



Linfield University

2025/26 Student health insurance

For graduate students (*opt-in plans only*)

Your student health insurance plan offers:

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

Eligibility and cost

Graduate students taking courses on campus, who meet the full-time requirement of 6 credits or more, are eligible to purchase the graduate student health insurance.

To enroll visit: Enroll.PacificSource.com/Linfield.

Note: Students wanting to purchase coverage must enroll each coverage period, and payment is due at time of enrollment.

How much does it cost?

Standard Calendar Program Coverage Period	Fall Semester 8/15/2025 - 1/31/2026	January Term 1/1/2026 - 8/14/2026	Spring Semester 2/1/2026 - 8/14/2026
Cost	\$2,491.50	\$3,085.50	\$2,491.50
Enrollment Period	8/4/2025 - 8/25/2025	12/8/2025 - 1/3/2026	1/26/2026 - 2/13/2026

Accelerated Calendar Program Coverage Period	Fall Semester 9/1/2025 - 1/4/2026	Winter Semester 1/5/2026 - 3/29/2026	Spring Semester 3/30/2026 - 6/21/2026	Summer Semester 6/22/2026 - 8/31/2026
Cost	\$1,720	\$1,147	\$1,147	\$969.50
Enrollment Period	8/26/2025 - 10/15/2025	1/4/2026 - 1/23/2026	3/20/2026 - 4/14/2026	6/15/2026 - 7/8/2026

myPacificSource mobile app

View your PacificSource member ID and coverage info any time. Download our free app from the Android™ or Apple® app store, or visit PacificSource.com/mobile.

Learn more

PacificSource.com/students

Phone

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

Email

StudentHealth@PacificSource.com

Group No.

G0035862



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Helpful online tools

- **Set up your account on our mobile app:** PacificSource.com/mobile.
- **Find doctors and locations:** PacificSource.com/find-a-doctor.
Select "Navigator" from the list of provider networks when doing a search.
- **Print your insurance ID card:** PacSrc.co/printable-ID.



Set up your account at
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	No deductible, member pays \$0	After deductible, 50%
Well woman visits		
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	

*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.

Glossary

Deductible:

The dollar amount you pay out-of-pocket for covered services before your health insurance plan begins to pay for your care.

Coinurance:

The amount you owe for a covered healthcare service or prescription, calculated as a percentage of the allowed service amount.

For more definitions, visit PacificSource.com/glossary.

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

Dental and vision included for members through age 18 only. Visit PacificSource.com/students 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.