



Linfield University 2026/27 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
- 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 linfield.edu/student-accounts/Student-Health-Insurance/undergraduate-student-insurance.html See waiver deadlines in tables below.

How much does it cost?

Standard Calendar Program Coverage Period	Fall Semester 8/15/2026 - 1/31/2027	January Term 1/1/2027 - 8/14/2027	Spring Semester 2/1/2027 - 8/14/2027
Cost	\$2,130	\$2,638	\$2,130
Waiver Deadline	9/25/2026	1/22/2027	2/26/2027

Accelerated Calendar Program Coverage Period	Fall Semester 9/1/2026 - 1/3/2027	Winter Semester 1/4/2027 - 3/28/2027	Spring Semester 3/29/2027 - 6/20/2027	Summer Semester 6/21/2027 - 8/31/2027
Cost	\$1,459	\$980	\$980	\$840
Waiver Deadline	10/16/2026	1/29/2027	4/23/2027	7/16/2027

Continued >

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Learn more

PacificSource.com/students

Phone

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

Email

StudentHealth@PacificSource.com

Group No.

G0047082



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	\$500	\$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.

Coinsurance:

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.