



Willamette University 2026/27 Student health insurance

For international 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 eligible students are automatically enrolled and charged for the Willamette student health insurance plan every academic year.

If you have comparable coverage under a different insurance company and DO NOT want to take part in the Willamette student insurance plan, you must complete the waiver process as established by the Willamette University Office of International Education. If you DO NOT complete the waiver process or your insurance does not meet the waiver requirements, you will be automatically enrolled and the premium will be charged to your student account.

To waive the Willamette student health insurance plan, visit: my.Willamette.edu/site/health/insurance/international. The Fall waiver deadline is September 4, 2026. F-2 and J-2 dependents are also required to enroll or successfully receive a waiver.

Please view the complete Student Guide at PacificSource.com/Willamette for full details.

How much does it cost?

	Annual 8/1/26-7/31/27	Fall Semester 8/1/26-1/5/27	Spring Semester 1/6/27-7/31/27
Student*	\$4,818**	\$2,093**	\$2,725**
Spouse	\$4,718	\$2,043	\$2,675
Child	\$4,718	\$2,043	\$2,675

*Although you are enrolled for the year, you will be billed in two parts via your student account.
 **Premiums include a \$50 administration fee, per semester. Enrollment/waiver for eligible students is annual and applies to the entire 2026-2027 plan year. Students who waive/enroll Fall 2026 semester are choosing to waive/enroll for both Fall and Spring semester (if eligible both Fall and Spring semesters based on credit requirements); the opportunity to waive/enroll will NOT be provided again in Spring 2027. The Spring open enrollment and waiver period is only applicable to new, incoming students or students NOT enrolled Fall 2026. Late enrollment or waiver requests will not be accepted; no exceptions.

Continued >

myPacificSource mobile app

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

Learn more

PacificSource.com/Willamette

Phone

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

Email

StudentHealth@PacificSource.com

Group No.

G0037154



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	\$1,000
Out-of-pocket limit	\$4,500	\$9,000
Plan maximum	Unlimited	

Note: The Student Health Center is considered an in-network provider for covered services. Services provided by the Bishop Wellness Center are covered per University guidelines at 100 percent. In-network and out-of-network provider charges accumulate separately.

Your share of costs

	In-network providers	Out-of-network providers
Preventive services (routine physicals or well woman exams, routine STD screening, immunizations)	No deductible, member pays \$0	After deductible, member pays \$0
Office visits (primary care)	First 3 visits: No deductible, \$5 Subsequent visits: No deductible, \$35*	No deductible, \$35
Office visits (urgent care)	No deductible, \$35	
Office visits (Teladoc)	No deductible, member pays \$0	
Office visits (mental health/chemical dependency)	First 3 visits: No deductible, \$5 Subsequent visits: No deductible, \$35*	No deductible, \$35
Hospital services	\$100 plus deductible, then after deductible, 20%	\$100 plus deductible, then after deductible, 40%
Diagnostic and therapeutic radiology and lab	No deductible up to \$400, then after deductible, 20%	After deductible, 40%
Emergency room visits	After deductible, \$200**	
Ambulance	After deductible, \$100**	
Chiropractic manipulations and acupuncture care (20 visits chiropractic, 12 visits acupuncture)	After deductible, 20%	After deductible, 40%
Prescription drugs (up to a 30-day supply at retail)	Tier 1: \$20 for a 30-day supply Tier 2: \$35 for a 30-day supply Tier 3: \$55 for a 30-day supply Tier 4: \$125 for a 30-day supply	

*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.

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.