

Vista Access PPO Evidence of Coverage

Plan Year 2026

Group ID: G-14827

Mojave Crest Assurance Company

Las Vegas, Nevada

SECTION 3: COVERED SERVICES AND BENEFITS

3.1 Medical/Surgical Benefits

Inpatient Hospital Services

- Room and board in a semi-private room
- General nursing care
- Intensive care unit services
- Operating room charges
- Diagnostic and therapeutic services
- Physician services (when billed by hospital)

Prior Authorization: Required for non-emergency inpatient admissions

Inpatient Rehabilitation Services

Inpatient rehabilitation facility services are covered when medically necessary following:

- Stroke
- Major surgery requiring intensive rehabilitation
- Spinal cord injury
- Traumatic brain injury
- Other conditions requiring 24-hour rehabilitation nursing

Coverage includes up to 60 days per calendar year in an inpatient rehabilitation facility. Extension beyond 60 days requires medical necessity review.

Prior Authorization: Required

3.2 Mental Health and Substance Use Disorder Benefits

Inpatient Mental Health Services

Coverage includes inpatient psychiatric care in a licensed psychiatric facility when medically necessary.

Residential Substance Use Disorder Treatment

Coverage includes residential treatment in a licensed substance use disorder treatment facility when medically necessary. The member must meet medical necessity criteria as outlined in the applicable medical policy.

Coverage includes up to 30 days per calendar year in a residential treatment facility.

Prior Authorization: Required

3.3 Outpatient Services

Outpatient mental health services and substance use disorder services are covered including:

- Individual therapy
- Group therapy
- Family therapy
- Medication management
- Intensive outpatient programs (IOP)
- Partial hospitalization programs (PHP)

SECTION 7: APPEALS AND GRIEVANCES

7.1 Appeals Process

You have the right to appeal any adverse benefit determination within 180 days of the date of the original denial.

7.2 External Review

If your appeal is denied, you have the right to request an independent external review by Canyon Ridge Review Services within 120 days of the final internal determination.

SECTION 9: PRIOR AUTHORIZATION AND UTILIZATION MANAGEMENT

9.1 Prior Authorization Requirements

Certain services require prior authorization before they are provided. A list of services requiring prior authorization is available on the Mojave Crest member portal and may be updated from time to time. Failure to obtain required prior authorization may result in a reduced or denied benefit.

9.2 Step Therapy and Level-of-Care Requirements — Effective January 1, 2026

Effective January 1, 2026, Mojave Crest Assurance Company has updated its utilization management criteria for behavioral health and substance use disorder services to align with Mental Health Parity and

Addiction Equity Act (MHPAEA) requirements.

Step therapy requirements for residential substance use disorder (SUD) treatment have been aligned with those applicable to inpatient rehabilitation services. Effective for services on or after January 1, 2026:

- Residential SUD treatment is no longer subject to a step therapy requirement mandating exhaustion of intensive outpatient program (IOP) services prior to authorization.
- Both residential SUD treatment and inpatient rehabilitation services are evaluated under the same medical necessity criteria, without a prior step therapy requirement.
- Prior authorization continues to be required for both residential SUD treatment and inpatient rehabilitation.

DOCUMENT INFORMATION

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