



Lewis & Clark

2026/27 Student health insurance

For undergraduate and law 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 degree-seeking and visiting undergraduate and law students are required to carry medical insurance coverage comparable to that offered through the school’s Student Health Insurance Plan. Unless specifically waived with proof of coverage with another plan, students will automatically be covered under the Student Health Insurance Plan, and the premiums charged to their student account with the school for the fall and spring semesters (summer coverage is included with spring semester coverage).

Any student who wishes to waive coverage MUST complete a waiver annually providing proof of current insurance coverage. Coverage may be waived online through Waive.PacificSource.com/lewisclark, by the waiver deadline of **September 14, 2026**. Your request for waiver will be audited to ensure the coverage in place meets the schools minimum coverage requirements.

How much does it cost?

Undergraduate and returning law student coverage period	Fall semester 08/15/2026-12/31/2026	Spring semester (with summer) 01/01/2027-8/14/2027
Cost	\$2,827.50	\$2,827.50

*Premiums include a \$55 administration fee, per semester.

First year law student coverage period	Fall semester 08/15/2026-12/31/2026	Spring semester (with summer) 01/01/2027-08/14/2027
Cost	\$2,827.50	\$2,827.50

myPacificSource mobile app

View your PacificSource member ID and coverage info any time. Download our free app from the Google Play or Apple® app stores, 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.

G0047083



Continued >

Helpful online tools

- **Setup 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, 40%
Well woman visits		
Immunizations		
Office visits	First 3 visits: No deductible, \$5 Subsequent visits: No deductible, \$20*	After deductible, 40%
Urgent care and naturopath visits	No deductible, \$20	After deductible, 40%
Specialist office visits	No deductible, \$40	After deductible, 40%
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, \$20	After deductible, 40%
Inpatient or outpatient surgery/services	After deductible, 20%	After deductible, 40%
Advanced diagnostic imaging		
Diagnostic and therapeutic radiology and lab	Member pays \$0 up to the first \$400, then 20% after deductible	After deductible, 40%
Emergency room visits	No deductible, \$200**	
Ambulance	After deductible, 20%	
Chiropractic manipulations and acupuncture care (20 visits chiropractic, 12 visits acupuncture)	No deductible, \$20	After deductible, 40%
Prescription drugs (up to a 30-day supply at retail)	Tier 1: No deductible, \$15 Tier 2: No deductible, \$30 Tier 3: No deductible, \$50 Specialty Drugs Tier 4: No deductible, \$75 (Drugs on the PacificSource Preventive Drug List have \$0 copay and are not subject to contract-year 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.