Your Student Health Plan

Benefit Card

When making a pay direct drug/dental claim the pharmacy/dentist will need to know the following:

GROUP NUMBER: **510005**

PROVIDER: **ClaimSecure**
(formerly RxPlus/Merx Health Corporation)

CERTIFICATE ID:
(10 digit alpha numeric number)

							C	C	S

As your student ID number is 9 digits long, please list the LAST 7 digits of your ID followed by CCS
i.e. If your student id is 123456789, the correct ID # would be 3456789CCS

ALL DENTAL INQUIRIES CALL TOLL FREE 1-888-513-4464

If mailing your claim, please mail your prescription drug/dental claim directly to ClaimSecure at PO Box 6500, Station A, Sudbury, ON, P3A 5N5