vsp vision care

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.

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

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. to 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** 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.

Auxiliary aids and services, including qualified interpreters for individuals with disabilities and information in alternate formats, are available free of charge when those aids and services are necessary to ensure equal opportunity to participate for individuals with disabilities. Call **800.877.7195 (TTY: 800.428.4833).**

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 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, dmhc.ca.gov, has complaint forms, IMR application forms and instructions online.

Language Assistance

English

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

Shqip (Albanian)

VËMENDJE: Nëse flisni një gjuhë tjetër, shërbimet e asistencës gjuhësore, duke përfshirë interpretimin me gojë dhe përkthimin e materialeve me shkrim, janë në dispozicionin tuaj pa pagesë. Telefononi 1-800-877-7195 (TTY: 1-800-428-4833).

العربية (Arabic)

تنبيه: إذا كنت تتحدث لغة أخرى، فإن خدمات المساعدة اللغوية، بما في ذلك الترجمة الفورية وترجمة المواد المكتوبة، متاحة لك مجانًا.
اتصل بالرقم 1-800-877-7195 (الهاتف النصي للصم وضعاف السمع :1-800-428-4833).

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա Ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ, ներառյալ բանավոր թարգմանություն և թարգմանված գրավոր նյութեր: Զանգահարեք 1-800-877-7195 (TTY (հեռատիպ)՝ 1-800-428-4833):

ܣܘܪܝܝܐ (Assyrian)

ܐܝܬ ܠܟ ܠܫܢܐ ܐܚܪܢܝܬܐ، ܫܪܝܪܝܢ ܠܟ ܫܘܬܦܐ ܕܥܕܪܐ ܠܫܢܝܢܝܐ، ܒܗܕ ܡܬܪܓܡܢܘܬܐ ܘܐܦ ܡܬܪܓܡܢܐ ܟܬܒܝ. ܩܠ ܠ 1-800-877-7195 (TTY: 1-800-428-4833).

বাংলা (Bengali)

নজর করুন: আপনি যদি অন্য ভাষায় কথা বলেন, তাহলে মৌখিক ব্যাখ্যা এবং অনুবাদিত লিখিত সামগ্রী সহ ভাষা সহায়তা পরিষেবাগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। কল করুন 1-800-877-7195 (TTY: 1-800-428-4833)।

中文 (Chinese)

注意：如果您說另一種語言，您可以免費獲得語言協助服務，包括口譯和書面資料翻譯。請撥打 1-800-877-7195（TTY：1-800-428-4833）。

Hrvatski (Croatian)

NAPOMENA: Ako govorite drugi jezik, dostupne su Vam besplatne jezične usluge, uključujući usmeno prevođenje i prevedene pisane materijale. Nazovite 1-800-877-7195 (tekstualni telefon za osobe oštećena sluha: 1-800-428-4833).

فارسی (Farsi)

توجه: اگر به زبان دیگری صحبت می کنید، خدمات کمک زبانی، شامل ترجمهٔ شفاهی و مدارک کتبی ترجمه شده به صورت رایگان در اختیارتان قرار می گیرد. با شمارهٔ 1-800-877-7195 تماس بگیرید (تله تایپ: 1-800-428-4833).

Français (French)

À NOTER : si vous parlez une autre langue, des services d’assistance linguistique, tels que l’interprétation orale et la traduction de documents écrits, sont disponibles gratuitement. Appelez le 1 800 877 7195 (TTY : 1 800 428 4833).

Deutsch (German)

HINWEIS: Für andere Sprache stehen Ihnen kostenlos Sprachunterstützungsdienste zur Verfügung, sowohl für die mündliche Kommunikation (Dolmetschen) als auch die Übersetzung schriftlicher Materialien. Rufen Sie an unter 1-800-877-7195 (TTY/Fernschreiber: 1-800-428-4833).

Kreyòl Ayisyen (Haitian Creole)

ATANSYON: Si ou pale yon lòt lang, gen sèvis asistans pou lang, li gen ladan l entèpretasyon nan bouch ak materyèl ki tradui alekri, ki disponib pou ou san ou pa peye okenn frè. Rele nan 1-800-877-7195 (TTY: 1-800-428-4833).

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 नि:शुल्क उपलब्ध होंगी। कॉल करें 1-800-877-7195 (TTY: 1-800-428-4833)।

Hmoob (Hmong)

LUS CEEV: Yog koj hais lwm hom lus, muaj kev pab cuam txhais lus, suav nrog rau kev txhais lus ntawm ncauj thiab txhais tej ntaub ntawv, muaj rau koj yam tsis sau nqi li. Hu 1-800-877-7195 (TTY: 1-800-428-4833).

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: 1-800-428-4833).

日本語（Japanese）

注意：別の言語をご希望の場合は、口頭通訳や翻訳された書面を含む言語アシスタンス・サービスを無料でご利用いただけます。1-800-877-7195 にお電話でお問い合わせください（TTY：1-800-428-4833）。

ភាសាខ្មែរ (Khmer)

សម្គាល់៖ ប្រសិនបើអ្នកប្រើប្រាស់ភាសាផ្សេង យើងមានផ្តល់ជូនសេវាកម្មបកប្រែដោយឥតគិតថ្លៃដល់អ្នក ក្នុងនោះមានការបកប្រែដោយផ្ទាល់មាត់ និងការបកប្រែឯកសារ។ ហៅទៅលេខ 1-800-877-7195 (TTY: 1-800-428-4833)។

한국어 (Korean)

주의: 다른 언어를 사용하시는 경우, 구두 통역 및 서면 자료 번역을 포함한 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-877-7195(TTY: 1-800-428-4833)로 전화해 주세요.

ລາວ (Lao)

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາອື່ນ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ລວມທັ້ງການແປປາກເປົ່າ ແລະ ແປເອກະສານສານ, ມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-800-877-7195(TTY:1-800-428-4833).

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: 1-800-428-4833).

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: 1-800-428-4833).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹੈ, ਜਿਸ ਵਿੱਚ ਮੌਖਿਕ ਵਿਆਖਿਆ ਸੇਵਾ ਅਤੇ ਅਨੁਵਾਦ ਕੀਤੀ ਲਿਖਤੀ ਸਮੱਗਰੀ ਵੀ ਸ਼ਾਮਲ ਹੈ। 1-800-877-7195 (TTY: 1-800-428-4833) 'ਤੇ ਕਾਲ ਕਰੋ।

Русский (Russian)
ВНИМАНИЕ: если вы не говорите на английском, услуги языковой помощи, включая устный и письменный перевод, предоставляются бесплатно. Позвоните по номеру 1-800-877-7195 (телетайп: 1-800-428-4833).

Español (Spanish)
ATENCIÓN: Si habla otro idioma, tenemos disponibles servicios gratuitos de asistencia de idiomas, incluyendo de interpretación oral y material escrito traducido. Llame al 1-800-877-7195 (TTY: 1-800-428-4833).

Tagalog (Tagalog–Filipino)
ATENSYON: Kung gumagamit ka ng ibang wika, available sa iyo ang mga serbisyo sa tulong sa wika, kasama ang pasalitang interpretasyon at mga isinaling nakasulat na materyales, nang walang bayad. Tumawag sa
1-800-877-7195 (TTY: 1-800-428-4833).

ภาษาไทย (Thai)

ข้อควรสนใจ: หากคุณพูดภาษาอื่นๆ บริการช่วยเหลือด้านภาษา ซึ่งรวมถึงการแปลด้วยวาจาและเอกสารที่เป็นลายลักษณ์ อักษรฉบับแปล พร้อมให้บริการแก่คุณโดยไม่มีค่าใช้จ่าย โทร
1-800-877-7195 (TTY: 1-800-428-4833)

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 diễn giải bằng lời nói và các tài liệu văn bản được biên dịch, miễn phí dành cho quý vị. Hãy gọi đến số 1-800-877-7195 (TTY: 1-800-428-4833).