

MOJAVE CREST ASSURANCE COMPANY

Vista Access PPO — Evidence of Coverage

Group: Pacific Rim Consulting Group | Group ID: G-31092 | Plan Year: 2026

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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

SUD residential criteria: Residential SUD treatment: covered with prior authorization per applicable utilization management criteria.

§3. Outpatient Benefits (Summary)

Outpatient medical/surgical and behavioral health services are covered subject to standard cost-sharing. Prior authorization is required for outpatient surgical procedures, advanced imaging, and other services as specified in the Schedule of Benefits.

§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).