

# MOJAVE CREST ASSURANCE COMPANY

## Vista Access PPO — Evidence of Coverage

Group: Sunridge Property Management Inc. | Group ID: G-08852 | Plan Year: 2026

|                     |                   |                        |                 |
|---------------------|-------------------|------------------------|-----------------|
| <b>Group ID:</b>    | G-08852           | <b>Plan Year:</b>      | 2026            |
| <b>Doc Version:</b> | 2.3               | <b>Effective Date:</b> | January 1, 2026 |
| <b>Superseded:</b>  | December 31, 2026 |                        |                 |

### NOTICE TO MEMBERS

This Evidence of Coverage describes the health benefits available under the Vista Access PPO. Benefits are determined based on the Evidence of Coverage in effect on the date services were rendered.

#### §2.1 Medical/Surgical Inpatient Benefits

| Benefit                     | In-Network                         | Out-of-Network       |
|-----------------------------|------------------------------------|----------------------|
| Inpatient Days (annual max) | Up to 60 days                      | 60% after deductible |
| Prior Authorization         | Required for elective admissions   | Required             |
| Cost Sharing                | 20% coinsurance                    | 40% coinsurance      |
| Admission Criteria          | Medically necessary per applicable | Standard policy      |

Admission criteria: Inpatient admissions are reviewed against MCA's applicable utilization management criteria.

#### §2.2 Mental Health / SUD Inpatient Benefits

| Benefit                                     | In-Network                         | Out-of-Network       |
|---------------------------------------------|------------------------------------|----------------------|
| Inpatient Psych Days (annual max)           | Up to 60 days                      | 60% after deductible |
| Residential SUD Treatment Days (annual max) | Up to 60 days                      | 60% after deductible |
| Prior Authorization                         | Required                           | Required             |
| Cost Sharing                                | 20% coinsurance                    | 40% coinsurance      |
| Admission Criteria                          | Medically necessary per applicable | Standard policy      |

SUD residential criteria: Residential SUD treatment: covered with prior authorization. Concurrent review required per utilization management schedule.

### §3. Outpatient Benefits

Outpatient medical/surgical and behavioral health services are covered subject to standard cost-sharing. Prior authorization is required for outpatient surgical procedures, imaging studies requiring advanced imaging authorization (MRI, CT, PET), and interventional pain management procedures. Physical, occupational, and speech therapy are covered subject to medical necessity.

Outpatient services are not subject to an annual visit limit when medically necessary.

| Service                                | Prior Auth Required | In-Network Cost Sharing |
|----------------------------------------|---------------------|-------------------------|
| Office visits (primary care)           | No                  | \$30 copay              |
| Office visits (specialist)             | No                  | \$60 copay              |
| Outpatient surgery                     | Yes                 | 20% after deductible    |
| Advanced imaging (CT, MRI, PET)        | Yes                 | 20% after deductible    |
| Interventional pain management         | Yes                 | 20% after deductible    |
| Physical/occupational/speech therapy   | Yes                 | \$40 copay per visit    |
| Outpatient behavioral health / therapy | Yes                 | \$40 copay per visit    |

## **§5. Prescription Drug Benefits**

Prescription drug coverage is integrated into this plan. Formulary tier exceptions and step therapy exceptions are subject to Pharmacy Director review.

## **§10. Appeal and Grievance Rights**

You have the right to appeal any adverse benefit determination within 180 calendar days of the original denial date. After MCA's final internal determination, external review by Canyon Ridge Review Services is available within 120 days.

## **§14. Exclusions — Plan Year 2026**

§14.1 Custodial Care: Not covered. §14.2 Experimental/Investigational: Not covered. §14.3 Cosmetic Surgery: Not covered (reconstructive surgery following illness or injury is covered).