



## **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® Vision Care'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.

VSP does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

You may file a discrimination complaint with the United States Department of Health and Human Services Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, age, disability, or sex.

Mail to:  
Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201

Email to: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)



## 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 Saturday, 6:00 a.m. - 5:00 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**, 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.

Auxiliary aids and services, including qualified interpreters for individuals with disabilities and information in alternate formats, are available free of charge and in a timely manner when those aids and services are necessary to ensure equal opportunity to participate for individuals with disabilities. Call **800.877.7195 (TTY: 711)**.



## **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**), a TDD line (**1-877-688-9891**) for the hearing and speech impaired, and its Internet Web site (<http://www.dmhc.ca.gov>) has complaint forms online.

The Department's internet website **[www.dmhc.ca.gov](http://www.dmhc.ca.gov)** has complaint forms, IMR application forms, and instructions online.



## 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 25 seconds 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 an 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.

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**Deutsch (German)**

HINWEIS: Für andere Sprachen stehen Ihnen kostenlos und zeitnah Sprachunterstützungsdienste zur Verfügung, sowohl in Form übersetzter schriftlicher Materialien als auch für die mündliche Kommunikation (Dolmetschen). Rufen Sie an unter 1-800-877-7195 (TTY/Fernschreiber: 711).

**Kreyòl Ayisyen (Haitian Creole)**

ATANSYON: Si w pale yon lòt lang, gen sèvis asistans pou lang ki disponib pou ou, tankou entèpretasyon aloral epi tradiksyon dokiman ki ekri, san w pa peye okenn frè. Rele nan 1-800-877-7195 (TTY: 711).

**हिन्दी (Hindi)**

कृपया ध्यान दें: अगर आप कोई दूसरी भाषा बोलते हैं, तो मौखिक व्याख्या और अनुवादित लिखित सामग्री सहित भाषा सहायता सेवाएं आपके लिए तुरंत निःशुल्क उपलब्ध होंगी। कॉल करें 1-800-877-7195 (TTY: 711)

**Hmoob (Hmong)**

LUS CEEB TOOM: Yog tias koj hais lwm hom lus, yuav muaj kev pab cuam txhais lus, suav nrog rau kev txhais lus ntawm ncauj thiab txhais tej ntaub ntawv, yuav muaj pab rau koj yam tsis sau nqi li. Hu rau tus xov tooj 1-800-877-7195 (TTY: 711).

**Italiano (Italian)**

ATTENZIONE: per chi parla un'altra lingua, i servizi di assistenza linguistica, compresi i servizi di interpretazione orale e la traduzione di documenti scritti, sono disponibili gratuitamente. Chiama il numero 1-800-877-7195 (TTY: 711).

**日本語 (Japanese)**

注意: 英語以外の言語を希望する場合は、通訳や文書の翻訳などの言語支援サービスを無料かつタイムリーにご利用いただけます。1-800-877-7195 (TTY: 711) までお問い合わせください。

**ភាសាខ្មែរ (Khmer)**

សម្គាល់ : ប្រសិនបើអ្នកនិយាយភាសាខ្មែរផ្សេងទៀត សេវាកម្មជំនួយភាសា រួមទាំងការបកប្រែផ្ទាល់មាត់ និងឯកសារសរសេរដែលបានបកប្រែ នឹងមានផ្តល់ជូនសម្រាប់អ្នកដោយឥតគិតថ្លៃ និងទាន់ពេលវេលា។ ទូរសព្ទទៅ 1-800-877-7195 (TTY: 711) ។

**한국어 (Korean)**

알림: 다른 언어를 사용하신다면 구두 통역 및 번역된 서면 자료를 포함해 언어 지원 서비스를 제때 무료로 이용하실 수 있습니다. 1-800-877-7195 (TTY: 711)으로 문의해 주십시오.

**ລາວ (Lao)**

ເຂົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາອື່ນໆ, ຈະມີການບໍລິການຊ່ວຍເຫຼືອທາງດ້ານພາສາ, ວອມທັງການແປປາກເປົ້າ ແລະ ແປເອກະສານ, ພ້ອມບໍລິການໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-800-877-7195 (TTY:711).

**Polski (Polish)**

UWAGA: Jeśli mówisz w innym języku, możesz skorzystać z bezpłatnych usług językowych, w tym z usług tłumaczenia ustnego i przetłumaczonych materiałów pisemnych. Zadzwoń pod numer 1-800-877-7195 (TTY: 711).

**Português (Portuguese)**

ATENÇÃO: se fala outro idioma, os serviços de assistência com idiomas, incluindo interpretação oral e materiais traduzidos escritos, estão disponíveis sem qualquer encargo. Ligue 1-800-877-7195 (TTY: 711).

**ਪੰਜਾਬੀ (Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਅਤੇ ਸਮੇਂ ਸਿਰ ਉਪਲਬਧ ਹਨ, ਜਿਸ ਵਿੱਚ ਮੌਖਿਕ ਅਨੁਵਾਦ ਅਤੇ ਅਨੁਵਾਦ ਕੀਤੀਆਂ ਲਿਖਤੀ ਸਮੱਗਰੀਆਂ ਵੀ ਸ਼ਾਮਲ ਹਨ। 1-800-877-7195 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**Русский (Russian)**

ОБРАТИТЕ ВНИМАНИЕ, что если вы не говорите на английском, вам доступны услуги языковой помощи, включая устный и письменный перевод. Такая помощь предоставляется бесплатно и своевременно. Позвоните по номеру 1 800 877 7195 (телетайп: 711).

**Español (Spanish)**

ATENCIÓN: Si habla otro idioma, tiene a su disposición de forma gratuita y oportuna servicios de asistencia lingüística, que incluyen interpretación oral y materiales escritos traducidos. Llame al 1-800-877-7195 (TTY: 711).

**Tagalog (Tagalog–Filipino)**

PAUNAWA: Kung nagsasalita ka ng ibang wika, available sa iyo nang libre at sa napapanahong paraan ang mga serbisyo sa tulong sa wika, kabilang ang pasalitang interpretasyon at mga isinaling nakasulat na materyales. Tumawag sa 1-800-877-7195 (TTY: 711).

**ภาษาไทย (Thai)**

ข้อควรสนใจ: หากคุณใช้งานภาษาอื่นๆ เรามีบริการช่วยเหลือด้านภาษา ซึ่งรวมถึงการแปลคำพูดและเอกสารที่เป็นลายลักษณ์อักษรฉบับแปลให้บริการแก่คุณโดยไม่มีค่าใช้จ่าย โดยโทรไปที่ 1-800-877-7195 (TTY: 711)

**Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị nói một ngôn ngữ khác, chúng tôi có sẵn các dịch vụ hỗ trợ ngôn ngữ, bao gồm cả dịch vụ thông dịch và các tài liệu văn bản đã biên dịch, miễn phí và kịp thời dành cho quý vị. Hãy gọi số 1-800-877-7195 (TTY: 711).