Kenmore-Town of Tonawanda UFSD
Health Benefits Open Enrollment
Enrollment Period May 4, 2026 through May 12, 2026
Plan Year July 1, 2026 through June 30, 2027

IMPORTANT - YOUR ENROLLMENT WILL NOT BE COMPLETE UNTIL YOU SIGN THE CONFIRMATION REPORT WITH YOUR PASSWORD/PIN AT THE END OF THE ENROLLMENT PROCESS. SEE SELF-SERVICE INSTRUCTIONS FOR STEP-BY-STEP DIRECTIONS.

ALL CURRENT MEDICAL RELATED BENEFITS WILL TERMINATE ON JUNE 30, 2026. THIS INCLUDES:

- HEALTHCARE MEDICAL PLAN
- WAIVER OF HEALTH COVERAGE
- MEDICAL FLEXIBLE SPENDING
- DEPENDENT CARE FLEXIBLE SPENDING
- HEALTH SAVINGS ACCOUNT

To continue these benefits ALL employees MUST log in to the online enrollment system to select their July 2026-June 2027 healthcare plan and benefits.

After selecting your benefits, review the Confirmation Report AND SIGN WITH YOUR PASSWORD/PIN to finalize coverage and benefits beginning on July 1, 2026.

Online Enrollment-BenSelect
It is the time of year for each employee to make an election for health and flexible spending benefits for the period July 1, 2026 through June 30, 2027. ***All employees (full time & part time) must access the BenSelect secure web site and complete enrollment to notify the District of their choices for 2026-2027.***

To access your employee benefits account, go to https://usrbp.benselect.com/ktufsd

- **Enter your user ID and Password/PIN.**
  Your **USER NAME** is your 5-digit employee ID number. If your ID is 4 digits, add a leading 0 to the entry.
  Example: Employee ID 4423 would be 04423. Your ID can be found on your paycheck statement.
- Your **PASSWORD/PIN** is the last 4 digits of your SS# followed by the last 2 digits of your birth year.
  Example: 456780.

Enrollment may be completed using any computer with internet access.
US Enrollment Services Customer Service 716-302-4224 is open Monday – Friday 9am to 5pm and can assist with logging into the online system.
If you need assistance contact Kathy Kightlinger in the Human Resources Office at 716-874-8400 x20348 or by email - kightlinger@ktufsd.org.
We are happy to assist and answer questions.

Healthcare medical plan information is available in the BenSelect Form Library. Additional information, including full healthcare medical plan documents, is available on the Ken-Ton Schools website at https://www.ktufsd.org/human-resources/health-insurance-information

The benefits included on this site are health plan coverage, waive health coverage, life insurance (if applicable), health savings account, health flexible spending account and dependent care account. *You do not need to print or send any documentation to the Human Resources Office or Independent Health.* You will sign the form with your electronic signature (User ID and password/PIN). After your initial log in, you may review or make changes to your elections until the end of the open enrollment period. You must sign the Confirmation Report with your password/PIN after making any changes to finalize your enrollment.

*IF YOU CHOOSE TO WAIVE DISTRICT HEALTH COVERAGE and are eligible for a stipend, you must log in to the BenSelect system and waive coverage. During the open enrollment period, log in to BenSelect and choose either "Waive Medical Plan with District Employed Spouse" OR "Waive Medical Plan without District Employed Spouse" to waive health coverage.

Health Reimbursement Arrangement, Health Flexible Spending and Dependent Care Accounts are administered by P&A Group. Information about these benefits is available on the P&A website padmin.com

Health Reimbursement Arrangement (HRA) Employer Contribution
The contractual employer HRA contribution will be posted to your health reimbursement account.

Health Flexible Spending (FSA) and Dependent Care Account (DCA) Employee Contribution
The health and dependent care flexible spending accounts follow a fiscal year (July to June). You will have 90 days from the end of the plan year (June 30, 2027) to submit claims against your voluntary pre-tax contributions to the health and dependent care flexible spending accounts. You may contribute up to $3400.00 to a health flexible spending account (FSA) and up to $7500.00 to a Dependent Care flexible spending account (DCA) for the 2026-2027 fiscal year.

Life Events
If you experience a qualifying life event such as marriage, birth, adoption, divorce or a dependent passing away, you must notify the District Plan Administrator in the Human Resources Department and make your changes in BenSelect within thirty (30) days of the event. The updated coverage would be retroactive to the date of the life event. If you do not notify the District Plan Administrator and enroll within thirty (30) days, you will not be able to make changes until the next Open Enrollment period.

Health Plan Cost and Payroll Deduction Calculation
The rates shown on the July 1, 2026 health plan cost sheets are **monthly** amounts.
Your payroll deduction is calculated by taking the employee monthly cost noted on the price sheet multiplied by 12 (months of coverage) and dividing it by your number of paychecks, 26 for 12-month employees, 20 for 10-month KTA employees, 22 for full time 10-month KTSEA employees and 18 for part-time KTSEA employees.

First Choice Plans
First Choice is a Preferred Provider Network designed by Catholic Health. With First Choice you should use the Catholic Health Facilities for services such as bloodwork, x-rays, inpatient services, outpatient services, etc. to receive the best benefit. You may use any physician that participates with Independent Health. It is also important for you to check with your doctor to confirm they have admitting privileges to Catholic Health facilities. A list of participating facilities is available on the First Choice website
https://firstchoice.chsbuffalo.org/network-providers/

Independent Health - Health Extras Card
For a list of participating vendors and benefits under this program, please visit the Independent Health website at independenthealth.com/healthextras
A Health Extras benefit card may be requested by calling 716-631-5392.

Kenmore – Town of Tonawanda UFSD

2026 Benefits Open Enrollment

May 4 – 12, 2026

During Open Enrollment – May 4th through May 12th
If you have questions about your benefits, contact the Call Center at

716-302-4224

Monday through Friday, 9am to 5pm EST
This is a dedicated call center number for Ken-Ton UFSD employees.

Benefits effective date: July 1, 2026

ALL HEALTHCARE PLAN, WAIVE HEALTH PLAN AND FLEXIBLE SPENDING ELECTIONS WILL TERMINATE ON JUNE 30, 2026. You MUST log in to the enrollment system to select your July 2026-June 2027 benefits.

To enroll, follow these steps:

- Click on the following link (or copy and paste it into your internet browser): https://usrbp.benselect.com/ktufsd
- **Enter your User ID and password/PIN.**
- Your **User ID** is your 5-digit Employee ID. If your ID is 4 digits, add a leading 0 to the entry (for example, EE ID 4423 would be 04423).
- Your **password/PIN** is the last 4 digits of your Social Security Number followed by the last 2 digits of your birth year (for example, 456780).
- Your enrollment consists of 4 steps:
    a. Review your personal information If you need to make changes, see "Changes to Personal Information?" below.
    b. Add Dependent(s) Name, SSN and Date of Birth
    c. Make your benefit elections
    d. Sign with your password/PIN to submit your Benefit Verification Form and finalize your elections.

Self-Enrollment Steps

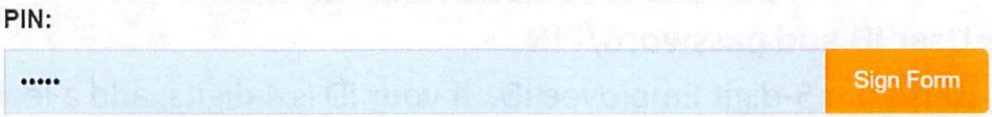
- Review each screen carefully when making your elections. Be sure to select the correct coverage tier (Employee Only or Employee + Family)



- Click ***Next*** at the bottom right of each screen to move through the enrollment and select benefits.

- **After you have finished selecting your benefits, review the *My Benefits* page to confirm all elections are correct and all dependents you wish to cover are correct.**

- After you have confirmed the information is correct, use the outer scroll bar on the right, move to bottom of the page and enter your password/PIN (shown below). After entering your password/PIN, click on the "Sign Form" button instead of using the Enter key. **Your password/PIN is the last 4 digits of your Social Security Number followed by the last 2 digits of your birth year.**

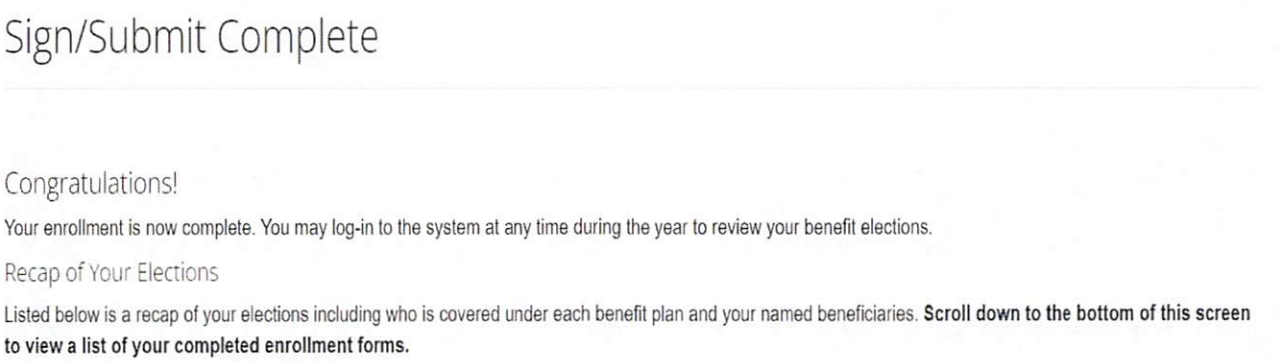




Your enrollment will NOT be complete until you finish this step!

Self-Enrollment Steps

- After you have signed the form, a *Sign/Submit Complete* screen will be displayed stating "*Congratulations!*" at the top (illustrated below) and you will once again be shown a summary of your benefits. Be sure to review this screen carefully, as it contains additional information not previously displayed.


Sign/Submit Complete

Congratulations!

Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

Recap of Your Elections

Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. **Scroll down to the bottom of this screen to view a list of your completed enrollment forms.**

- If you need to make changes, click *Return* and this will take you to the "Welcome Back" screen:

  - At top of screen, select **My Benefits**
  - Choose the benefit you'd like to change
  - Select "Unlock"
  - Make the necessary change and click *Next*
  - Re-enter your PIN and select *Sign Form*

- Voluntary Life: If you elect coverage other than the policy amount provided by the District (Guaranteed Issue) for yourself, a spouse or child, you will see a column titled **"Pending Approval"** next to your Benefit Amount and Cost. Your *Benefit Verification Form* will reflect both the "Guaranteed Issue" and "Pending Approval" amounts. You may be required to complete an additional form provided by Human Resources depending on your Voluntary election amount. Once approved by Guardian Life, you will be notified by Human Resources.

Changes to personal information? Please access and complete the *Notification of Change Form* found in the *Forms Library* by clicking at the tab on the top right corner of your screen. Please return the form to Human Resources.

Ken-Ton Healthcare Plan MONTHLY Cost Sheet - *KTSEA*

Plan Year 7/1/2026 - 6/30/2027

Benefits	Flex E	First Choice POS Network	First Choice POS-Out of First Choice Network*	First Choice High Deductible (HDHP) Network	First Choice HDHP-Out of First Choice Network*
Office Visit	Adult $15 Primary / $20 Specialist - Child $0 / $20	Adult $10 Primary / $20 Specialist - Child $20	Out of First Choice Network subject to deductible and coinsurance	Adult $10 Primary / $20 Specialist - Child $20	Out of First Choice Network subject to deductible and coinsurance
Prescription Drug	$5 / $25 / $50	$5 / $25 / $50	$5 / $25 / $50	$5 / $25 / $50	$5 / $25 / $50
Rates:					
Part Time - SINGLE (Less than 4 years of service) Full monthly plan cost	$1,280.33	$886.31		$691.12	
Part Time - FAMILY (less than 4 years of service) Full monthly plan cost	$3,200.63	$2,212.87		$1,727.82	
Part Time - SINGLE (More than 4 years of service)	$576.15	$398.84		$311.00	
Part Time - FAMILY (More than 4 years of service)	$1,440.28	$995.79		$777.52	
Full Time - SINGLE	$128.03	$88.63		$69.11	
Full Time - FAMILY	$320.06	$221.29		$172.78	

*Under the First Choice program, you should use a Catholic Health Facility to receive the best benefit.

Only those members currently enrolled in Flex E are eligible to elect Flex E. All others must enroll in a First Choice plan.

First Choice High Deductible Health Plan (HDHP) subject to $1,700 single and $3,400 family deductible per plan year