



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' grievance processes. As a result, the enclosed notice contains information regarding VSP's grievance system, including 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.

Please provide this information to your members or employees who have vision care through VSP. Thank you for your attention to this important matter.

Language Assistance Services Available

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

IMPORTANTE: ¿Puede leer esta carta? Si no, alguien le puede ayudar a leerla. Además, es posible que reciba esta carta escrita en su propio idioma. Para obtener ayuda gratuita, llame ahora mismo al 800.877.7195.

重要信息: 您是否能阅读此信? 如果无法阅读, 我们将为您提供专员协助服务。我们也能够将此信翻译成您所使用的语言。欲咨询免费服务, 请立即致电 800.877.7195。

vsp.com | 800.877.7195

For California residents, as required by regulations effective 1/1/2009.

VSP/CA Annual Grievance Notification



Grievance Process

If a VSP member has a complaint/grievance regarding VSP and/or a VSP network doctor, you may immediately call VSP's Member Services Department at **800.877.7195** Monday through Friday, 5:00 a.m. to 8:00 p.m. (PST) and Saturday, 6:00 a.m. to 5:00 p.m. (PST), or log on to **vsp.com** and complete the Member Grievance Form. You may also submit a grievance in writing to VSP's attention: Complaints and Grievances, P.O. Box 2350, Sacramento, CA 95741.

For grievances submitted in writing, VSP will respond to you in writing acknowledging receipt and/or disposition of the grievance within five (5) business days. VSP will resolve your grievance within thirty (30) days from the date of receipt and keep your grievance and the response on file for seven (7) years. If a grievance was not resolved within five (5) business days after receipt, VSP will provide a written resolution letter within thirty (30) business days after receipt. For grievances submitted verbally, VSP will send a written acknowledgement letter if a grievance was not satisfactorily resolved within five (5) business days after receipt of the grievance and a written resolution letter within 30 days (30) after receipt. If the thirty (30) day standard appeal process seriously threatens a member's health or ability to function, they can request an expedited 24-hour review of their complaint/grievance.

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.

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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 service plans. If you have a grievance against your vision service plan, you should first telephone your vision service plan at **800.877.7195** and use your vision service 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 vision service 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 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 also has a toll-free telephone number (**1-888-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

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