

**OPM IVR Scripts (excluding plans)  
2017-2018 Cycle**

<b>Script #</b>	<b>Message Script</b>
100	Welcome to Open Season Express, a service for federal retirees and survivor annuitants. To provide your spouse with continuous enrollment in the FEHB program you must elect a survivor benefit for your spouse and be enrolled in Self Plus One or Self and Family at the time of your death.
101	Before using the Health Benefits Open Season Express, please have available your CSA or CSF annuity claim number and your social security number. For enrollment changes into a Self Plus One or Self and Family plan, we will need your dependent's name, social security number, date of birth and any other private insurance they may have. Please have this information on hand when speaking to the customer service representative.
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 an Open Season Health Benefits Guide, press 3. To request other Open Season information to be mailed to you, press 4. To request a Change of Address, or if you need a password reset, 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.
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.

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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	If you are calling to enroll or change your dental or vision coverage, please call Benefeds at 1-877-888-3337. If you are interested in what a particular plan may offer, please contact the plan directly. To enroll or change your health benefits for Open Season Express, please remain on the line. Thank you.
122	We have processed your transaction.
123	If you want to make another enrollment code selection, press 2.
<b>124</b>	<b>The effective date of your Open Season change is January 1<sup>st</sup>, 2018</b>
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.
<b>128</b>	<b>The 2017 Federal Benefits Open Season will be held November 13<sup>th</sup>, 2017 through December 11<sup>th</sup>, 2017.</b>
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?
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?

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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 benefits coverage.
153	You can expect to receive the information you requested in about 7 to 10 days.
154	If you are a current Federal Employee, please contact your Human Resources office for information regarding health benefits enrollment changes.  If you pay your health benefit premiums directly to OPM and have questions, please contact the National Finance Center at 1-800-242-9630.  For workers compensation questions please call the Department of Labor's toll free number 1-866-487-2365, Monday through Friday from 8am to 8pm eastern time."

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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.
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.
<b>166</b>	<b>To make an enrollment change, you will need the first 2 characters for the health benefit plan you are selecting for 2018. You indicated that you wish to make an enrollment change.</b>
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.
174	You selected female.
175	After speaking to the Customer Service Representative, 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 Guide to Federal Benefits for Former Spouses. However, this guide is no longer available. For the TCC and Former Spouse rates, go to <a href="http://www.opm.gov">www.opm.gov</a> .

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Script #	Message Script
177	In order for your self and family enrollment to be processed, you must provide dependent information by speaking with a customer service representative.
	Open Season mailers are being mailed to retirees the week of October 23rd, 2017. Look for us the first week of November. For further assistance with open enrollment questions, you may also visit OPM's website at W-W-W dot O-P-M dot gov slash insurance. Thank you.
	Thanks for a great Open Season. Look for us again in early November, 2018. For further assistance, please call the Retirement Information Office at 1-888-767-6738. Thank you."
	At this time we are experiencing higher than normal call volume. In an effort to expedite your request, you may enroll on the website at retireefehb.opm.gov. If you wish to continue to wait, please remain on the line, or you can hang up and give us a call back at a later time. Please do not hold on the line past 7:00 PM Central time, Remember you have until December 11th, 2017 to complete your enrollment change.
	Our office is currently closed due to inclement weather. Please call back tomorrow.
	We are currently experiencing technical difficulties. Please try later.
<b>179</b>	<b>The completed form must be received by December 12<sup>th</sup>, 2017. Forms received after this date will be returned to you unprocessed.</b>
180	To request information on canceling or suspending your health benefits coverage, press 1. To request information on paying your health benefit premiums directly to us, press 2. To request an Open Season Health Benefits Election form, press 3. To hear this list of options again, press 4. To return to the Main Menu, press *.
181	If you want self plus one coverage, press 2.
182	In order for your self plus one enrollment to be processed, you must provide dependent information by speaking with a customer service representative.
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.
198	Your call may be monitored for quality assurance purposes.
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)
211	We didn't detect a touch tone entry.

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<b>Script #</b>	<b>Message Script</b>
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.
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, 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 de la mañana a 7 de la tarde, 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, dissonible solamente en ingles, oprima el asterisco.
225	Para salir del sistema expreso de la temporada abierta, oprima el numero 9.
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.
238	You can also complete transactions through the Internet by logging onto retireeFEHB.opm.gov.
239	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.servicsonline.opm.gov. 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

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<b>Script #</b>	<b>Message Script</b>
246	Press 6
247	Press 7
248	Press 8
249	Press 9
262	If you are male, press 1. If you are female, press 2.
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.
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.
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."
289	Do you have Tricare, Tricare for Life, Peace Corps, or Champ VA coverage? If yes, press 1. If no, press 2.
<b>300-1200</b>	<b><i>Used for plan and FEHB guide scripts.</i></b>
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 Health 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.

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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"><li>• Guam, enter "4-8"</li><li>• Puerto Rico, enter "7-7"</li><li>or</li><li>• Virgin Islands, enter "8-4".</li></ul>
1214	This request was not processed because you have reached the maximum number of FEHB state guides that can be requested per day.