	\$2,500

Maximum (in-network)	
Office Visit Copay Options	\$20, 25, 30, 40
Pharmacy Options	2 Options: \$20/40/60 \$20/40/60 with \$100 deductible

First Health – Flex Choice Plus 50/50

Health Plan Name	First Health – Flex Choice Plus 50/50 \$0/3,000
Insure Oklahoma Health Plan ID	H01208
Individual Annual Deductible (in-network)	\$0
Individual Annual Out-of-Pocket Maximum (in-network)	\$1,500
Office Visit Copay Options	\$20, 25, 30, 40
Pharmacy Options	2 Options: \$20/40/60 \$20/40/60 with \$100 deductible

First Health – Flex Choice Plus 50/50

Health Plan Name	First Health – Flex Choice Plus 50/50 \$500/3,000
Insure Oklahoma Health Plan ID	H01209
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket	\$1,500

Maximum (in-network)	
Office Visit Copay Options	\$20, 25, 30, 40
Pharmacy Options	2 Options: \$20/40/60 \$20/40/60 with \$100 deductible

First Health – Flex Choice Plus 50/50

Health Plan Name	First Health – Flex Choice Plus 50/50 \$1,000/3,000
Insure Oklahoma Health Plan ID	H01210
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$1,500
Office Visit Copay Options	\$20, 25, 30, 40
Pharmacy Options	2 Options: \$20/40/60 \$20/40/60 with \$100 deductible

First Health – Flex Choice Plus 50/50

Health Plan Name	First Health – Flex Choice Plus 50/50 \$1,500/3,000
Insure Oklahoma Health Plan ID	H01211
Individual Annual Deductible (in-network)	\$1,500
Individual Annual Out-of-Pocket Maximum (in-network)	\$1,500
Office Visit Copay Options	\$20, 25, 30, 40
Pharmacy Options	2 Options:

	\$20/40/60
	\$20/40/60 with \$100 deductible

First Health – First Choice 80%/60% A

Health Plan Name	First Health – First Choice 80%/60% A
Insure Oklahoma Health Plan ID	H01245
Individual Annual Deductible (in-network)	\$0
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000
Office Visit Copay Options	15, 20, 25, 30, 35, 40
Pharmacy Options	4 Options: (Tier1/Tier2/Tier3 copay) \$5 / 25 /50 \$5 / 35 /60 \$5 / 45 /70 \$10 / 50 /75 Tiers 2&3 available with \$100 Deductible

First Health – First Choice 80%/60% B

Health Plan Name	First Health – First Choice 80%/60% B
Insure Oklahoma Health Plan ID	H01246
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000

Office Visit Copay Options	\$15, 20, 25, 30, 35, 40
Pharmacy Options	4 Options: (Tier1/Tier2/Tier3 copay) \$5 / 25 /50 \$5 / 35 /60 \$5 / 45 /70 \$10 / 50 /75 Tiers 2&3 available with \$100 Deductible

First Health – First Choice 80%/60% C

Health Plan Name	First Health – First Choice 80%/60% C
Insure Oklahoma Health Plan ID	H01247
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000
Office Visit Copay Options	\$15, 20, 25, 30, 35, 40
Pharmacy Options	4 Options: (Tier1/Tier2/Tier3 copay) \$5 / 25 /50 \$5 / 35 /60 \$5 / 45 /70 \$10 / 50 /75 Tiers 2&3 available with \$100 Deductible

First Health – First Choice 50%/50% A

Health Plan Name	First Health – First Choice 50%/50% A
Insure Oklahoma Health Plan ID	H01248
Individual Annual Deductible (in-network)	\$0
Individual Annual Out-of-Pocket Maximum (in-network)	\$3,000
Office Visit Copay Options	\$15, 20, 25, 30, 35, 40
Pharmacy Options	4 Options: (Tier1/Tier2/Tier3 copay) \$5 / 25 /50 \$5 / 35 /60 \$5 / 45 /70 \$10 / 50 /75 Tiers 2&3 available with \$100 Deductible

First Health – First Choice 50%/50% B

Health Plan Name	First Health – First Choice 50%/50% B
Insure Oklahoma Health Plan ID	H01249
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000
Office Visit Copay Options	\$15, 20, 25, 30, 35, 40
Pharmacy Options	4 Options: (Tier1/Tier2/Tier3 copay) \$5 / 25 /50

	\$5 / 35 /60
	\$5 / 45 /70
	\$10 / 50 /75
	Tiers 2&3 available with \$100 Deductible

First Health – First Choice 50%/50% C

Health Plan Name	First Health – First Choice 50%/50% C
Insure Oklahoma Health Plan ID	H01250
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000
Office Visit Copay Options	\$15, 20, 25, 30, 35, 40
Pharmacy Options	4 Options: (Tier1/Tier2/Tier3 copay) \$5 / 25 /50 \$5 / 35 /60 \$5 / 45 /70 \$10 / 50 /75 Tiers 2&3 available with \$100 Deductible

First Health – Flex Choice Plus 50/50

Health Plan Name	First Health – First Choice 100% A

Insure Oklahoma Health Plan ID	H01251
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$0
Office Visit Copay Options	\$15, 20, 25, 30, 35, 40
Pharmacy Options	4 Options: (Tier1/Tier2/Tier3 copay) \$5 / 25 /50 \$5 / 35 /60 \$5 / 45 /70 \$10 / 50 /75 Tiers 2&3 available with \$100 Deductible

First Health – First Choice 100% B

Health Plan Name	First Health – First Choice 100% B
Insure Oklahoma Health Plan ID	H01252
Individual Annual Deductible (in-network)	\$2,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$0
Office Visit Copay Options	\$15, 20, 25, 30, 35, 40
Pharmacy Options	4 Options: (Tier1/Tier2/Tier3 copay) \$5 / 25 /50 \$5 / 35 /60 \$5 / 45 /70

	<p>\$10 / 50 /75</p> <p>Tiers 2&3 available with \$100 Deductible</p>
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First Health – First Choice 100% C

Health Plan Name	First Health – First Choice 100% C
Insure Oklahoma Health Plan ID	H01253
Individual Annual Deductible (in-network)	\$3,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$0
Office Visit Copay Options	\$15, 20, 25, 30, 35, 40
Pharmacy Options	<p>4 Options:</p> <p>(Tier1/Tier2/Tier3 copay)</p> <p>\$5 / 25 /50</p> <p>\$5 / 35 /60</p> <p>\$5 / 45 /70</p> <p>\$10 / 50 /75</p> <p>Tiers 2&3 available with \$100 Deductible</p>