



Linfield University

2024/25 Student Health Insurance

for undergraduate students

Your student health insurance plan offers:

- Coverage at an affordable rate
- Access to a wide network of providers locally and across the nation
- Wellness-focused coverage
- Member-focused customer service

Eligibility and cost

All registered undergraduate students taking credit hours are required to carry medical insurance coverage comparable to that offered through the school's student health insurance plan. All undergraduate students will automatically be charged and covered under the student health insurance plan unless the student specifically waives the coverage as follows:

Online through Etrieve at [Inside.Linfield.edu/its/etrieve-central.html](https://inside.linfield.edu/its/etrieve-central.html). See waiver deadlines in tables below.

How much does it cost?

Standard Calendar Program Coverage Period	Fall Semester 8/15/24–1/31/25	January Term 1/1/25–8/14/25	Spring Semester 2/1/25–8/14/25	
Student Cost	\$1,881	\$2,329.50	\$1,881	
Waiver Deadline	9/27/24	1/24/25	2/28/25	

Accelerated Calendar Program Coverage Period	Fall Semester 9/16/24–1/5/25	Winter Semester 1/6/25–3/30/25	Spring Semester 3/31/25–6/22/25	Summer Semester 6/23/25–9/15/25
Student Cost	\$1,154	\$866	\$866	\$876
Waiver Deadline	10/15/24	1/31/25	4/25/25	7/15/25

Continued >

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Learn more

PacificSource.com/StudentHealth

Phone

855-274-9814
TTY: 711
We accept all relay calls.

Email

StudentHealth@PacificSource.com

Group no.

G0035862



Online tools available at PacificSource.com

- Through **InTouch**, our secure website for members, you can view your ID card, claims, status of prior authorizations, accumulated expenses toward your plan's deductibles, and more.
- **Use our health and wellness portal** to work toward health goals. Access the portal via InTouch.
- **Our Provider Directory** will help you locate healthcare providers and facilities. Visit PacificSource.com/StudentHealth to access the directory of nationwide providers.
- **Print your insurance ID card** by visiting InTouch.PacificSource.com/Members/IDCard/Printable.



For more information, visit InTouch.PacificSource.com/members.

Benefits at a glance

Provider Network: Navigator	In-network providers	Out-of-network providers
Contract-year deductible	\$300	\$900
Out-of-pocket limit	\$3,500	\$10,500
Plan maximum	Unlimited	

In-network and out-of-network provider charges accumulate separately.

Your share of costs

	In-network providers	Out-of-network providers
Routine physicals		
Well woman visits	No deductible, member pays \$0	After deductible, 50%
Immunizations		
Office visits	First 3 visits: No deductible, \$5 Subsequent visits: No deductible, \$25*	After deductible, 50%
Urgent care and naturopath visits	No deductible, \$25	After deductible, 50%
Specialist office visits	No deductible, \$50	After deductible, 50%
Mental health/chemical dependency (MHCD) office visits	First 3 visits: No deductible, \$5 Subsequent visits: No deductible, \$20*	No deductible, \$20
Outpatient rehabilitation services	No deductible, \$25	After deductible, 50%
Inpatient or outpatient surgery/services	After deductible, 20%	After deductible, 50%
Advanced diagnostic imaging		
Diagnostic and therapeutic radiology and lab	Member pays \$0 up to the first \$400, then 20% after deductible	After deductible, 50%
Emergency room visits	No deductible, \$200**	
Ambulance	After deductible, 20%	
Chiropractic manipulations and acupuncture care (20 visits chiropractic, 12 visits acupuncture)	No deductible, \$25	After deductible, 50%
Prescription drugs (up to a 30-day supply at retail)	Tier 1: No deductible, \$20 Tier 2: No deductible, \$35 Tier 3: No deductible, \$55 Specialty Drugs Tier 4: No deductible, \$80 (Drugs on the PacificSource Preventive Drug List have \$0 copay and are not subject to contract-year deductible)	
Linfield Health Center	Office visits are covered at 100%, up to \$15 maximum per visit, no deductible	

Dental and vision included for members through age 18 only. Visit PacificSource.com/StudentHealth for benefit information.

This is a brief summary of benefits. Refer to the Student Policy for additional information or a further explanation of benefits, limitations, and exclusions.

*The combined first three visits are for each benefit year and apply to professional services office and home visits, telehealth visits, and mental health and substance use disorder services visits.

**Copay applies to ER physician and facility charges only. Copay waived if admitted into hospital. For emergency medical conditions, out-of-network providers are paid at the in-network provider level.

Insurance term glossary

Deductible: The amount you owe for healthcare services your health insurance or plan covers before your health insurance or plan begins to pay.

Coinsurance: Your share of the cost of a covered service (in addition to copays), calculated as a percentage of the service cost.

For more definitions, visit PacificSource.com/resources/learning-center/glossary.

Student Health Insurance brokered by USI Insurance Services, 800-251-4246.

