| **Script #** | **Message Script** |
| --- | --- |
| 100 | Welcome to Open Season Express, a service for federal retirees and survivor annuitants only. If you are a current Federal Employee, please contact your Human Resources office for information regarding health benefits enrollment changes. For questions regarding Medicare, please call toll free 1-800-633-4227, 7 days a week, 24 hours a day. To report the death of a spouse or to inquire about the status of your retirement case, call the Retirement Information Office at 1-888-767-6738, Monday through Friday 7:40 am to 5:00 pm eastern time. |
| 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 any time 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 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. 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 | To enroll or change your federal health benefits for Open Season, please remain on the line. 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. In some cases, the enrollee share of FEHB premiums for the Self Plus One enrollment type will be higher than the Self and Family enrollment type. Enrollees who wish to cover one eligible family member are free to elect either the Self and Family or Self Plus One enrollment type. Check the premiums on our website at www.opm.gov/fehbpremiums. |
| 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 1st, 2021** |
| 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** | **The 2020 Federal Benefits Open Season will be held November 9th, 2020 through December 14th, 2020.** |
| 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? |
| 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 ...  *(plan code1) (plan name1),...(plan code10) (plan name10)* |
| 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 pay your health benefit premiums directly to OPM and have questions, please contact the National Finance Center’s toll free number 1-800-242-9630, Monday through Friday from 9am to 5pm eastern time. 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. If you are calling to enroll or change your dental or vision coverage, please call Benefed’s toll free number at 1-877-888-3337, Monday through Friday from 10am to 8pm eastern time. If you are interested in what a particular plan may offer, please contact the plan directly. To make changes to your dependent information and you are not making an enrollment change at this time, please contact the plan directly. |
| 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. |
| **166** | **To make an enrollment change, you will need the first 2 characters of the enrollment code for the health benefit plan you are selecting for 2021. You indicated that you wish to make an enrollment change.** |
| 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 www.opm.gov. |
| 177 | In order for your self and family enrollment to be processed, you must provide dependent information by speaking with a customer service representative. |
| Pre-season | Open Season mailers are being mailed to retirees the last week of October. 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 insure. Thank you. |
| End of season | Thanks for a great Open Season. Look for us again in early November. For further assistance, please call the Retirement Information Office at 1-888-767-6738. Thank you. |
| 179 | Completed forms should be mailed by the end of Open Season. |
| 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. |
| 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, dissponible 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  Updated 10/2/2019 | Share your email address with us so we can communicate with you electronically. To do this, log on to our website retireeFEHB.opm.gov. Please refer to the open season mailer you received in the mail to ensure you have the web site address spelled correctly. |
| 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 |
| 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, which 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. |
| 300-1200 | *Used for plan and FEHB guide scripts.* |
| 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. |
| 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:   * 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. |