



Annual Enrollment

OPUS Screenshots Guide

IMPORTANT OPUS TIPS: READ THIS FIRST

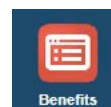
- Your screens may look different than the examples shown. The OPUS screenshots are individualized based on your eligibility and dependents.
- Use the Navigation buttons (such as **Next** or **Back**). Do not use the Internet browser back arrows at the top of your screen.
- To learn about the benefits listed in OPUS, click on the blue hyperlinks.
- Select **Pre-tax** instead of **Post-tax** for tax savings.
- Costs are biweekly (per pay period).

1 Log into OPUS

Access OPUS from work or home at <http://opus.pinellascounty.org>.

2 Select Benefits/Annual Enrollment in OPUS

- *Option 1:* Click the **Benefits** icon on your OPUS homepage (icon color may vary).



- *Option 2:* Use the Navigator at top left (three horizontal lines) to select

- **PIN Employee Self Service**
- **Benefits and Annual Enrollment**

PIN Employee Self Service

Benefits and Annual Enrollment

3 Read and Accept the Disclaimer

- Read the Legal Disclaimer.
- Select **Accept**.
- Select **Next**.

Legal Disclaimer



TIP PLEASE READ THE FOLLOWING CAREFULLY. YOU ARE ACKNOWLEDGING YOUR AGREEMENT AND UNDERSTANDING OF EACH ITEM.

☒ Accept
☐ Decline

Cancel

Printable Page

Next

4

Review Dependents and Beneficiaries

Review your list of names. If necessary, click **Add Another Person**. Be sure the names match their Social Security card. Check the Social Security numbers and birth dates. This information is supplied to the IRS and must match their records. **IMPORTANT: This is a list of contacts on your record.** You cannot delete anyone since they remain a part of your historical record. However, **the persons listed do not have benefits coverage until you make your elections** (see #5 below). Click on the yellow pencil icon if you need to update information. Click **Next** when done.

Dependents and Beneficiaries EXAMPLE ONLY Cancel Next

Name John Doe

Add Another Person

Name	Relationship	Social Security Number	Birth Date	Update
Jane Doe	Spouse	111-11-1111	08-Feb-1976	
Boy Doe	Child	222-22-2222	24-Aug-2009	
Girl Doe	Child	333-33-3333	29-Mar-2012	

TIP Add any eligible dependents that will be enrolled in your health, dental and dependent life insurance plans. You can also add beneficiaries for your life insurance in this section.

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Update Benefits

You will see a list of your current benefits. Select **Update Benefits**. *The following screenshots #6 to #20 are part of Update Benefits.*

Benefits Enrollment Current Benefits

Benefit Enrollments

Name John Doe Program Pinellas County Group Insurance

Update Benefits

6

Tobacco

Indicate your tobacco usage by selecting one of the 3 boxes shown. **You must make a selection regarding your tobacco use in order to complete your enrollment.** If you do not complete your enrollment in OPUS by November 15, you will be considered a tobacco user subject to a \$500 tobacco premium in 2024. Your selection will be used if enrolling in the Aflac Critical Illness plan.

Tobacco Premium

All benefit eligible employees, including those who select opt out and decline, must make a selection to move forward with enrollment. Tobacco users will be subject to a premium which will begin on April 1st, AND if enrolling in Aflac Critical Illness plan, will pay higher premiums as a tobacco user. To avoid the premium Tobacco users must complete a cessation program by March 31st, and employee will be changed to the lower non-tobacco rate for Critical Illness.

Plan	Option	Select
Tobacco Premium Plan		
	I have Used Tobacco, defined as cigarettes,e-cigarettes,cigars,pipes,chewing tobacco,dip,snuff,or hookahs at least once a week in the past 3 months(Pre Tax)	<input type="checkbox"/>
	I have Used Tobacco, defined as cigarettes,e-cigarettes,cigars,pipes,chewing tobacco,dip,snuff,or hookahs at least once a week in the past 3 months(Post Tax)	<input type="checkbox"/>
	I have NOT Used Tobacco, defined as cigarettes,e-cigarettes,cigars,pipes,chewing tobacco,dip,snuff,or hookahs at least once a week in the past 3 months OR I have completed a tobacco cessation program on or after AUGUST 1, 2023.	<input type="checkbox"/>



Medical

Select your medical plan and participants to be covered.

NOTE: If you select Opt Out of Health, submit an [affidavit](#) by November 15, 2023.

MedicalEXAMPLE ONLY

You may select either pre-tax or post-tax coverage. If you select pre-tax, your deductions will be subtracted from your pay prior to taxing you, which means you pay less in tax. If you select Opt Out, the Summary and Affidavit, available on the HR Benefits page, must be completed and submitted by last day of enrollment period.

Plan	Option	Select	Pre-tax Cost	Post-tax Cost
Open Access Plus (OAP)				
	Participant Only	<input type="checkbox"/>	13.09	
	Participant Only (Post)	<input type="checkbox"/>		13.09
	Participant + Spouse	<input type="checkbox"/>	151.16	
	Participant + Spouse (Post)	<input type="checkbox"/>		151.16
	Participant + Child(ren)	<input type="checkbox"/>	120.60	
	Participant + Child(ren) (Post)	<input type="checkbox"/>		120.60
	Family Coverage	<input type="checkbox"/>	247.67	
	Family Coverage (Post)	<input type="checkbox"/>		247.67
Choice Fund Open Access Plus HSA				
	Participant Only	<input type="checkbox"/>	13.09	
	Participant Only (Post)	<input type="checkbox"/>		13.09
	Participant + Spouse	<input type="checkbox"/>	151.16	
	Participant + Spouse (Post)	<input type="checkbox"/>		151.16
	Participant + Child(ren)	<input type="checkbox"/>	120.60	
	Participant + Child(ren) (Post)	<input type="checkbox"/>		120.60
	Family Coverage	<input type="checkbox"/>	247.67	
	Family Coverage (Post)	<input type="checkbox"/>		247.67
Opt Out of Health		<input type="checkbox"/>		
Decline Health		<input type="checkbox"/>		



HSA Account Contribution

If you select the Choice Fund Open Access Plus HSA Plan, select your plan (single or family) and your 2024 pre-tax bi-weekly contribution amount. The maximum contribution per the IRS for 2024 is \$4,150 for single and \$8,300 for family which includes the Pinellas County contribution of \$500 for single or \$1,200 for family. For more information, see [Health Savings Account](#).

You will only see this screen if you are eligible.

PIN HSA

If you choose the Choice Fund Open Access Plus HSA Plan, an HSA account will automatically be opened for you. IMPORTANT: Choose Single or Family based on Medical Tier. Please enter the same bi-weekly dollar amount in both fields if a "catch up" option is shown. Your annual contributions plus the County contribution cannot exceed the IRS annual maximum based on your coverage level. Please refer to the Benefits Handbook for current IRS maximums.

Plan	Select	Annual Cost	Pre-tax Cost
PIN HSA Single	<input type="checkbox"/>	0.00	<input type="text" value="0.00"/>
PIN HSA Family	<input type="checkbox"/>	0.00	<input type="text" value="0.00"/>



Domestic Partner Medical

If you are enrolling a domestic partner and/or their eligible child(ren), indicate your medical plan selection. Submit a completed [2024 Affidavit & Certification](#) to Employee Benefits by Nov. 15, 2023.

You will only see this screen if you are eligible.

Domestic Partner

EXAMPLE ONLY

A Domestic Partner is an unmarried person in a committed relationship with employee that is not legally defined as marriage. As required by the IRS, imputed income allows us to tax you for the County's contribution towards your domestic partner's coverage, and their children's coverage, if they are not your tax dependents. Imputed income is separate from, and in addition to, your biweekly health cost and will be added to your annual W2 earnings. Domestic Partner forms are available on the HR Benefits website and must be submitted by the end of the enrollment period.

Plan	Option	Select	Post-tax Cost
Domestic Partner			
	Domestic Partner + Child(rcn)(in addition to Participant Only)	<input type="checkbox"/>	234.58
	Domestic Partner + Child(rcn)(in addition to Participant Only) Imputed	<input type="checkbox"/>	234.58



Employee Assistance Program (EAP)

No action is needed. You do not need to select Employee Assistance Program; it is provided to you at no cost by the County.

EAP

No action is needed. You do not need to select Employee Assistance Program which is provided to you at no cost by the County.

Plan	Select
Employee Assistance Program	<input checked="" type="checkbox"/>

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Dental

Select your dental plan and participants to be covered, or select Decline Dental.

Dental

EXAMPLE ONLY

You may select either pre-tax or post-tax coverage. If you select pre-tax, your deductions will be subtracted from your pay prior to taxing you, which means you pay less in tax.

Plan	Option	Select	Pre-tax Cost	Post-tax Cost
PPO Dental Basic				
	Participant Only	<input type="checkbox"/>	1.07	
	Participant Only (Post)	<input type="checkbox"/>		7.07
	Participant + 1	<input type="checkbox"/>	21.47	
	Participant + 1 (Post)	<input type="checkbox"/>		21.47
	Participant + 2 or More	<input type="checkbox"/>	29.07	
	Participant + 2 or More (Post)	<input type="checkbox"/>		29.07
PPO Dental with Orthodontia				
	Participant Only	<input type="checkbox"/>	8.21	
	Participant Only (Post)	<input type="checkbox"/>		8.21
	Participant + 1	<input type="checkbox"/>	24.94	
	Participant + 1 (Post)	<input type="checkbox"/>		24.94
	Participant + 2 or More	<input type="checkbox"/>	33.76	
	Participant + 2 or More (Post)	<input type="checkbox"/>		33.76
HMO Dental Plan				
	Participant Only	<input type="checkbox"/>		
	Participant Only (Post)	<input type="checkbox"/>		
	Participant + 1	<input type="checkbox"/>		
	Participant + 1 (Post)	<input type="checkbox"/>		
	Participant + 2 or More	<input type="checkbox"/>		
	Participant + 2 or More (Post)	<input type="checkbox"/>		
Decline Dental				
		<input type="checkbox"/>		

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Domestic Partner Dental

If you are enrolling a domestic partner and/or their eligible child(ren), indicate your dental plan selection (same dental plan that you chose for yourself).

Domestic Partner Dental

EXAMPLE ONLY

Choose the same Dental Plan for your Domestic Partner that was chosen for yourself. A Domestic Partner is an unmarried person in a committed relationship with employee that is not legally defined as marriage. Domestic Partner forms are available on the HR Benefits website and must be submitted by the end of the enrollment period.

Plan	Option	Select	Post-tax Cost
PPO Dental Basic Domestic Partner			
	Participant + Domestic Partner + More	<input type="checkbox"/>	22.00
PPO Dental Orthodontia Domestic Partner			
	Participant + Domestic Partner + More	<input type="checkbox"/>	25.55
HMO Dental Plan Domestic Partner			
	Participant + Domestic Partner + More	<input type="checkbox"/>	0.00

You will only see this screen if you are eligible.

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Life Insurance

Group Term Basic Life Insurance - No action is needed.

The County provides basic group term life insurance to all permanent employees working at least 20 hours per week at no cost to you in an amount equal to your annual salary rounded up to the next \$1,000.

Life
EXAMPLE ONLY

The County provides basic group term life insurance to all permanent employees working at least 20 hours per week at no cost to you in an amount equal to your annual salary rounded up to the next \$1,000.

Plan	Select	Coverage
Group Term Basic Life Insurance	<input checked="" type="checkbox"/>	78,000.00

Supplemental Life Insurance - *This is optional.* You pay 100% of the cost. Coverage is available in increments of \$5,000 up to \$250,000. The biweekly cost is based on your age and the amount of coverage selected (the example below is for ages 40 - 49). For employees age 65 and over, refer to the [Reduction in Coverage at Age 65](#).

Supp Life
EXAMPLE ONLY

Increases over \$20,000, not to exceed 3x your salary, will require an underwriting form which can be found on the Benefits Life Insurance webpage. Rates are subject to age band and may change during the year. Employees age 65 and over are subject to reduction in their coverage amount. Coverage amounts listed are prior to reduction. Please view the age reduction schedule on the Life Insurance page of the Benefits Handbook. The premium shown is reflective of the reduced value.

Plan	Select	Coverage	Post-tax Cost
Supplemental Life	<input type="checkbox"/>	5,000.00	0.62
Supplemental Life	<input type="checkbox"/>	10,000.00	1.25
Supplemental Life	<input type="checkbox"/>	15,000.00	1.87
Supplemental Life	<input type="checkbox"/>	20,000.00	2.49

Dependent Life Insurance - *This is optional.* You pay 100% of the cost. You will only see this option if you have dependents listed in OPUS.

Dep Life

The Employee is the beneficiary of this coverage. Employees may not cover another employee on dependent life. If both parents are employees only one parent may cover dependent children.

Plan	Option	Select	Post-tax Cost
Dependent Life			
	Spouse \$10,000/Child \$5,000	<input type="checkbox"/>	1.66
	Spouse \$20,000/Child \$10,000	<input type="checkbox"/>	3.18
Decline Dependent Life		<input type="checkbox"/>	

You will only see this screen if you are eligible.

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Flexible Spending Account (FSA)

Indicate your selections for Flexible Spending Accounts for healthcare or dependent care and the amount of coverage desired. **NOTE: The IRS just released the 2024 healthcare FSA maximum amount of \$3,200.** If you want to change your contribution amount, email your request to Employee Benefits at employee.benefits@pinellas.gov by Nov. 29.

FSA Health

The Health Care FSA is for qualified health, dental, and vision care expenses for you and your qualified dependents. The minimum annual amount you may elect is \$260. The maximum annual amount is \$3,050. Individuals enrolled in the Choice Fund Open Access Plus HSA may have a LIMITED PURPOSE FSA which may ONLY BE USED FOR QUALIFIED DENTAL AND VISION EXPENSES until the medical deductible is met.

Plan	Select	Coverage	Annual Cost	Pre-tax Cost
Health Flexible Spending Account	<input type="checkbox"/>	0.00	0.00	0.00
Decline Health Flexible Spending Account	<input type="checkbox"/>			

FSA Dep Care

The Dependent Care FSA is for qualified day care expenses, i.e. daycare, before school care, after school care and elder daycare. The minimum annual amount you may elect is \$260. The maximum annual amount is \$5,000.

Plan	Select	Coverage	Annual Cost	Pre-tax Cost
Dependent (Day) Care Account	<input type="checkbox"/>	0.00	0.00	0.00
Decline Dependent (Day) Care Account	<input type="checkbox"/>			

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Disability

Long Term Disability (LTD) and Short Term Disability (STD) - No action is needed.

LTD - Classified

Classified employees may purchase LTD coverage after one year of service. Acceptance will be subject to Evidence of Insurability. LTD is provided at no cost after completing five years of service.

Plan	Select	Post-tax Cost
Long Term Disability	<input checked="" type="checkbox"/>	0.00

STD

You do not need to select STD which is provided to you at no cost by the County.

Plan	Select
Short Term Disability	<input checked="" type="checkbox"/>

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Annual Leave Exchange

Annual Leave Exchange allows you to exchange leave for cash or deferred compensation. If you want to participate and are eligible (view the [Annual Leave Exchange Guide](#)), select the payout frequency and hours. If not interested, select Decline Annual Leave Exchange.

Annual Leave Exchange

You may exchange up to 160 hours of annual leave time, depending on the hours available in your leave bank. Select the payout frequency, then indicate the total number of hours for the year you would like to exchange in the Coverage field. The total number of hours you input will be divided by the number of times you elect to exchange. Refer to the HR website for more information.

Plan	Select	Coverage	Annual Cost
Annual Leave Exchange One Time	<input type="checkbox"/>	0.00	
Annual Leave Exchange Two Times	<input type="checkbox"/>	0.00	
Annual Leave Exchange Four Times	<input type="checkbox"/>	0.00	
Decline Annual Leave Exchange	<input type="checkbox"/>		

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Voluntary Benefits through Aflac

These benefits are optional. You pay 100% of the cost. There are 3 plans: Accident, Hospital Indemnity and Critical Illness. Each offers high and low coverage options. For each plan, select participants to be covered, or select Decline. These benefits are separate from your medical plan benefits. Any employee may enroll, including those who opt out or decline the County's medical plan. For more information, see [Supplemental Medical Voluntary Benefits](#).

Accident Plan

Aflac Voluntary Benefits- Accident

This is separate from your Cigna plan. This is available to all employees even if not enrolled in medical plan. The Accident Plan schedule of benefits are payable per accident for an on/off job accident. The Plan includes treatment for both inpatient and outpatient services along with a hospital benefit if admittance is due to injury or accident. The premium offers a low plan and a high plan.

Plan	Option	Select	Post-tax Cost
Decline Accident Plan		<input type="checkbox"/>	
Accident High			
	Employee Only	<input type="checkbox"/>	3.36
	Employee + Spouse/Domestic Partner	<input type="checkbox"/>	5.62
	Employee + Child(ren)	<input type="checkbox"/>	6.54
	Family	<input type="checkbox"/>	8.79
Accident Low			
	Employee Only	<input type="checkbox"/>	1.83
	Employee + Spouse/Domestic Partner	<input type="checkbox"/>	3.13
	Employee + Child(ren)	<input type="checkbox"/>	3.81
	Family	<input type="checkbox"/>	5.11

Hospital Indemnity Plan

Aflac Voluntary Benefits- Hospital Indemnity

This is separate from your Cigna plan. This is available to all employees even if not enrolled in medical plan. The Hospital Indemnity Plan includes hospitalizations for accident and sickness along with hospital for maternity coverage. The premium offers a low plan and a high plan.

Plan	Option	Select	Post-tax Cost
Decline Hospital Indemnity		<input type="checkbox"/>	
Hospital Indemnity High			
	Employee Only	<input type="checkbox"/>	7.06
	Employee + Spouse/Domestic Partner	<input type="checkbox"/>	14.15
	Employee + Child(ren)	<input type="checkbox"/>	11.28
	Family	<input type="checkbox"/>	18.37
Hospital Indemnity Low			
	Employee Only	<input type="checkbox"/>	3.97
	Employee + Spouse/Domestic Partner	<input type="checkbox"/>	8.00
	Employee + Child(ren)	<input type="checkbox"/>	6.46
	Family	<input type="checkbox"/>	10.50

Critical Illness Plan. The biweekly cost is based on your age, whether you select low or high coverage and if you use tobacco. The example below is for ages 40 - 44. If you complete a qualified tobacco cessation program between August 1, 2023 and March 31, 2024, you will be changed to the lower non-smoker rate.

Aflac Voluntary Benefits- Critical Illness

This is separate from your Cigna plan. This is available to all employees even if not enrolled in medical plan. The Critical Illness plan is a lump sum benefit paid based on schedule of conditions and percent of benefit paid. Identifying as a tobacco user will result in higher premiums. After completing a qualified tobacco cessation program, you will be changed to the lower non-smoker rate.

Plan	Option	Select	Post-tax Cost
Decline Critical Illness Plan		<input type="checkbox"/>	
Critical Illness High Non Tobacco User			
	Employee or Emp+Child	<input type="checkbox"/>	6.51
	Emp + Spouse/DP or Family	<input type="checkbox"/>	13.00
Critical Illness High Tobacco User			
	Employee or Emp+Child	<input type="checkbox"/>	9.58
	Emp + Spouse/DP or Family	<input type="checkbox"/>	19.13
Critical Illness Low Non Tobacco User			
	Employee or Emp+Child	<input type="checkbox"/>	3.61
	Emp + Spouse/DP or Family	<input type="checkbox"/>	7.20
Critical Illness Low Tobacco User			
	Employee or Emp+Child	<input type="checkbox"/>	5.14
	Emp + Spouse/DP or Family	<input type="checkbox"/>	10.25

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Voluntary Benefits through ARAG

These benefits are optional. You pay 100% of the cost. The Legal Plan, offered through ARAG, covers a wide range of legal needs like creating wills, transferring property or buying a home, as well as more complex issues. For more information, see [Legal Voluntary Benefits](#). Select Family coverage or Decline Legal. Family coverage includes you, your children, your spouse/ domestic partner, and extended family (your parents and parents-in-law). Children are covered until the end of the month when they reach age 26, whether married or unmarried.

Legal Plan

ARAG Voluntary Benefits

Life is full of legal situations. Some you plan for — like creating a will or buying a home. Others are more unexpected — like fighting a traffic ticket or getting your deposit back from a difficult landlord. Legal insurance makes it affordable to get the legal help you need: network attorney fees are 100% paid-in-full for most covered matters. Benefit from a wide range of coverage and services to protect your family and better navigate life's legal challenges. Enroll today. One tier — Extended Family — includes you, your spouse, your children, your parents, and your parents-in-law

Plan	Option	Select	Post-tax Cost
Decline Legal		<input type="checkbox"/>	
Legal			
	Family	<input type="checkbox"/>	9.81

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Voluntary Benefits through AIP

These benefits are optional. You pay 100% of the cost. Through Allstate Identity Protection, get identity monitoring, cyber features, and fraud resolution to help protect you and your family against digital threats. For more information, see [Identity Protection Voluntary Benefits](#). Select Employee Only, Family, or Decline Identity Protection. Family coverage includes any person who lives with you or is financially dependent on you regardless of age. Click **Next** when done.

Identity Protection Plan

AIP Voluntary Benefits

Through Allstate Identity Protection, get comprehensive identity monitoring, cyber features, and fraud resolution designed to help you protect yourself and your family against today's digital threats. This is total protection for your family's digital lives, from a brand you can trust. The plan offered through Allstate protects you from the trail you leave behind from online activity, financial transactions, and social media.

Plan	Option	Select	Post-tax Cost
Decline Identity Protection		<input type="checkbox"/>	
Identity Protection			
	Employee Only	<input type="checkbox"/>	3.46
	Family	<input type="checkbox"/>	6.23

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Add Dependents and Beneficiaries

If you need to add new dependents and beneficiaries, click **Next**, and click **Add Dependents** on the next screen (see #21 below). This will interrupt your enrollment process since you will need to contact Benefits to restart your enrollment at (727) 464-3367, option 1.

Add Dependents and Beneficiaries

The choices listed above may vary based on family member information. If you need to add dependents, please click the next button and add your dependents. Please contact Benefits to restart your enrollment.

Recalculate Back **Next**

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Cover Dependents

Review the information carefully to ensure that you have checked the box for the correct dependent for each type of coverage. Click **Next** when done.

Benefits Enrollment | Current Benefits

Update Enrollments | **Cover Dependents** | Update Beneficiaries | Confirmation Statement

Update Benefits: Cover Dependents

Name: John Doe
Event Name: Open
Program: Pinellas County Group Insurance
Enrollment Period:

Back **Next**

Dependent Selection

TIP: If someone you have entered is not on this list they may not be a family member or are ineligible.

Dental: PPO Dental Plan Participant + 2 or More

Dependent	Relationship	Social Security Number	Eligible	Cover
Jane Doe	Spouse	111-11-1111	Yes	<input checked="" type="checkbox"/>
Girl Doe	Child	333-33-3333	Yes	<input checked="" type="checkbox"/>
Boy Doe	Child	222-22-2222	Yes	<input checked="" type="checkbox"/>

Add Dependents

The people listed above are eligible for dependent coverage. Please add any dependents you want to cover and restart the enrollment process.

Add Dependents

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Beneficiary Selection

Review the beneficiary information for your life insurance coverage and the percentage to be provided to each person listed. If you select yourself as a beneficiary, your life insurance would go to your estate. Contingent beneficiary(ies) receive benefits if your primary beneficiary is deceased. For example, if your spouse is your primary and you both pass away at the same time, your contingent beneficiary (such as your adult children) will receive your life insurance. Click **Next** when done.

EXAMPLE ONLY

Benefits Enrollment | Current Benefits

Update Enrollments | Cover Dependents | **Update Beneficiaries** | Confirmation Statement

Update Benefits: Update Beneficiaries

Name: John Doe | Program: Pinellas County Group Insurance
Event Name: Open | Enrollment Period: []

Beneficiary Selection

Beneficiary selection will apply to County provided Basic Life and any Supplemental Life coverage you may purchase and is effective immediately. If you select yourself as beneficiary, upon your death, your life insurance would be paid according to the life insurance plan policy. To name a trust or charitable organization as your beneficiary please complete the beneficiary form found at www.pinellascounty.org/hr/benefits

Life : Group Term Basic Life Insurance

Beneficiary	Relationship	Social Security Number	Primary %	Contingent %	Clear
Boy Doe	Child	222-22-2222	0	50	[X]
Girl Doe	Child	333-33-3333	0	50	[X]
Jane Doe	Spouse	111-11-1111	100	0	[X]
John Doe	Self	444-44-4444	0	0	[X]

Recalculate

Primary %	Contingent %
100	100

TIP: Total Percentages for the plan must equal 100

Back **Next**

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Confirmation

- Carefully review your benefits selections.
- If you need to make changes, click the **Back** button to return to previous screens.
- **IMPORTANT:** When completed, click the **Confirmation Statement** button for a PDF to save or print for your records. **Enrollment issues cannot be resolved unless you have a copy of your Confirmation Statement.**
- Select the **Finish** button to submit your enrollment choices and view your final selections.

Confirmation Statement

★

Name: John Doe | Program: Pinellas County Group Insurance
Event Name: Open | Enrollment Period: []

Back **Printable Page** **Confirmation Statement** **Finish**

1 **2**

- **What proof do I have that I submitted my enrollment?**
A confirmation email will not be sent. You need to print and/or save the Confirmation Statement for your records. Also, after clicking **Finish**, you will see a summary of your Benefits Selections as shown in the example below. **To ensure that you have submitted your elections correctly, review the Tobacco Premium Plan at the top to ensure the start date is 01-Jan-2024.** This 2024 date is an indicator that your 2024 enrollment is complete. Don't worry if your other coverage start dates are not 2024.

Benefit Selections

EXAMPLE ONLY

Plan	Option	Coverage Start Date	Coverage Amount	Employee Pre-tax Cost	Employee Post-tax Cost
Tobacco Premium - Tobacco Premium Plan	I have NOT Used Tobacco, defined as cigarettes, e-cigarettes, cigars, pipes, chewing tobacco, dip, snuff, or hookahs at least once a week in the past 3 months OR I have completed a tobacco cessation program on or after AUGUST 1, 2023.	01-Jan-2024		0.00	0.00

- ***What if I need to make a change?***

If necessary, you can go back to the **Benefits and Annual Enrollment** option in OPUS and make changes, but your choices will be final on Wednesday, November 15. Be sure to print and/or save a new Confirmation Statement for your records.

- ***What if I need verification that I enrolled or would like to review my selections?***

See the steps below or view the [OPUS Confirmation Guide](#) which includes screenshots.

- Log into OPUS.
- Select **Benefits and Annual Enrollment**.
- Select **Next** for Dependents, Beneficiaries and/or Contacts.
- Click the tab for **Current Benefits**.
- Using the drop-down menu that says **Please show me the benefits as of**, change the time period to **01-Jan-2024 and later** and select **Go**.
- You may then review your selections.
- To confirm that you enrolled for 2024 benefits, review the Tobacco Premium at the top to ensure the start date is 01-Jan-2024. This date indicates that your 2024 benefits enrollment was submitted successfully. Don't worry if your other coverage start dates are not 2024.

- ***What if corrections are needed?***

Check your first paycheck in 2024 to ensure the correct payroll deductions are being made and that all benefits you elected are included. If corrections are needed, the deadline is 30 days after enrollment, so contact Employee Benefits by January 30, 2024. Please note that your Confirmation Statement will be needed to resolve any issues.

For more information on Annual Enrollment, visit

www.pinellas.gov/annual-enrollment.

11/13/23