

**OPM IVR Scripts (excluding plans)
2013-2014 Cycle**

Script Number ranges by Function:

KEY:

Yellow Hi-lights: scripts changing or added for 2013-14 cycle.

Red in Grey Hi-lights: unused scripts or scripts no longer used that could be re-used.

Plan scripts are in a separate document and have script numbers > 300 and < 1200.

Updates:

05/20 – removed previous years hi-lights and bold.

05/22 – updates for the 2013-2014 year indicated with highlighting and bold fonts.

Script #	Message Script
100	Welcome to Open Season Express, a service for federal retirees and survivor annuitants.
101	Before using the Health Benefits Open Season Express, please have available your CSA or CSF annuity claim number and your social security number.
102	To leave Open Season Express at anytime during this menu, press 9. (short pause) 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 Health Benefits Election form, press 6. To request an Open Season Federal Benefits Guide, press 7. To request a Change of Address, to request a password reset, or to speak to a Customer Service Representative, press 0. To hear the list of options again, press *.
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.

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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.
124	The effective date of your Open Season change is January 1, 2014.
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.
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?

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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	On a scale of 1 to 5, where 5 is excellent and 1 is poor. In general, how would you rate your experience with the customer service representative you spoke with during this call?
139	Press the number corresponding to your response now.
140	On a scale of 1 to 5, where 5 is excellent and 1 is poor. In general, how satisfied are you with the service provided by the automated telephone system?
141	Press the number corresponding to your response now.
142	Are you 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.
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

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	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	You indicated that you wish to receive plan accreditation and survey information on how FEHB members rated their health plans.
158	You indicated that you wish to receive an Open Season Health Benefits Election form.
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.
164	At the end of your call, you will be given the opportunity to complete a satisfaction survey.
165	To request health benefit brochures, you will need the first 2 characters of the enrollment code for the brochure or brochures you are requesting. You indicated that you wish to receive plan brochures.
166	To make an enrollment change, you will need the first 2 characters for the health benefit plan you are selecting for 2014. 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 prior change.
170	We offer service in English and Spanish.
171	For English, press 1.
172	Para Espanol, oprima dos.
173	You selected male.

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Script #	Message Script
174	You selected female.
175	After speaking to the Customer Service Specialist, please wait on the line to answer a few short questions about our service.
176	You indicated that you wish to receive an Open Season Federal Benefits Guide for Former Spouses.
177	In order for your self and family enrollment to be processed, you must provide dependent information by speaking with a customer service representative.
178	We have received your enrollment change, but remember, you must also provide dependent information.
179	The completed form must be postmarked by December 9, 2013. Forms postmarked after this date will be returned to you unprocessed.
180	Annuity Claim Number (Note: per TeleVoice, this number was not really used but saved as place holder for offset of fields/corresponding scripts for transcription process. Therefore, we avoided using this number. Now that the transcription process is going away this should no longer matter.)
181	Annuity claim number.
182	Full Name
183	First dependent, last name.
184	First dependent, first name and middle initial
185	Second dependent, last name.
186	Second dependent, first name and middle initial
187	Third dependent, last name.
188	Third dependent, first name and middle initial
189	Fourth dependent, last name.
190	Fourth dependent, first name and middle initial.
191	Fifth dependent, last name.
192	Fifth dependent, first name and middle initial.
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.
197	Name of the private plan.

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Script #	Message Script
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.
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 26 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.
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,

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	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, disspponible 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.
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.
230	Sixth dependent, last name.
231	Sixth dependent, first name and middle initial.
232	Seventh dependent, last name.
233	Seventh dependent, first name and middle initial.
234	Eighth dependent, last name.
235	Eighth dependent, first name and middle initial.
236	Ninth dependent, last name.
237	Ninth dependent, first name and middle initial.
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. To do this, log on to either of our websites: retireeFEHB.opm.gov or www.servicesonline.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

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Script #	Message Script
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)
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.

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Script #	Message Script
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.
271	Welcome to System Maintenance.
272	Have you used our web chat feature, Open Season Live Help, that allows you to speak with an OPM representative live?
273	If you've used the feature and found it helpful, press 1. If you've used the feature but did not find it helpful, press 2. If you haven't used the web chat feature, press 3.
274	Do you have Medicare D? If yes, press 1. If no, press 2.
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...
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)

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Script #	Message Script
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.
300-1200	Used for plan and FEHB guide scripts.
1201	Tenth dependent, last name.
1202	Tenth dependent, first name and middle initial.
1203	Private plan policy number
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 an Open Season Federal Benefits 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 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" or • 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.