



## 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 member's health or ability to function, you 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 and specialized plans such as vision plans. If you have a complaint/grievance against your vision service plan, you should first telephone your vision plan toll-free at **800.877.7195** and use your vision plan's complaint/grievance process before contacting the department.

Utilizing this complaint/grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a complaint involving an emergency, a complaint that has not been satisfactorily resolved by your vision plan or a complaint that has remained unresolved for more than thirty (30) days, you may call the DMHC for assistance. 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.

You may also be eligible for an Independent Medical Review (IMR). If you are eligible for an IMR, the IMR process will provide an impartial review of medical decisions made by a vision service plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent medical services. The department's Internet Web site <http://www.Healthhelp.ca.gov> has complaint forms, IMR application forms and instructions online.

## Language Assistance Services Available

**Important:** Can you read this letter? If not, we can have somebody help you read it. You may be able to get this letter written in your language. For free help, please call right away at 800.877.7195.

"هل يمكنك قراءة هذا الخطاب؟ إذا كانت الإجابة بلا، فيمكننا توفير أحد الأشخاص لمساعدتك في القراءة. يمكنك أيضًا الحصول على هذا الخطاب مكتوبًا بلغتك. للحصول على المساعدة مجانًا، يرجى الاتصال بنا على الفور على الرقم 800.877.7195."

"¿Puede leer esta carta? Si la respuesta es no, podemos asignar a alguien que lo haga por usted. También puede recibir esta carta escrita en su idioma. Para obtener ayuda gratuita, llame de inmediato al 800.877.7195."



"می توانید این نامه را بخوانید؟ اگر نمی توانید این نامه را بخوانید می توانیم از فرد دیگری درخواست کنیم آن را برایتان بخواند. همچنین ممکن است این نامه را به زبان خودتان در اختیار داشته باشید. برای دریافت کمک و راهنمایی رایگان، همین حالا با شماره 800.877.7195 تماس بگیرید."

“क्या आप इस पत्र को पढ़ सकते हैं? अगर नहीं, तो हम इसे पढ़ने में आपकी मदद कर सकते हैं. आप चाहें, तो इस पत्र को अपनी भाषा में प्राप्त कर सकते हैं. मुफ्त सहायता पाने के लिए, कृपया 800.877.7195 पर तुरंत कॉल करें.”

“Koj nyeem puas tau tsab ntawv no? Yog tias koj nyeem tsis tau, peb muaj ib tus neeg pab nyeem rau koj. Tsis tas li ntawd xwb peb tseem muaj peev xwm muab tsab ntawv no txhais sau ua koj hom lus tib si. Yog koj xav tau kev pab pub dawb, thov hu kiag tam sim no rau tus xov tooj 800.877.7195.”

«Կարողանո՞ւք կարդալ այս նամակը: Եթե ոչ, մենք կարող ենք ինդրել ինչ-որ մեկին կարդալ այն Ձեզ համար: Դուք կարող եք ստանալ նաև այս նամակը Ձեր լեզվով: Սևիճար օգնու՛ղ յո՛ւն ն ստանալ ու համար ինդրու՛մ ենք անմիջապես զանգահարել հետևյալ հեռախոսահամարով՝ 800.877.7195:»

「この手紙を読めますか。読めない場合は、読むのを手伝ってもらうことができます。また、この手紙をご自分の言語で書いてもらえる場合があります。無料のサポートを得るには、今すぐ 800.877.7195 までお電話ください。」

" តើអ្នកអាចអានលិខិតនេះដែរឬទេ? បើមិនអាចទេ យើងអាចមានអ្នកណាម្នាក់ជួយអ្នកអាន។ អ្នកក៏អាចទទួលបានលិខិតនេះសរសេរជាភាសារបស់អ្នកផងដែរ។ សម្រាប់ព័ន្ធយូធូយេស៊ីភីភីស៊ី  
សូមទូរស័ព្ទមកភ្លាមៗមកលេខ 800.877.7195 ។ "

"이 편지를 읽을 수 있습니까? 어렵다면, 읽는 데 도움을 줄 수 있는 사람을 지원해 드리겠습니다. 또한, 모국어로 작성한 서신을 받아보실 수도 있습니다. 무료 도움을 요청하려면 바로 800.877.7195 번으로 전화하십시오."

“ਕੀ ਤੁਸੀਂ ਇਹ ਚਿੱਠੀ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ, ਤਾਂ ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿੱਚ ਤੁਹਾਡੀ ਮਦਦ ਲਈ ਅਸੀਂ ਕੋਈ ਵਿਅਕਤੀ ਦੇ ਸਕਦੇ ਹਾਂ। ਤੁਸੀਂ ਸ਼ਾਇਦ ਇਸ ਚਿੱਠੀ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਵੀ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਮੁਫਤ ਮਦਦ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ ਤੁਰੰਤ 800.877.7195 ‘ਤੇ ਕਾਲ ਕਰੋ।”

«Можете ли Вы прочитать это письмо? Если Вам нужна помощь, мы найдем того, кто Вам его прочитает. Кроме того, мы можем предоставить данное письмо на Вашем языке. Обратитесь за бесплатной поддержкой прямо сейчас по номеру 800-877-7195».



“Nababasa mo ba ang liham na ito? Kung hindi, maaari kaming kumuha ng taong tutulong sa iyo sa pagbabasa nito. Maaari mo ring makuha ang liham na ito na nakasulat sa iyong wika. Para sa libreng tulong, mangyaring tumawag kaagad sa 800.877.7195.”

“คุณสามารถอ่านจดหมายฉบับนี้ได้หรือไม่ เราสามารถแนะนำผู้ช่วยอ่านให้คุณหากคุณไม่สามารถทำได้ คุณอาจเขียนจดหมายนี้ในภาษาของคุณได้อีกด้วย กรุณาติดต่อ 800.877.7195 เพื่อรับความช่วยเหลือโดยไม่ต้องเสียค่าใช้จ่ายใดๆ”

Quý vị có thể đọc được lá thư này không? Nếu không, chúng tôi có thể nhờ một người đọc lá thư này cho quý vị. Quý vị cũng có thể nhận lá thư này bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngay số 800.877.7195.”

“您能否阅读本函？如果不能，我们可安排人员帮助您阅读。您还可申请以您所使用的语言获取本函。如需免费帮助，请立即拨打 800.877.7195。”