# KFB HEALTH PLANS

### WHO DO I CONTACT?

#### KANSAS FARM BUREAU HEALTH PLANS

Call: **785-346-6185**, Erin Petersilie, Assistant Director of Kansas Farm Bureau Health Plans Email: **petersiliee@kfb.org** or **kfbhealthplans@kfb.org** 

- Compensation
- Programming
- · Plan details

- Marketing materials
- · Printed materials
- · KFBHP website

· General KFB Health Plans info

#### **AGENT QUESTIONS**

- · Kansas Farm Bureau Health Plans Agent Help Line: **833-282-5558**
- · Kansas Farm Bureau Health Plans Agent Email: agenthotline@fbhpservices.com

#### **MEMBER QUESTIONS**

#### **Benefits, Claims, Provider Network**

- · UMR: 866-840-9270 or <u>www.umr.com</u>
- Medicare Supplement Claims Customer
  Service: 833-282-5560 or <a href="https://www.kfbhealthplans.com/online-portals">https://www.kfbhealthplans.com/online-portals</a>

Select: OneConnection Portal Link

# **Application Status, Initial Payment Inquiries**

- Kansas Farm Bureau Health Plans Sales
  Solutions Support: 833-282-5928
- Kansas Farm Bureau Health Plans Sales Solutions Support Email: salessupport@fbhp.com

# **Existing Customer Inquiries and Ordering ID Cards**

- Kansas Farm Bureau Health Plans
  Customer Service: 833-282-5928
- Kansas Farm Bureau Health Plans
  Customer Service Email:
  memberexperience@fbhpservices.com

· Ordering ID Cards: **1-833-282-5928** or email memberexperience@fbhpservices.com

## Email Following Forms to billingforms@fbhp.com:

Bank Draft Authorization Form (to change bank account)

Under 65 Alternative Plan Selection/

Transfer/Change Form

Medicare Supplement Plan Change Form

Medicare Supplement Plan Selection Form

Cancellation Form

Request for Reconsideration of Tobacco Rate

# **Email Following Forms to underwritingforms@fbhpservices.com:**

Medical Request Form (Age 0-2 months) Medical Request Form (Age 3 months-25 months)

Medical Request Form (Age 40 and older) General Medical Request Form

Request for Reconsideration of Declined Coverage

Request for Reconsideration of Exclusion Rider