

Health Plans

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Allied National Companies (AAIC)

Allied National
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Please review the information for each 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](#).

Horizons Major Med. Premium Advantage - \$1500 Ded.

Health Plan Name	Horizons Major Med. Premium Advantage - \$1500 Ded.
Insure Oklahoma Health Plan ID	H01042
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket (in-network)	\$1500
Office Visit Copay	\$30
Pharmacy	Formulary copay plan with \$0 or \$150 deductible

Horizons Major Med. Premium Advantage - \$2500 Ded.

Health Plan Name	Horizons Major Med. Premium Advantage - \$2500 Ded.
Insure Oklahoma Health Plan ID	H01043
Individual Annual Deductible (in-network)	\$2500
Individual Annual Out-of-Pocket (in-network)	\$0
Office Visit Copay	\$25

Pharmacy	Formulary copay plan with \$0 or \$150 deductible
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Horizons Major Med. Traditional PPO - \$500 Ded.

Health Plan Name	Horizons Major Med. Traditional PPO - \$500 Ded.
Insure Oklahoma Health Plan ID	H01044
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket (in-network)	\$2500
Office Visit Copay	\$30
Pharmacy	Formulary copay plan with \$0 or \$150 deductible

Horizons Major Med. Traditional PPO - \$750 Ded.

Health Plan Name	Horizons Major Med. Traditional PPO - \$750 Ded.
Insure Oklahoma Health Plan ID	H01045
Individual Annual Deductible (in-network)	\$750
Individual Annual Out-of-Pocket (in-network)	\$2000
Office Visit Copay	\$30
Pharmacy	Formulary copay plan with \$0 or \$150 deductible

Horizons Major Med. Traditional PPO - \$1000 Ded.

Health Plan Name	Horizons Major Med. Traditional PPO - \$1000 Ded.
Insure Oklahoma Health Plan ID	H01046
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket (in-network)	\$2000
Office Visit Copay	\$30
Pharmacy	Formulary copay plan with \$0 or \$150 deductible

Wellness Horizons No Deductible PPO Plan 25.

Health Plan Name	Wellness Horizons No Deductible PPO Plan 25
Insure Oklahoma Health Plan ID	H01254
Individual Annual Deductible (in-network)	N/A
Individual Annual Out-of-Pocket (in-network)	\$3000
Office Visit Copay	\$25
Pharmacy	Formulary copay plan with \$0 or \$150 deductible