

OPM IVR Scripts (excluding plans) 2010-2011 Cycle

Location of IVR scripts on LAN: OPM\PROJ\OPM 2009\IVR\IVR Scripts\OPM2009 Complete IVR Scripts.doc
Location of recorded scripts on the IVR Servers: c:\Application\Speech\

Script Number ranges by Function:

General Application Scripts –

100-130
144-179
193-194
198-229
238-270
283-292
1204-1214

Survey Scripts –

131-143, 272-273

System Maintenance (for CSRs during transcription processing) –

180-192
197
230-237
271-282
1201-1203

KEY:

Yellow Hi-lights: scripts changing or added for 2010-11 cycle.
Green Hi-Lights: placeholder for messages to be added/updated but wording is TBD or still needs approval.
Red in Grey Hi-lights: unused scripts or scripts no longer used that could be re-used.

Updates:
8/2/2010 Updated script 238 and 239, and 155 (pending OPM approval).

| Script # | Message Script |
|------------|---|
| | General Application Scripts (scripts 100-130) See also script ranges 144-179, 193-194, 198-229, 238-270, 283-292, 1204 |
| 100 | Welcome to Open Season Express. |
| 101 | Before using the Health Benefits Open Season Express, please have available your CSA or CSF annuity claim number and your social security number. We also offer information on the Federal Employees Dental and Vision Insurance Program, which you can request through Option 7 of the main menu. If you will be making a health benefit enrollment change or requesting health benefit brochures, you will also need either the first 2 characters of the enrollment code for the health benefit brochures being requested or the first 2 characters of the enrollment code for the health benefit plan you are selecting for 2011. You can find the health benefit enrollment codes in the Open Season Health Benefits Guide under the enrollment code column for each plan. |
| 102 | To leave Open Season Express at anytime during this menu, press 9. <i>(short pause)</i> To make a health benefit enrollment change, press 1. To request health benefit plan brochures, press 2. To request information on canceling or suspending your health benefits coverage, press 3. To request information on paying your health benefit premiums directly to us, press 4. To receive plan accreditation and survey information on how health benefit members rated their health plans, press 5. To request an Open Season package, press 6. To request information on the Federal Employees Dental and Vision Insurance Program, |

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| Script # | Message Script |
|----------|---|
| | <p>press 7. To request a FEHB state guide, press 8. To request a Change of Address, or to speak with a customer service representative, press 0. To hear the list of options again, press *.</p> |
| 103 | If your annuity claim number begins with the letters "CSA", press 1. |
| 104 | If your annuity claim number begins with the letters "CSF", press 2. |
| 105 | Please enter the first 7 numbers of your annuity claim number now. Don't enter the letters CSA or CSF. |
| 106 | Your annuity claim number is |
| 107 | For security purposes, please enter the last 4 digits of your social security number now. |
| 108 | The numbers you entered do not match the numbers we have on file for the annuity claim number you entered. |
| 109 | Please enter the first 2 characters of the enrollment code for the plan you want. If the first 2 characters of the enrollment code contain a letter, enter the number shown on the telephone keypad for that letter. |
| 110 | For example, if you would like to enroll in AN1, enter 26. The 2 is the number on the keypad with the letter A and 6 is the number on the keypad with the letter N. If the first 2 characters of the enrollment code contain the letters Q or Z, enter the number zero for these letters. |
| 111 | Please enter the first 2 characters of the enrollment code now. |
| 112 | The plan you selected has the same combination of numbers as other plans available in your state. |
| 113 | The plan you selected is |
| 114 | Press the pound sign to hear the list again. |
| 115 | If you want Self Only coverage, press 1. |
| 116 | If you want Self and Family coverage, press 2. |
| 117 | You have selected |
| 118 | Self Only coverage |
| 119 | Self and Family coverage |
| 120 | Enrollment code |
| 121 | We are not able to process your request to change from a self only coverage to a self and family coverage. Only dependents of the former Federal employee or retiree are eligible for coverage under your enrollment. If you think the family member or members you wish to enroll are eligible, call us toll-free at 1-888-767-6738. |
| 122 | We have processed your transaction. |
| 123 | If you want to make another enrollment code selection, press 2. |

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| Script # | Message Script |
|-----------------------------------|---|
| 124 | The effective date of your Open Season change is January 1, 2011. |
| 125 | We will mail you a letter confirming your Open Season change. We will also notify the plan you selected of your new enrollment. Your new plan will send your new identification card to you. You can expect to receive your new card in approximately 4 weeks. If you don't receive your new card, you should contact your new plan directly. |
| 126 | The annuity claim number you entered is not on our file. |
| 127 | There are no plans in your state with the first two characters of the enrollment code you entered. |
| 128 | You indicated that you wish to receive information on the Federal Employees Dental and Vision Insurance Program or "FEDVIP". The general information to be provided contains plan names and telephone numbers. For details on enrollment and premiums, please call 1-877-888-3337, or visit the website at W-W-W dot Benefeds dot com. That's W-W-W dot B-E-N-E-F-E-D-S dot com. You may NOT receive an extension for enrollment into FEDVIP. |
| 129 | The plan and coverage you have selected is the same plan and coverage currently on file for you. No updates will be made. |
| 130 | There are no plans on file matching this enrollment code selection. |
| Scripts 131-143 for Survey | |
| 131 | Your opinion about this system is very important to us. In our efforts to better serve you, we ask that you stay on the line and answer a few short questions that will take less than a minute. Your participation will help us improve our customer service. |
| 132 | Were the open season materials we sent you easy to read and understand? |
| 133 | If you found the materials easy to read and understand, press 1. If you found the materials difficult to read and understand, press 2. If you found no difference from previous years, press 3. |
| 134 | Was our automated Open Season Express system easy to use? |
| 135 | If the system was easy, press 1. If the system was difficult, press 2. If you found no difference from previous years, press 3. |
| 136 | Do you have access to the Internet? |
| 137 | If you have access to the Internet, press 1. If you don't have access to the Internet, press 2. |
| 138 | In general, how courteous was the Customer Service Specialist during this call? |
| 139 | For courteous, press 1. For discourteous, press 2. If you have no opinion, press 3. |
| 140 | Overall, how would you rate the Open Season Express? |
| 141 | For good, press 1. For fair, press 2. For poor, press 3. |
| 142 | In the future, would you be interested in receiving e-mail notifications regarding OPM Open Season, such as address change confirmations and enrollment confirmation letters, in lieu of mail? |
| 143 | For Yes, press 1. For No, press 2. |

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| Script # | Message Script |
|------------|--|
| | |
| | General Application Scripts (scripts 144-179) See also script ranges 100-130, 193-194, 198-229, 238-270, 283-292, 1204 |
| 144 | Please enter the first 2 characters of the enrollment code for the brochure you want. If the first 2 characters of the enrollment code contain a letter, enter the number shown on the telephone keypad for that letter. |
| 145 | If you want another plan brochure, press 1. |
| 146 | To hear the list of plan brochures you asked for, press 2. |
| 147 | The plan brochures you asked for are ... <i>(plan code1) (plan name1),...(plan code10) (plan name10)</i> |
| 148 | To complete your selection, press 3. |
| 149 | If the list of plan brochures you asked for is correct, press 1 to complete your selection. |
| 150 | If this list is not correct, press 2 to re-enter your brochure selections. |
| 151 | For example, if you would like to request brochure AN1, enter 26. The 2 is the number on the keypad with the letter A and 6 is the number on the keypad with the letter N. If the first 2 characters of the enrollment code contain the letters Q or Z, enter the number zero for these letters. |
| 152 | You indicated that you wish to receive information on canceling or suspending your health benefits coverage. |
| 153 | You can expect to receive the information you requested in about 7 to 10 days. |
| 154 | You selected unmarried disabled child. |
| 155 | You have reached the maximum number of plan brochure requests that we can process through our system in one day. |
| 156 | You indicated that you wish to receive information on how to pay your premiums directly to us. Please note this option is only available when your monthly annuity payment is not large enough to cover the cost of the monthly health benefits premium. |
| 157 | <i>You indicated that you wish to receive plan accreditation and survey information on how FEHB members rated their health plans.</i> |
| 158 | You indicated that you wish to receive an Open Season package. |
| 159 | Today is a Federal Holiday. |
| 160 | If none of the plans in the list include your plan choice, press 0 to enter a new enrollment code. |
| 161 | If none of the plans in the list include your plan choice, press 0 to enter a new brochure code. |
| 162 | Plan code |
| 163 | To re-enter the 2 digit brochure code, press 1. |

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| Script # | Message Script |
|-----------------|---|
| 164 | If you know the number for the transaction you want, press that number now. Otherwise, listen for the complete list of transactions. |
| 165 | You indicated that you wish to receive plan brochures. |
| 166 | You indicated that you wish to make an enrollment change. |
| 167 | Next, we will gather your dependent and other insurance information. |
| 168 | The plan you selected has the same combination of numbers as other plans available. |
| 169 | You indicated that you wish to make an enrollment change. Per our records, you have previously made an enrollment change. Making another enrollment change will overlay your <i>prior change</i> . |
| 170 | We offer service in English and Spanish. |
| 171 | For English, press 1. |
| 172 | Para Espanol, oprima dos. |
| 173 | You selected male. |
| 174 | You selected female. |
| 175 | You selected spouse. |
| 176 | You selected adopted child. |
| 177 | You selected foster or grandchild. |
| 178 | You selected stepson or stepdaughter. |
| 179 | You selected biological child. |
| | <p>System Maintenance Text (180-192) See also scripts 197, 230-237, 271-282, 1201-1203</p> <p><i>Notes: Many of these messages are not in Betsy's voice. This part of the application is used internally only by customer service agents and do not require professional recordings. Call flow should be updated to reflect current application as it was updated in 2002, but the flow was not. Note that scripts 100, 204, and 213 from the general application are also used by System Maintenance.</i></p> |
| 180 | Annuity Claim Number (per Mark Tarver, TeleVoice, not really used but saved as place holder for offset of fields/corresponding scripts- DO NOT USE THIS NUMBER FOR NEW SCRIPTS). |
| 181 | Annuity claim number. |
| 182 | Full Name |
| 183 | First dependent, last name. |
| 184 | First dependent, first name <i>and middle initial</i> |

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| Script # | Message Script |
|-----------------|--|
| 185 | Second dependent, last name. |
| 186 | Second dependent, first name <i>and middle initial</i> |
| 187 | Third dependent, last name. |
| 188 | Third dependent, first name <i>and middle initial</i> |
| 189 | Fourth dependent, last name. |
| 190 | Fourth dependent, first name <i>and middle initial</i> . |
| 191 | Fifth dependent, last name. |
| 192 | Fifth dependent, first name <i>and middle initial</i> . |
| | General Application Scripts (scripts 193-194) See also script ranges 100-130, 144-179, 198-229, 238-270, 283-292, 1204 |
| 193 | Please speak the private insurance plan policy number. |
| 194 | Your Federal health plan will need to coordinate benefits with any other health insurance you may have. |
| 195 | If you wish to continue with an enrollment change, press 1. |
| 196 | To confirm your request to have general FEDVIP information mailed to you, press 1. |
| | System Maintenance Text (197) See also scripts 180-192, 230-237, 271-282, 1201-1203 <i>Notes: Many of these messages are not in Betsy's voice. This part of the application is used internally only by customer service agents and do not require professional recordings. Call flow should be updated to reflect current application as it was updated in 2002, but the flow was not. Note that scripts 100, 204, and 213 from the general application are also used by System Maintenance.</i> |
| 197 | Name of the private plan. |
| | General Application Scripts (scripts 198-229) See also script ranges 100-130, 144-179, 193-194, 238-270, 283-292, 1204 |
| 198 | Your call may be monitored for quality assurance purposes. |
| 199 | Under federal regulations, former spouses are not eligible for the Federal Employees Dental and Vision Insurance Program. |
| 200 | You entered |
| 201 | If this is correct, press 1. |
| 202 | If this is not correct, press 2 to re-enter. |
| 203 | To leave Open Season Express, press 9. |
| 204 | Thank you for using Open Season Express. Goodbye. |
| 205 | To return to the main menu, press star. (* key on the telephone keypad) |
| 206 | We are unable to process your request. If you think the family member you wish to enroll is eligible, please call us toll free at 1-888-767-6738. |

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| Script # | Message Script |
|-----------------|---|
| 207 | As a survivor annuitant, you are not eligible to add a new spouse to your health plan. If you have questions, please call us toll-free at 1-888-767-6738. |
| 208 | Dependent child cannot be 22 years of age or older. |
| 209 | If you are listing a disabled dependent, you must first have had the dependent certified as disabled by either OPM or the employing office where you worked. If the dependent has not been certified, please call 1-888-767-6738 and request the disabled dependent form. Your carrier may ask to see the disability certification before providing services to a disabled dependent. |
| 210 | Does this dependent have any other insurance such as Medicare, Tricare, Tricare for Life, Peace Corps, Champ VA, or any private health insurance coverage? If yes, press 1. If no, press 2. |
| 211 | We didn't detect a touch tone entry. |
| 212 | We detected a possible line interrupt. To continue, press 1. |
| 213 | You made an invalid entry. |
| 214 | We are having difficulties processing your request. Please try later. |
| 215 | One moment please. |
| 216 | Our system is not available at this time. Please call later. |
| 217 | You have reached Open Season Express. |
| 218 | State specific guides are not available for former spouses. |
| 219 | Please wait and a Customer Service Specialist will help you. There may be a pause while the call is being transferred. |
| 220 | We are sorry that we are not able to process your request at this time. This request must be completed during our customer service operating hours of 7 a.m. to 7 p.m., Central Time, Monday through Friday. Please call back during these hours. |
| 221 | Lo sentimos, no podemos procesar su solicitud en este momento. Esta solicitud debe ser hecha durante el horario de oficina de servicio al cliente, de 7:00am a 7:00pm de lunes a viernes. Por favor, vuelva a llamar durante este horario el proximo dia laborable. |
| 222 | Gracias por utilizar el sistema expreso de la temporada abierta. |
| 223 | Hoy es un dia feriado federal. |
| 224 | Para utilizar nuestro sistenna automatizado, disponible solamente en ingles, oprima el asterisco. |
| 225 | Para salir del sistema expreso de la temporada abierta, oprima el numero 9. |
| 226 | Does this dependent have Medicare coverage? If this dependent does not have Medicare, press 1. If this dependent has both Medicare A and B, press 2. If this dependent has Medicare A only, press 3. If this dependent has Medicare B only, press 4. |
| 227 | Does this dependent have Tricare, Tricare for Life, Peace Corps, or Champ VA coverage? If yes, press 1. If no, press 2. |
| 228 | Does this dependent have a private insurance plan? If yes, press 1. If no, press 2. |

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| Script # | Message Script |
|-----------------|--|
| 229 | Do you have any other insurance such as Medicare, Tricare, Tricare for Life, Peace Corps, or Champ VA? If you do have other insurance, press 1. If you don't have other insurance, press 2. |
| | System Maintenance Text (230-237) See also scripts 180-192, 197, 271-282, 1201-1203 <i>Notes: Many of these messages are not in Betsy's voice. This part of the application is used internally only by customer service agents and do not require professional recordings. Call flow should be updated to reflect current application as it was updated in 2002, but the flow was not. Note that scripts 100, 204, and 213 from the general application are also used by System Maintenance.</i> |
| 230 | Sixth dependent, last name. |
| 231 | Sixth dependent, first name <i>and middle initial</i> . |
| 232 | Seventh dependent, last name. |
| 233 | Seventh dependent, first name <i>and middle initial</i> . |
| 234 | Eighth dependent, last name. |
| 235 | Eighth dependent, first name <i>and middle initial</i> . |
| 236 | Ninth dependent, last name. |
| 237 | Ninth dependent, first name <i>and middle initial</i> . |
| | General Application Scripts (scripts 238-270) See also script ranges 100-130, 144-179, 193-194, 198-229, 283-292, 1204 |
| 238 | You can also complete transactions through the Internet by logging onto Open Season Online at retireeFEHB.opm.gov. |
| 239 | Help us go green... Share your email address with us so we can communicate with you electronically and save trees and money. To do this, log on to either of our websites: retireeFEHB.opm.gov or www.serviceline.opm.gov or call 1-888-767-6738. Please refer to the open season mailer you received in the mail to ensure you have the web site address spelled correct. |
| 240 | If you selected ... |
| 241 | Press 1 |
| 242 | Press 2 |
| 243 | Press 3 |
| 244 | Press 4 |
| 245 | Press 5 |
| 246 | Press 6 |
| 247 | Press 7 |
| 248 | Press 8 |
| 249 | Press 9 |
| 250 | Press 0 (currently unused/ keep for Televoice) |
| 251 | Press star. (currently unused/ keep for Televoice) |
| 252 | Press the pound key. (currently unused/ keep for Televoice) |

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| Script # | Message Script |
|-----------------|--|
| 253 | Please enter or speak the information requested as prompted. The information you provide will be sent to your new health plan along with your enrollment change information. |
| 254 | Please speak your 7 digit annuity claim number, including the CSA or CSF prefix after the beep. |
| 255 | Please clearly speak your full name and spell your last name. |
| 256 | Please clearly speak and spell the last name of your first dependent beginning with your spouse if you are married. |
| 257 | Please clearly speak and spell the first name of your dependent followed by their middle initial. |
| 258 | Please enter your dependent's 2 digit birth month, 2 digit day, and 4 digit birth year using your telephone keypad. |
| 259 | If this dependent is male, press 1. If female, press 2. |
| 260 | Please indicate your dependent's relationship to you. For spouse, press 1. For adopted child, press 2. For foster or grandchild, press 3. For stepson or stepdaughter, press 4. For biological child, press 5. For unmarried disabled child, press 6. |
| 261 | Please enter your dependent's social security number using your telephone keypad. |
| 262 | If you are male, press 1. If female, press 2. |
| 263 | Please enter your daytime telephone number, including area code using your telephone keypad followed by the pound sign. |
| 264 | If you have additional dependents, press 1 now. |
| 265 | If you have no additional dependents, press 2. |
| 266 | Please clearly speak and spell the last name of your next dependent. |
| 267 | Do you, the annuitant, have any other insurance such as Medicare, Tricare, Tricare for Life, Peace Corps, Champ VA or any private health insurance coverage? If you do have other insurance, press 1. If you don't have other insurance, press 2. |
| 268 | You may only enter information for up to 10 dependents through Open Season Express. Please contact your plan directly to report any additional dependents not entered today. |
| 269 | Your Federal health plan will need to coordinate benefits with any other health insurance you or your dependents may have. |
| 270 | Do you have Medicare coverage? If you don't have Medicare, press 1. If you have both Medicare A and B, press 2. If you have Medicare A only, press 3. If you have Medicare B only, press 4. |
| | System Maintenance Text (271-282) See also scripts 180-192, 197, 230-237, 1201-1203 <i>Notes: Many of these messages are not in Betsy's voice. This part of the application is used internally only by customer service agents and do not require professional recordings. Call flow should be updated to reflect current application as it was updated in 2002, but the flow was not. Note that scripts 100, 204, and 213 from the general application are also used by System Maintenance.</i> |
| 271 | Welcome to System Maintenance. |

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| Script # | Message Script |
|-----------------|--|
| 272 | In the future, would you be interested in using a web chat feature that would allow you to speak with an OPM representative live? |
| 273 | For Yes, press 1. For No, press 2. |
| 274 | To go to the next message, Press 1. |
| 275 | To hear again, Press 2. |
| 276 | There are no more messages to review. |
| 277 | This concludes this message block. |
| 278 | There are no messages in this block. |
| 279 | To start another block of messages, press 1. |
| 280 | To exit System Maintenance, Press 9. |
| 281 | To review dependent information messages, press 1. For the number of annuitant dependent data recordings, press 2. |
| 282 | The remaining number of transcriptions is... |
| | General Application Scripts (scripts 283-292) See also script ranges 100-130, 144-179, 193-194,198-229, 238-270, 1204 |
| 283 | After making your request, please wait to hear the message, "We have processed your transaction" before making another request or ending your call. |
| 284 | Please remember, your enrollment change will not be complete until you hear the message, "We have processed your transaction." |
| 285 | Please remember, your brochure request will not be complete until you hear the message, "We have processed your transaction." |
| 286 | Please state whether you have Medicare A or Medicare B only. (NOT CURRENTLY USED- to be deleted or reused) |
| 287 | Does your spouse have Medicare coverage? Press 1 if your spouse doesn't have Medicare coverage, press 2 if your spouse has both Medicare A and B, press 3 if your spouse has Medicare A only or press 4 if your spouse has Medicare B only. WILL NO LONGER BE USED – to be deleted or reused> |
| 288 | Please state whether your spouse has Medicare A or Medicare B only. (NOT CURRENTLY USED – to be deleted or reused) |
| 289 | Do you have Tricare, Tricare for Life, Peace Corps, or Champ VA coverage? If yes, press 1. If no, press 2. |
| 290 | unused |
| 291 | Do you have a private insurance plan? If yes, press 1. If no, press 2. |
| 292 | Please speak the name of the private plan. |

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| Script # | Message Script |
|----------|--|
| | Plan scripts |
| 300+ | Plan scripts are in a separate document and have script numbers > 300 and < 1200. |
| | System Maintenance Text (1201-1203) See also scripts 180-192, 197, 230-237, 271-282 <i>Notes: Many of these messages are not in Betsy's voice. This part of the application is used internally only by customer service agents and do not require professional recordings. Call flow should be updated to reflect current application as it was updated in 2002, but the flow was not. Note that scripts 100, 204, and 213 from the general application are also used by System Maintenance.</i> |
| 1201 | Tenth dependent, last name. |
| 1202 | Tenth dependent, first name <i>and middle initial</i> . |
| 1203 | Private plan policy number |
| | General Application (1204) See also script ranges 100-130, 144-179, 193-194, 198-229, 238-270, 283-292 |
| 1204 | Please enter your 2 digit birth month, 2 digit birth day, and 4 digit birth year using your telephone keypad. |
| 1205 | You indicated that you wish to receive a FEHB state guide. |
| 1206 | Please remember, your request will not be complete until you hear the message, "We have processed your transaction." |
| 1207 | Please enter the two character state code for the guide you want. For example, if you are requesting a FEHB guide for Texas, state code TX, enter 8-9. The 8 is the number on the keypad with the letter T and 9 is the number on the keypad with the letter X. If the state code contains the letters Q or Z, enter the number 0 for these letters. For a foreign guide, enter 1-1. |
| 1208 | Please enter the 2 character state code for the FEHB guide you want now. |
| 1209 | There are no state codes that match the 2 characters you entered. |
| 1210 | You selected the FEHB state guide for ... |
| 1211 | The state you selected has the same combination of numbers as other state codes available. |
| 1212 | If the states in the list DO NOT include your state choice, press 0 to re-enter the state code. |
| 1213 | For US territories of: <ul style="list-style-type: none"> • Guam, enter "4-8" • Puerto Rico, enter "7-7" <p style="text-align: center;">or</p> <ul style="list-style-type: none"> • Virgin Islands, enter "8-4". |
| 1214 | This request was not processed because you have reached the maximum number of FEHB state guides that can be requested per day. |