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 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.

<table>
<thead>
<tr>
<th>Appointment Type</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td>Routine Eye Exam</td>
<td>Within 15 business days</td>
</tr>
<tr>
<td>Non-Urgent Medical</td>
<td>Within 10 business days</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>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</td>
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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.dmhc.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.”
"Can you read this letter? If you cannot read this letter, we can ask someone to read it for you. Additionally, you may receive this letter in your own language. For free assistance, please call 800.877.7195 immediately.

"Koj nyeem puas tau tsab ntawv no? Yog tias koj nyeem tsis tau, peb muaj ib tus neeg paab 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՞ւմ եք կարդալ այս Նամակը: Եթե ոչ, պետք է ինչ-որ մյուս ինչպես է կարդել Նամակը, փոխադասում ենք հեռախոս 800.877.7195-ը.

"你能閱讀這封信嗎？如果你不能閱讀這封信，我們可以請別人為你朗讀。此外，我們還可以將這封信翻譯成您的母語。如需獲得免費支援，請立即撥打800.877.7195。

"Kya aap is patra ko padh sakate hain? Agar nahi, toh hum isse padhne mein aapki matad karni hain. Aap chahe, toh is patra ko aapki bhasha mein prapt karni hain. Muft sahayata pana ke liye, kripaya 800.877.7195 par turant call karen.

" 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 เรายินดีแนะนำผู้ช่วยอ่านให้คุณหากคุณไม่สามารถทำได้ คุณอาจจะขอจดหมายฉบับนี้ในภาษาของคุณได้ด้วย 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。”