

Your Student Health Plan Benefit Card



LUSU

LAKEHEAD UNIVERSITY
STUDENT UNION

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

GROUP NUMBER: **550000**

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

CERTIFICATE ID:
(10 digit alpha numeric number)

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List the LAST 6 digits of your student id number followed by LUSU.
If your last 6 digits of your student id number are 654321, the correct ID # would be 654321LUSU

ALL DRUG/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