

Your Domestic Student Health Plan
Benefit Card



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

PROVIDER: **ClaimSecure**

GROUP NUMBER: **513982**

CERTIFICATE ID:
(10 digit alpha numeric number)

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———— [your 7 digit student ID, including any 0's at the beginning] ————

Example: If your student ID is 0123456, your certificate ID is L000123456.

ALL INQUIRIES CALL TOLL FREE 1-888-513-4464 OR VISIT WWW.WESPEAKSTUDENT.COM

If you paid for prescriptions, dental, or vision services in full, please bring your receipts to the SRC or TSI office for reimbursement.