



## **IMPORTANT NOTICE**

To All California-Based Subscribers and Enrollees

Members of vision service plans are entitled to receive annual notification of their vision service plans' complaint process and timely access to care. As a result, the enclosed notice contains information regarding VSP's complaint system, access to care and the methods by which VSP members can communicate their comments to VSP.

At VSP, we're dedicated to continually providing exceptional service to our members. By listening to the needs of our customers—whether they have complaints or compliments—VSP can deliver the kind of personalized care and service we'd expect for ourselves.



## Grievance Process

If a VSP member has a complaint/grievance regarding VSP and/or a VSP network provider, you may immediately call VSP Member Services at **800.877.7195**, Monday through Friday, 5:00 a.m. to 8:00 p.m.; Saturday, 7:00 a.m. to 8:00 p.m.; and Sunday, 7:00 a.m. to 7:00 p.m. (Pacific Time). If a complaint is called in and not satisfactorily resolved within five (5) calendar days, you will receive a written acknowledgment letter and a written resolution letter within thirty (30) calendar days after receipt.

For written complaints, you may log on to **vsp.com** and complete the Member Grievance/Complaint Form and send it to: VSP Complaints and Grievances, P.O. Box 2350, Sacramento, CA 95741. VSP will respond by mail to acknowledge receipt and/or provide the status of the complaint within five (5) business days. VSP will resolve your complaint within thirty (30) calendar days from the date of receipt and keep a copy of your complaint and the response on file for seven (7) years.

If the thirty (30) calendar day standard appeal process seriously threatens a covered person's health or ability to function, the covered person can request an expedited, 24-hour, review of the complaint.

In accordance with State and Federal regulations, VSP will not discriminate against a member on the basis of filing a complaint or grievance.

Language assistance services are available. Call **800.877.7195** if you need assistance reading this letter, would like this letter written in your language, or need your cultural and/or linguistic needs met.



## Timely Access to Care

As a VSP member, you have the right to receive care and services in a timely manner.

Appointment Type	Timeframe
Routine Eye Exam	Within 15 business days
Non-Urgent Medical	Within 10 business days
Urgent Care	If call is received during office hours, and the doctor determines the need of the member to be urgent, member should be seen within 48 hours

### Telephone Wait Times

- If you call your plan's customer service phone number, someone should answer the phone within 10 minutes during normal business hours.

### Exceptions

- The purpose of the timely access law is to make sure you get the care you need. Sometimes you need appointment even sooner than the law requires. In this case, your doctor can request that the appointment be sooner.
- Sometimes waiting longer for care is not a problem. Your provider may give you a longer wait time if it would not be harmful to your health. It must be noted in your records that a longer wait time will not be harmful to your health.
- If you cannot get a timely appointment in your area because there are not enough providers, your health plan must help you get an appointment with an appropriate provider.

### Language Interpreter Services

Covered Persons have the right to receive language interpreter services. When scheduling an appointment, they can tell the provider's office that they need an interpreter at the time of their visit.



## **Notice from the Department of Managed Health Care**

The California Department of Managed Health Care (DMHC) is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan toll-free at **800.877.7195** and use your health plan's grievance process before contacting the department.

Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan or a grievance that has remained unresolved for more than thirty (30) days, you may call the Department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired.

The department's Internet Web site <http://www.dmhca.ca.gov> has complaint forms, IMR application forms and instructions online.



## Language Assistance

### English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-877-7195 (TTY: 1-800-428-4833).

### Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-877-7195 (TTY: 1-800-428-4833).

### 繁體中 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-877-7195 (TTY: 1-800-428-4833)。

### Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-877-7195 (TTY: 1-800-428-4833)

### Tagalog (Tagalog–Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-877-7195 (TTY:1-800-428-4833)

### 한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1- 800-877-7195 (TTY:1-800-428-4833) 번으로 전화해 주십시오.

### Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-877-7195 (телетайп: 1-800-428-4833).

### (Arabic)

ملاحظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-877-7195 (رقم هاتف الصم والبكم: 1-800-428-4833).

### Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-877-7195 (TTY: 1-800-428-4833).

### Français (French)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-877-7195 (ATS : 1-800-428-4833).

### Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-877-7195 (TTY: 1-800-428- 4833).

### Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-877-7195 (TTY: 1-800-428-4833).

### Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-877-7195 (TTY: 1-800-428-4833).

Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-877-7195 (TTY: 1-800-428-4833).

日本語(Japanese)

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-877-7195 (TTY: 1-800-4284833) まで、お電話にてご連絡ください。

(Farsi)

یارینا یگار تر و صبیانیز تلاهیست دنیکیوتگتگفیسرافنا بیزهیرگا: هجو  
اب.داسیمیمها امش دیرگیستما (1-800-877-7195 (TTY: 1-800-428-4833)

Հայերեն (Armenian)

ՈՒՇ ԱՂԻ ՈՒ ԹՅ ՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարկարող են տրամադրվել լեզվակապակցության ծախսերը: Չանվճարելու դեպքում 1-800-877-7195 (TTY (հեռատեղախոս)՝ 1-800-428-4833)։

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-877-7195 (TTY: 1-800-428-4833).

ਪੰਜਾਬੀ(Punjabi)

ਧਿਆਨਧਿਓ: ਜੇਤੁਸੀਂਪੰਜਾਬੀਬੋਧੇਹੋ, ਤਾਂਭਾਸ਼ਿਯ ਿੱਚਸਹਾਇਤਾਮੇ ਾਤੁਹਾਡੇ ਈਮੁਫਤਉਪ ਯਬਹੈ।1-800-877-7195(TTY: 1-800-428-4833) 'ਤੇਕਾ ਕਰੋ।

हिंदी (Hindi)

ध्यान दें: यदि आप बोलते हैं तो आपके ललए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-877-7195 (TTY: 1-800-428-4833)पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณ พูด ภาษาไทยคุณ สามารถขอ รกิ ารช่ว ยเหลือี ทางภาษาได้ฟรี โทร 1-800-877-7195 (TTY: 1-800-428-4833).

ខ្មែរ(Cambodian)

ប្រសិនបើ អ្នកនិយាយភាសាខ្មែរ, បសវដ៏ឧបត្ថម្ភភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរទូរស័ព្ទ 1-800-877-7195 (TTY: 1-800-428-4833)។

ພາສາລາວ(Lao)

ໂບດລາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການລ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ1-800-877-7195 (TTY: 1-800-428-4833).

Srpsko-hrvatski (Serbo-Croatian)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-877-7195 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-428-4833).

বাংলা(Bengali)

লক্ষ্যকরনঃ যদিআপদনবাংলা, কথাবলতেপাতেন, োহতলদনঃখেচায়ভাষাসহায়োপদেতষবাউপলব্ধআতে।ফ ানকরন1-800-877-7195 (TTY: 1-800-428-4833)।

Shqipe (Albanian)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-877-7195 (TTY: 1-800-428-4833).

(Syriac)

1-800-877-7195 (TTY: 1-800-428-4833)