

MOJAVE CREST ASSURANCE COMPANY

Vista Access PPO — Evidence of Coverage

Group: Sierra Nevada Manufacturing LLC | Group ID: G-14827 | Plan Year: 2024

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NOTICE TO MEMBERS

This Evidence of Coverage describes the health benefits available to you and your enrolled dependents under the Vista Access PPO. It is a legally binding contract between you and Mojave Crest Assurance Company. Please read it carefully and keep it in a safe place. Benefit terms, cost-sharing amounts, and covered services may differ from prior plan years. Benefits are determined based on the Evidence of Coverage in effect on the date services were rendered.

§1. INTRODUCTION

Mojave Crest Assurance Company (MCA) is a regional health insurer licensed by the Nevada Division of Insurance. The Vista Access PPO provides in-network and out-of-network medical, behavioral health, and prescription drug benefits under a single integrated product.

§2. COVERED SERVICES — INPATIENT BENEFITS

§2.1 Medical/Surgical Inpatient Hospitalization

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

Medical necessity criteria for inpatient medical/surgical admissions: MCA applies InterQual Level of Care criteria (v2023) for inpatient medical/surgical admissions, including short-stay inpatient rehabilitation. Criteria are reviewed by the RN Reviewer team and, if upheld, by the Medical Director.

§2.2 Inpatient Mental Health and Substance Use Disorder (MH/SUD)

Benefit	In-Network	Out-of-Network
Inpatient Psychiatric 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 (after deductible)	20% coinsurance	40% coinsurance
Admission Criteria	Medically Necessary per applicable clinical policy	

SUD residential treatment authorization criteria: Residential SUD treatment is authorized based on ASAM criteria and MCA's applicable internal SUD residential treatment policy. Coverage requires documented clinical necessity for 24-hour structured residential care.

§3. OUTPATIENT BENEFITS (SUMMARY)

Outpatient medical/surgical and behavioral health benefits are subject to standard cost-sharing. Outpatient therapy, IOP, and PHP services require prior authorization. Physical, occupational, and speech therapy are covered subject to medical necessity. Outpatient services are not subject to an annual visit limit when medically necessary, except as noted in the Schedule of Benefits.

§5. PRESCRIPTION DRUG BENEFITS

Prescription drug coverage is integrated into this Evidence of Coverage. Formulary tier exceptions, step therapy exceptions, and quantity limit exceptions are subject to the Pharmacy Director's review. See your Summary of Prescription Drug Benefits for the current formulary.

§10. APPEAL AND GRIEVANCE RIGHTS

You have the right to appeal any adverse benefit determination. An appeal of a denial, reduction, or termination of benefits must be filed within 180 calendar days of the original denial date. You may request an expedited review if the standard timeline would seriously jeopardize your health. After MCA's final adverse internal determination, you have the right to independent external review by Canyon Ridge Review Services within 120 days.

§14. EXCLUSIONS AND LIMITATIONS — PLAN YEAR 2024

The following services are excluded from coverage under this Evidence of Coverage: §14.4 Weight Loss: Non-surgical weight-loss programs and related dietary supplements are not covered. §14.5 Dental/Vision: Dental and vision services are not covered under this EOC. §14.6 Long-Term Care: Nursing facility or long-term care benefits are not covered.

§14.1 Custodial Care: Services that are primarily custodial in nature are not covered regardless of setting.

§14.2 Experimental and Investigational: Services, drugs, or procedures that are experimental, investigational, or not supported by generally accepted medical evidence are not covered.

§14.3 Cosmetic Surgery: Procedures performed solely for cosmetic purposes are not covered. Reconstructive surgery following an illness, injury, or congenital abnormality is covered as described in §2.