

[Demo] NLP Dataset for Customer Service Automation

Company Type	Pet Insurance Companies
Inquiry Category	Coverage details and policy options
Inquiry Sub-Category	Prescription medication coverage
Description	Details on whether prescription medications, including long-term medication for chronic conditions, are included in the policy and any limitations or restrictions that may apply.
Data Size	5,018 paraphrases
Want to buy data?	Please contact nlp-data@gross.me via your business email address.

Masked sample paraphrases of one "Pet Insurance Company" customer inquiry. (Purchased data will not be masked.)

Does your _____ excluded _____ restricted medicines _____ eligible under this _____ for prescriptions?

_____ have restricted _____ medicines that are _____ available _____ use under this _____?

_____ like to _____ what _____ not allowed _____ your plan

Is excluded _____ restricted _____ included on _____ company's _____ that _____ ineligible?

_____ your _____ stock _____ medicines that are _____ use under the policy _____?

_____ you _____ me a _____ drugs _____ eligible for coverage?

_____ your _____ exclude certain drugs _____ covered with this _____?

_____ me _____ has a restricted list _____ pills not available _____ the _____ option?

_____ products be _____ your company's _____ ineligible under the _____ option?

I want _____ know _____ is a _____ not _____ by the _____.

_____ you _____ me _____ list _____ the medicines _____ not _____ for coverage.

_____ you _____ a _____ not covered by the policy?

_____ I get a list _____ the _____ aren't _____ in _____?

_____ excluded or restricted products _____ list of _____ policy option?

_____ a list of drugs _____ not covered _____ policy?

I _____ like _____ know what medicines _____ in your _____.

Can _____ give me _____ of _____ which _____ for coverage?

I want to know _____ your _____ a _____ excluded list _____ not available under _____.

Can you tell _____ what drugs _____ the _____?

_____ your company _____ a _____ list _____ pills that _____ under _____ policy option?

_____ you _____ of drugs that are not included _____ scope _____?

Are you _____ a _____ of drugs that _____ into _____?

_____ there _____ list _____ drugs that are ineligible _____ this _____?

_____ give me _____ the medicines that are _____ eligible for coverage _____ option?

_____ your _____ exclude certain medications from _____ plan?

_____ tell _____ are _____ covered under this policy?

Can you _____ me _____ your _____ a _____ excluded list of _____ not available under _____ option?

_____ I find out if _____ medicines are _____?

Can you give me _____ not _____ the policy?
 _____ or restricted _____ be on _____ drugs ineligible _____ this _____ option?
 _____ there certain medications _____ are excluded _____?
 I _____ know _____ eligible for coverage under this _____.
 Does your company _____ restricted _____ excluded _____ not _____ to be _____ prescriptions?
 _____ you _____ about which _____ eligible _____ reimbursement in the _____ choice?
 _____ am looking for _____ list _____ drugs _____ are _____ eligible for _____ this _____.
 What _____ organization's _____ medications not covered by _____?
 _____ company _____ or _____ certain _____ being covered _____ this plan?
 Do _____ medications from _____ covered with this plan?
 _____ your company _____ or _____ drugs from _____ plan?
 _____ company limit or _____ certain _____ from _____?
 Can _____ me _____ the _____ aren't eligible for _____?
 _____ wondering _____ can give me a list of _____ are not _____.
 _____ it a _____ could _____ me _____ of drugs that _____ allowed?
 _____ medications _____ eligible for reimbursement _____ part _____ insurance _____ do _____ have any rules _____?
 _____ your company _____ medicines that _____ not _____ used under this _____ option?
 _____ get _____ clarification on _____ certain medicines _____ this prescribed policy?
 Did your _____ have a _____ on _____ medications that can't _____?
 _____ you _____ list _____ drugs that are not _____ by _____?
 I want to _____ which _____ eligible _____ plan of _____.
 _____ it possible to get a list _____ the _____?
 Can you give _____ of _____ be accepted by _____ insurance?
 I was wondering if I could _____ drugs _____ by the _____.
 Do you _____ list _____ that are _____ in _____ policy?
 _____ would like a _____ of _____ covered by _____ policy.
 _____ you _____ provide _____ of _____ that are not eligible _____ coverage?
 Should excluded _____ products be _____ company's list _____ that are _____ for this policy _____?
 Should exclusion or _____ products _____ on _____ of _____ ineligible for _____ policy _____?
 _____ you tell me _____ of medicines _____ eligible for _____?
 _____ you _____ a list _____ medicines that are _____ the coverage?
 Can you _____ me _____ of _____ that _____ eligible for _____ in this _____?
 Is there a list _____ are _____ from the _____?
 _____ give me _____ drugs will not be _____ by your _____?
 Which medications _____ eligible for _____ part _____ the insurance choice, _____ any _____ place?
 _____ there a _____ drugs that _____ not eligible for _____?
 _____ know which medicines are _____ allowed in _____.
 Can you _____ of drugs _____ aren't coverage-eligible?
 Is it _____ to give _____ a _____ drugs _____ aren't allowed?
 Can I get _____ answer _____ medicines will _____ the _____?
 I'm wondering _____ I _____ a list _____ the _____ that _____ covered _____ the _____.
 Can _____ a list of _____ that are _____ covered _____?
 _____ have restricted or _____ that _____ available to be used for _____?
 Is it possible you could _____ me a _____ the _____ for _____?
 _____ get the list of drugs _____ not _____ by _____?
 Is _____ to provide _____ comprehensive _____ of _____ restrictions _____ by my plan?
 _____ your company _____ or excluded list of pills _____ under this policy _____?
 _____ tell _____ list of _____ that _____ eligible for coverage?
 _____ you _____ list of _____ prescription _____?
 _____ you know if your _____ has _____ list _____ that _____ be _____?

_____ it possible to _____ list _____ non-covered drugs?
_____ or _____ should be _____ the company's _____ of _____ are ineligible _____ this _____ option
_____ be on _____ company's _____ of drugs ineligible for this _____ method?
Is it _____ to provide me with a list _____ that _____?
Should _____ restricted products _____ on your company's list _____ drugs _____ are _____ option?
Are you maintaining _____ drugs _____ do _____ fall _____ scope of _____ insurance?
_____ a list of _____ not _____ by insurance?
Can _____ give me a _____ medicines that _____ eligible _____ coverage _____?
_____ wondering _____ a list of the medicines not _____.
_____ you have rules _____ which _____ covered by _____ insurance _____?
Is it _____ you _____ a _____ of drugs _____ for use?
Can you _____ me a list _____ drugs _____?
I _____ to _____ list _____ prescription _____ that aren't _____ for _____ option.
_____ your company stock _____ can't _____ for prescriptions under this option?
_____ your _____ exclude _____ medications from being _____ plan?
_____ company keep _____ drugs out _____?
_____ the _____ prescription drugs that _____ eligible for coverage.
Is it possible you could offer _____ a _____ for _____?
I was _____ I could get a _____ the medicines _____ covered _____.
_____ your _____ able to _____ a _____ compendium _____ restrictions not covered _____ plan?
Do you have _____ rules regarding _____ covered _____ the _____?
_____ would _____ know _____ a _____ of meds not covered _____ plan _____ possible.
_____ maintaining _____ list _____ drugs which aren't _____ by _____?
_____ there certain _____ you _____ when _____ to these prescriptions?
_____ get a _____ drugs that aren't _____?
The company's _____ drugs that _____ for _____ should include _____ restricted products.
_____ would like to _____ the medicines _____ ineligible with _____.
_____ your company _____ drugs _____ unavailable to be used _____ prescriptions?
Are _____ or restricted _____ company's list _____ drugs?
_____ would appreciate if you could _____ me _____ medicines _____ your _____.
_____ you able _____ give a _____ that _____ not covered?
Can _____ a roster _____ meds?
_____ me which drugs _____ for the _____ yours?
_____ company _____ and _____ specific medications from being _____?
_____ you _____ a _____ on _____ medications _____ can't _____ taken?
Do you _____ specific _____ being _____ with _____ plan?
Should excluded _____ be on your company's _____ drugs _____ are _____ for this policy _____?
_____ not _____ for reimbursement _____ the insurance choice, do you _____ rules in place?
_____ your _____ limit _____ exclude _____ drugs _____ the coverage?
_____ I inquire _____ certain _____ be excluded _____ the _____ policy?
_____ your company _____ a _____ excluded _____ medicines that _____ for prescriptions?
_____ I ask _____ fall _____ the _____ of this _____ policy?
I would _____ what _____ are not _____ under your _____.
Can _____ me _____ list _____ isn't coverage _____ drugs?
Is there a list _____?
_____ want _____ know the list of _____ the plan.
_____ possible that _____ give _____ of the drugs that _____ allowed?
_____ certain medications _____ the plan?
_____ give _____ an indication _____ what medicines my insurance _____?
_____ are ineligible for _____ the insurance choice, _____ any _____ in place?

I would like ____ know ____ your company ____ restricted ____ excluded ____ pills ____ are ____ available ____ for prescriptions.

____ there a list of drugs ____?

Which medications ____ ineligible for reimbursement ____ insurance ____ do ____ have any ____ that?

Do ____ if ____ medications ____ a non-eligible list?

Do your company limit ____ covered ____ this ____?

Can ____ tell me if my ____ a ____ of pills ____ available for prescriptions?

Do ____ have ____ list of drugs ____ are ____?

I need to ____ if ____ will be ____ under ____?

Can ____ find ____ list of ____ not covered ____ plan?

Should excluded or ____ company's list of ____ that ____ ineligible ____ method?

____ I ____ certain medicines fall into ____ exclusions ____ this ____?

____ not ____ in the plan ____ have?

I ____ to know the ____ of prescription ____ ineligible for ____.

____ company have a list ____ excluded drugs that are ____ for ____?

____ you ____ the list ____ that ____ not covered under this ____?

Can you tell me the ____ that ____ eligible ____?

Do you ____ a ____ of ____?

Is it possible that you ____ me a ____ that aren't ____?

Can ____ get ____ on whether certain ____ excluded under ____ prescribed ____?

____ am ____ for a ____ not covered by the ____.

Do ____ have a ____ of ____ fall ____ the ____?

____ company has ____ list ____ drugs that ____ ineligible ____ policy method, exclude ____ products.

____ or exclude specific medications ____ being covered?

I ____ wondering ____ can obtain ____ of the ____ not ____ by ____ policy.

Can you ____ give ____ a ____ medicines will ____ be ____ your insurance?

____ understand ____ certain medicines will be ____ the ____ are prescribed?

____ company ____ or exclude ____ medications ____ coverage?

____ company exclude ____ medications ____ being covered under ____?

____ company stock restricted ____ excluded ____ that are ____ to be ____ prescriptions ____ option?

____ tell me a ____ of the ____ not ____ by ____?

____ want ____ your company ____ restricted ____ excluded ____ of pills ____ available for prescriptions.

____ list of medications that ____ be ____ you ____ a policy ____?

____ you ____ list ____ drugs ____ are not covered ____ policy?

Are ____ a list ____ which are restricted ____ excluded ____ our ____?

____ receive ____ list of ____ not covered ____ plan?

____ excluded ____ restricted ____ are on your company's list of drugs ineligible ____ that ____?

____ with a list of the medicines ____ by the ____?

Can you ____ me a list of ____ eligible ____ coverage with ____?

____ have a ____ list ____ that ____ not ____ this option for prescriptions?

____ a list ____ drugs ____ aren't covered?

____ you ____ me what medicines aren't covered ____?

What is the ____ policy ____ by this ____?

Does ____ company ____ or excluded medicines ____ aren't ____ to ____ used under ____?

____ possible that ____ me ____ list of ____ that aren't ____ for use?

Can ____ get a ____ on ____ certain ____ will ____ from the ____?

Does your ____ limit ____ exclude ____ coverage for ____?

I am ____ there is ____ the medicines not covered ____.

Is ____ possible to give ____ a list ____ drugs ____ for ____?

I want ____ I ____ get a list ____ not ____ by my ____.

____ to ____ the list ____ drugs that are not ____ for ____.

ShouldExcluded or _____ on the _____ list of _____ this policy _____.

_____ find out _____ any _____ not covered _____ the plan?

There _____ that can't be _____ your company _____ policy on that?

_____ possible _____ could provide me _____ a _____ drugs _____ currently eligible for use?

Can I _____ the _____ that are _____ the plan?

_____ if _____ could get a _____ of the _____ that are _____ covered by _____.

_____ there a _____ of _____ aren't _____ the plan.

Can I _____ drugs not _____ by my plan?

_____ I _____ a list of _____ that _____ covered by _____.

_____ you tell _____ if you _____ excluded _____ of pills available for _____?

_____ your _____ policies _____ medications _____ under this plan?

Can I _____ of drugs not _____ plan?

_____ keeping _____ drugs _____ don't fall _____ the scope of our _____?

_____ there _____ list _____ that _____ not covered by the _____?

Does your company _____ out _____?

Should excluded _____ restricted _____ on the _____ list _____ drugs _____ are _____ for _____ option?

_____ know the barred _____ your _____ doesn't cover?

_____ limit _____ exclude certain drugs from _____ this plan?

_____ limit or _____ certain medications from its _____?

_____ a _____ of any drugs not _____?

I _____ know _____ your company _____ a restricted _____ list of pills _____ are not available _____ option _____.

I _____ to know the _____ drugs _____ covered _____ my _____.

_____ products _____ company's list of drugs that _____ ineligible _____ policy option

_____ you have _____ of _____ that can't be taken?

_____ you give _____ of _____ drugs?

Do you _____ if _____ company _____ medications _____ are not accepted?

_____ there a _____ drugs _____ are _____ covered?

_____ organization's policy about medications _____ being covered under _____?

Can _____ a _____ drugs _____ plan doesn't cover?

_____ exclude _____ restrict products be _____ of _____ under this policy option.

_____ a _____ of ineligible prescription _____?

_____ curious if your _____ restricted _____ excluded list _____ available for prescriptions.

I _____ know _____ you can _____ medicines that aren't eligible _____ coverage.

Are _____ and excluded drugs that aren't covered by _____?

What _____ organization's _____ regarding _____ covered by _____ plan?

_____ a _____ of _____ not covered by _____ policy?

Can you give _____ of the medicines that _____?

I _____ to _____ certain medicines _____ excluded under _____ policy?

_____ tell _____ any drugs _____ covered by the _____?

I'm wondering _____ you can _____ me _____ of the _____ aren't eligible _____.

I _____ wondering if I can get a _____ by _____.

ShouldExclude _____ on your _____ list _____ are ineligible _____ this policy option.

Does _____ have _____ excluded medicines that _____ be _____ under _____ option?

_____ it _____ that you _____ give me _____ of _____ allowed?

_____ it _____ that _____ could offer _____ a list of _____ allowed?

Does the policy exclude _____ their _____?

Can _____ me a _____ of medicines that are _____ the _____?

Your company's _____ of _____ ineligible _____ this policy option _____ include _____ restricted _____.

Can _____ get a _____ of any _____ aren't _____?

I have a question about the _____ drugs _____ coverage.

Can _____ me _____ there are _____ prescription medications _____ non _____ list?
 _____ your _____ have _____ or excluded _____ that cannot be _____ for prescriptions _____?
 _____ am wondering _____ I _____ a list _____ aren't _____ under the policy.
 Are you _____ a _____ of drugs that _____ policy?
 _____ restricted or _____ medicines that _____ be used under this _____?
 _____ company limit or _____ drugs _____ being covered?
 _____ it _____ you could give me _____ drugs _____ are not _____?
 _____ get a list _____ drugs that _____ not _____?
 Do _____ exclude specific medications from _____ plan?
 _____ are _____ in _____ plan you have?
 _____ maintaining _____ list of _____ fall under insurance?
 _____ your company exclude _____ limit _____ medications _____ in _____ plan?
 _____ get a _____ medications that are not _____ my plan?
 _____ your company _____ on _____ list _____ can't be taken?
 Is there _____ specified set _____ that _____ covered?
 Do you have a _____ of _____ or _____ eligible _____ prescriptions?
 I want _____ know _____ your _____ a _____ or excluded _____ of pills not _____ the _____ prescriptions.
 _____ I _____ a clarification _____ medicines will be _____ policies that are _____?
 _____ a list of medications _____ cannot be taken, does _____ company _____?
 Can _____ offer me _____ list _____ that _____ for coverage?
 Which medicines _____ not _____ this _____ yours, please?
 Do you _____ a list _____ drugs _____ are excluded _____?
 Does your _____ restricted _____ medicines _____ are unable to _____ used _____ policy _____?
 Do your _____ from coverage?
 _____ I get a _____ of _____ drugs _____ are not _____ the _____?
 Can I ask _____ of _____ not _____ by _____ plan?
 _____ to know if your _____ a _____ list of _____ not available _____ prescriptions.
 _____ want to know _____ can get _____ list _____ medicines not _____ under _____.
 _____ possible _____ can _____ list of drugs _____ considered eligible for use?
 I would like to know _____ drugs _____ are _____ for _____ through _____.
 _____ company restrict or exclude _____ from _____?
 _____ company limit or exclude _____ in _____ plan?
 Are you maintaining _____ of drugs _____ the policy?
 I want to _____ your company has _____ restricted _____ available _____ this _____ option.
 _____ I _____ a _____ the drugs not _____ the plan?
 I would _____ to _____ if _____ will _____ from this prescribed _____.
 I _____ know _____ list _____ that aren't eligible for _____.
 Can _____ list _____ medicines _____ aren't _____ for coverage through _____ business _____ option?
 _____ I get a list _____ the drugs _____ in my _____?
 _____ or restricted products be _____ company's _____ of drugs _____?
 _____ want to _____ if you have _____ of medicines _____ policy.
 _____ excluded and restricted products on _____ of _____ ineligible?
 Does _____ company exclude _____ drugs from _____ the _____?
 Are _____ a _____ of drugs _____ can't be _____?
 Can you _____ me _____ have a _____ excluded _____?
 _____ company limit _____ medication coverage?
 _____ your company _____ exclude _____ medications from _____ by _____ plan?
 Can _____ tell me what _____ under _____ policy?
 _____ get a list of _____ that aren't _____ plan?
 _____ you _____ me _____ of _____ not covered by _____ policy.

Does your ____ limit ____ medications ____ covered ____ this ____?

____ which ____ are ____ eligible ____ this plan ____ yours?

____ certain prescription drugs excluded ____?

Do ____ or exclude coverage for ____?

____ to know which ____ drugs ____ eligible for ____ option.

____ or restricted products are ____ company's ____ drugs ____ are ____ eligible ____ this ____ option

Does your ____ have a ____ list of pills ____ under ____ for prescriptions?

Does ____ limit ____ certain medications ____ the plan?

____ restricted products should ____ the company's list of ____ that ____ this policy ____.

Do ____ of medicines ____ are not ____ by ____ policy?

Do you have ____ drugs not ____ by ____ policy?

____ want ____ of ____ medicines that are ____ covered ____ the ____.

Can you ____ me ____ list ____ drugs ____ aren't ____?

Can ____ me what ____ under this policy?

Which medications aren't eligible ____ part ____ the insurance ____ you ____ any ____ place?

____ there ____ policy that ____ medications from coverage ____?

____ would like to know the ____ medicines ____.

Can you give ____ list of ____ that ____ coverage through ____ policy?

I ____ know the list of prescription ____ that ____ for ____ option.

Can ____ supply ____ list ____ drugs ____ aren't ____?

If Excluded or ____ products ____ on ____ drugs that ____ for this ____ method.

What ____ policies regarding ____ that are ____ this plan?

Should excluded ____ restricted ____ the company's ____ of drugs that ____ policy method?

Can ____ list of ____ that ____ not ____ by ____ plan?

Can I ____ of ____ that my ____ covering?

____ you ____ me know ____ insurance company will ____?

Do you ____ a ____ drugs?

____ or restricted products be ____ your ____ of ____ that ____ ineligible for this ____?

Does your ____ stock ____ or exclude ____ are ____ to ____ used for ____ under ____?

Can ____ if ____ into the exclusions ____ prescribed policy?

____ you keeping ____ drugs ____ do not ____ within the ____?

____ there a list of ____ that ____ not eligible ____ policy?

Can ____ me an idea of what ____ by my ____ company?

Are ____ to provide ____ excluded prescriptions?

____ medications not covered by the ____?

____ know which drugs ____ ineligible ____ plan of ____?

____ restricted ____ should ____ the company's list of ____ are ineligible ____ this ____ option.

Are ____ maintaining ____ list of ____ fall ____ the scope of our ____?

____ you have a list ____ that ____ coverage through this ____?

Do your company ____ certain drugs ____ with ____?

Can you ____ medicines that ____ not eligible ____?

Should ____ restricted ____ be on ____ of drugs ____ are ____ this policy?

Is there a ____ medicines ____ are not ____ for ____?

____ I ____ a list ____ are not covered ____ plan?

____ let ____ know a list ____ drugs that ____?

____ if I can ____ of medicines ____ are ____ covered by the ____.

____ your ____ offer excluded or restricted ____ that ____ not eligible ____?

____ I get a ____ that ____ won't pay for?

____ the ____ stock ____ or excluded ____ that ____ be used ____?

I want ____ know if ____ a list ____ by ____ plan.

_____ tell me which medicines _____ not _____ this _____?

Can you _____ list _____ that _____ not covered _____ the policy?

Can _____ the list _____ drugs not covered _____ policy?

_____ you _____ list of _____ do not _____ into the _____ our insurance?

Do _____ know if your company _____ a _____ medications _____ taken?

_____ your _____ exclude specific _____ from being _____ this plan?

Can _____ ask _____ prescribed policy _____ certain medicines?

If excluded or _____ are on _____ company's _____ of _____ that _____ for _____ policy option.

Should _____ be on your _____ list of _____ are _____ eligible under _____ policy option?

I would _____ to know if _____ from _____ that are _____.

Can _____ get a list of _____ that _____ by _____?

Can _____ me _____ indication of _____ insurance company will not _____?

Is it possible you _____ a _____ drugs _____ are _____ for _____?

Do _____ or exclude specific _____ the plan?

Is _____ to _____ me _____ list _____ medicines _____ aren't eligible for _____?

Are _____ maintaining _____ drugs that aren't _____ in the _____ insurance?

_____ are your _____ medications _____ under this plan?

_____ us _____ list _____ drugs that are _____ covered?

Do _____ if _____ list _____ excluded _____ restricted medicines that are _____ eligible?

I want to _____ I _____ get _____ list of _____ covered _____ plan.

_____ specific _____ excluded _____ the policy's _____?

_____ or exclude _____ medications from being _____ by _____ plan?

_____ restricted products _____ on your _____ list _____ drugs _____ are _____ for _____ option?

Can _____ list of drugs _____ are _____ covered by _____?

Can you _____ me a list _____ not _____ this _____.

Is _____ that _____ would give _____ a _____ drugs that _____ for use?

Does your inventory _____ are not covered _____ insurance _____ or _____?

_____ company's _____ excluded _____ of pills unavailable under _____ option for _____?

Should excluded _____ products _____ on _____ list _____ drugs ineligible for _____ option?

_____ if the _____ has _____ of _____ that cannot be taken?

_____ you _____ me a _____ medicines that aren't _____ for _____?

_____ a list of medicines not _____ this _____.

Can _____ list _____ non-covered drugs?

_____ your company _____ or _____ from _____ covered under this _____?

Are _____ maintaining _____ list _____ drugs that aren't _____ scope _____?

_____ you give me a _____ of what _____ by your _____?

I need to know _____ are not _____ this _____.

_____ your company _____ list _____ restricted _____ that _____ eligible _____ prescriptions?

Does your _____ or exclude certain _____ its _____?

_____ it _____ you _____ a list _____ not allowed drugs?

_____ have _____ regarding which drugs _____ not _____ within the _____ option?

There is a list of _____ be _____ do _____ have _____ that?

_____ your company exclude _____ drugs _____ covered _____ plan?

Can _____ clarification on _____ certain medicines will be excluded _____?

Can you _____ indication _____ drugs will be _____ my insurance _____?

_____ you _____ of _____ that _____ not in line _____ the policy?

Can you _____ me _____ of _____ are _____ eligible for coverage?

_____ exclude certain medications from their _____?

_____ company _____ drugs from being covered with this _____?

Is it possible you _____ a _____ of _____ not _____ use?

_____ to _____ a list of medicines _____ are _____ for _____.
 _____ to _____ the list of prescription _____ that aren't eligible _____ option.
 _____ you _____ me a _____ drugs not covered _____ policy?
 Do _____ have any _____ which _____ aren't _____ the insurance _____?
 _____ would _____ of drugs _____ covered by the _____.
 Do you _____ a _____ are not eligible for _____?
 _____ tell _____ the list _____ non- _____ drugs?
 _____ I get _____ drugs the _____ does _____ cover?
 _____ your _____ excluded _____ restricted medicines that are _____ prescriptions?
 Does _____ exclude _____ medications from _____ covered under _____?
 _____ want _____ know _____ list of prescription drugs that _____ through the _____.
 Should excluded or _____ products be _____ company's _____ drugs _____ are _____ for this _____?
 Is _____ possible that _____ give _____ list of _____ that aren't eligible _____?
 _____ I get _____ drugs that _____ does not cover?
 _____ you give me an indication _____ will not be _____ insurance _____?
 Can you _____ with _____ list _____ that _____ not _____ for coverage?
 Can _____ me a list of _____ that are _____ coverage?
 _____ supply a _____ non-covered drugs?
 Can _____ give me _____ of the _____ that _____ not _____ insurance company?
 Do you know _____ with this plan _____?
 Can you _____ aren't _____ under the policy?
 Do you _____ your company _____ of medications that cannot _____?
 Should _____ or _____ products _____ the _____ list of drugs that _____ eligible _____ this policy _____?
 _____ your _____ limit or _____ certain _____ with _____ plan?
 _____ company _____ drugs _____ being covered _____ this plan?
 _____ company _____ restricted _____ pills not available under this policy _____?
 _____ you provide _____ list of _____ not _____ this _____?
 Is _____ restricted _____ list for _____?
 Can _____ obtain a _____ of the drugs _____ my _____?
 _____ want _____ know _____ from the policies that are prescribed.
 Can _____ me a _____ of _____ coverage-eligible drugs?
 Can you _____ a _____ of _____ aren't covered?
 _____ restricted products are _____ list _____ that are ineligible _____ this policy _____
 Are you _____ a list _____ drugs that don't _____ scope _____?
 Are excluded _____ restricted _____ on _____ company's _____ drugs that _____?
 _____ have _____ list of excluded or _____ medicines _____ not eligible _____ prescriptions?
 _____ want _____ your _____ a restricted list of pills that are _____ under this _____.
 Does _____ company stock _____ are _____ available _____ be used for prescriptions?
 Is _____ restricted _____ on _____ list of _____ drugs?
 _____ you _____ a _____ not covered by policy?
 Does your company have any restricted _____ that _____ to _____ under _____ option?
 _____ you please _____ a _____ medicines that aren't eligible _____ coverage?
 Should _____ restricted products _____ your company's _____ of drugs that _____ for this _____.
 _____ you _____ your _____ restricted _____ excluded _____ of pills _____ are _____ available under _____ option for
 prescriptions?
 _____ I get _____ of drugs that _____ plan _____?
 I _____ looking _____ list _____ drugs that _____ eligible _____ through this _____.
 Should the _____ products _____ the company's list of _____ policy option?
 _____ your _____ policy _____ medications not _____ by _____ plan?
 I _____ like to _____ the _____ of _____ aren't eligible _____ coverage _____ this _____.
 Is _____ a _____ aren't covered under _____ terms?

_____ give me _____ of the _____ not covered _____ policy?
 _____ know the list _____ medications _____ can't take?
 Can _____ let me _____ the drugs not _____?
 Do you _____ your company has _____ or restricted _____ for prescriptions?
 Are _____ excluded _____ the _____ you _____?
 Can _____ a list _____ the _____ that are _____ this policy?
 Your company's _____ of _____ aren't eligible _____ method _____ excluded or restricted _____.
 _____ your _____ exclude certain medication _____ with this plan?
 Can _____ give _____ a list of _____ eligible for _____?
 Can _____ offer _____ list of what _____?
 _____ your _____ have _____ list _____ medicines _____ eligible _____ this _____ option?
 Does your _____ have _____ or _____ that can't _____ this _____ option?
 _____ your company restrict or _____ the _____ medications?
 Tell _____ which _____ eligible with _____?
 Should Excluded or restricted products be on _____ list _____ drugs _____ eligible _____ option.
 Is _____ medicines _____ eligible for _____ through the policy?
 _____ you provide _____ a list _____ ineligible _____?
 _____ you _____ list _____ are not covered by this policy?
 _____ you _____ which drugs are _____ for _____ plan you _____?
 Does _____ company exclude or _____ specific _____ covered?
 _____ possible _____ give me a _____ of _____ that aren't allowed?
 _____ am wondering _____ I can _____ a list _____ covered by the _____.
 I _____ wondering if _____ is a _____ by the policy.
 _____ maintaining a _____ drugs _____ fall into the scope _____ insurance?
 Do your _____ limit _____ from being covered _____ this _____?
 _____ possible you have _____ of _____ that aren't _____ for _____?
 _____ your company's stock have _____ or _____ that _____ not _____ this option?
 Can _____ if certain medicines _____ into _____ of the _____?
 _____ prescription _____ that _____ eligible for coverage are on _____ list.
 _____ I get a _____ that aren't covered _____ my _____?
 I _____ a list of _____ that _____ eligible _____ you give _____?
 Is _____ of drugs that _____?
 Are _____ to provide _____ list _____ non- _____ drugs?
 Can _____ me _____ covered by this policy?
 Are you _____ a _____ of _____ which do _____ fall in _____ scope _____?
 Should _____ or _____ be included on your _____ list of _____ that _____ ineligible _____ this _____?
 Do _____ if _____ company _____ a _____ medications that they can't _____?
 _____ find out if certain _____ into _____ exclusions of _____ prescribed _____?
 Does _____ company limit _____ exclude some _____?
 _____ like _____ know what _____ allowed _____ your plan.
 _____ maintaining _____ list _____ drugs which aren't _____ in _____ scope _____ insurance?
 Is it possible to _____ me _____ not covered _____ policy?
 What _____ aren't _____ for reimbursement _____ the insurance choice, do _____ any _____ in _____?
 Are _____ a list of _____ that _____ allowed _____ policy?
 _____ you tell me _____ medicines _____ insurance _____ will _____?
 I would like to _____ the _____ aren't _____ through _____ option.
 _____ have _____ excluded medicines that _____ unavailable under this policy _____?
 Can you _____ the non-covered drugs?
 Can I _____ list _____ drugs I am _____ covered _____?
 _____ limit or exclude _____ drugs from their _____?

_____ you give me _____ that _____ covered _____ the policy?
_____ or _____ products be on your _____ list _____ that _____ policy option?
Does your _____ include restricted or _____ that are unavailable _____ used _____ option?
_____ there a list _____ the medicines _____ aren't _____?
_____ you give _____ of _____ are _____ eligible for coverage?
Can _____ tell me if my _____ has a restricted _____?
Is _____ could give _____ a list _____ that aren't considered _____?
_____ the _____ list _____ drugs ineligible under _____ policy _____?
_____ it possible that you _____ me _____ drugs that are _____ currently _____ for use?
_____ would _____ to know _____ certain medicines _____ be _____ policies that _____ prescribed.
_____ there _____ compendium of _____ covered _____ my _____ from your company?
Are you _____ list of _____ that _____ not covered _____?
_____ medications _____ eligible _____ as part of the _____ choice, do _____ any _____ for that?
_____ there _____ medicines that _____ under this policy?
Can I ask _____ that come _____ the _____ policy _____ certain _____?
exclusion or _____ should be on the _____ of _____ for this policy _____
Are you _____ a list _____ that _____?
_____ wondering if I can _____ a list _____ drugs _____ are _____ the _____.
_____ products _____ the company's _____ ineligible for this policy option.
I would like to know if certain _____.
_____ me if _____ has _____ restricted list of pills _____ available _____ the option for _____?
_____ I _____ a list of drugs _____ not _____ by _____?
Can I get _____ not currently _____ by _____ plan?
_____ you give _____ list _____ that _____ eligible for coverage.
_____ want _____ can provide me a list of _____ are _____ for coverage.
Does _____ company _____ from being _____ with this plan?
Is _____ to obtain _____ comprehensive _____ non-eligible _____ limited _____ when filling _____ prescription?
Can you _____ me a _____ that are _____ by this _____?
_____ you have rules on _____ covered by the _____?
_____ exclusion or restricted _____ be _____ your company's list of _____ this _____ option.
_____ a _____ medications that can't be _____ at your _____?
_____ comes _____ the prescriptions here, are _____ you _____ to cover?
I _____ know if I can get a _____ medicines _____ are _____ covered by _____.
_____ your _____ restricted or excluded _____ that _____ available _____ this _____?
_____ your _____ exclude _____ drugs from being _____ plan?
_____ or restricted _____ be _____ your _____ of _____ that are _____ for this policy option?
_____ have rules on _____ are _____ in the insurance _____?
Are _____ drugs _____ your company _____ not _____?
Can I _____ certain medicines _____ into _____ exclusions _____ the _____?
I _____ if certain _____ will be _____ the policies _____ prescribed.
_____ am wondering _____ I can _____ list of _____ medicines _____ by _____ policy.
_____ you have _____ list _____ that aren't included _____ policy?
Do _____ have _____ rules for which _____ are _____ eligible _____ reimbursement _____ insurance _____?
Should excluded and restricted _____ be _____ your _____ are _____ under this policy _____.
_____ you give me a _____ of the _____ eligible?
Is _____ you could _____ a _____ of non-eligible _____?
_____ or _____ be on your company's _____ of drugs that _____ ineligible _____.
_____ your company limit _____ exclude _____ from _____ plan?
Do you _____ which medicines that _____ not _____?
Are you _____ a _____ of _____ that are out _____?

____ certain ____ excluded ____ the plan ____ ?
 ____ give me a list ____ drugs that ____ ?
 Do ____ company restrict ____ from ____ ?
 Can ____ tell me if ____ prescription drugs ____ on ____ ?
 Is ____ of ____ that are not ____ the plan?
 Can you ____ of medicines that ____ not ____ ?
 ____ there ____ set ____ prescriptions that ____ covered?
 What ____ organization's policies about ____ that aren't ____ plan?
 Can I ____ out what drugs ____ covered ____ ?
 ____ you provide ____ list ____ covered ____ ?
 ____ you know ____ are ____ for this plan?
 Are you maintaining ____ list of drugs ____ don't ____ within ____ ?
 ____ want to know ____ you ____ a list ____ medicines ____ this policy.
 Are you maintaining ____ drugs ____ are ____ from ____ coverage?
 ____ would like to know ____ prescription drugs ____ are ____ for coverage.
 Do ____ know ____ is ____ of medications that can't ____ ?
 ____ it ____ could provide me ____ a list ____ that are not ____ considered ____ for ____ ?
 Are you ____ list ____ which ____ covered?
 ____ specific medications from being covered by ____ ?
 Is it ____ your ____ limits or excludes ____ coverage?
 Can ____ the exclusions ____ under the policy ____ certain ____ ?
 ____ you ____ to ____ me ____ indication of ____ medicines will ____ my insurance ____ ?
 Does your ____ being ____ with the plan?
 ____ exclude or restricted products be ____ your ____ of drugs ____ ineligible for this ____ ?
 Can ____ me know which ____ are not ____ ?
 Can ____ tell ____ of ____ that are not ____ ?
 ____ you ____ a ____ that aren't covered?
 ____ or restricted ____ on ____ company's ____ of ____ that ____ ineligible ____ this ____ option.
 I ____ know ____ prescription drugs ____ eligible ____ coverage.
 ____ please ____ a ____ of medicines ____ eligible for coverage?
 ____ or excludes medicines that are ____ to ____ used for ____ ?
 ____ exclusion or ____ on your ____ of ____ are ineligible?
 ____ company ____ providing a comprehensive compendium of ____ covered by my ____ ?
 Do ____ a list of ____ that ____ restricted ____ from the ____ ?
 I want ____ know if ____ get a ____ of ____ not ____ policy.
 I ____ know the list ____ not ____ coverage through this ____ .
 ____ would like ____ know the ____ the ____ that ____ not ____ for ____ .
 ____ your ____ exclude or ____ certain ____ from ____ covered?
 Is ____ possible to ____ a list of the ____ not ____ .
 ____ you offer ____ a ____ drugs that aren't ____ ?
 ____ give ____ of ____ that are not eligible ____ coverage through this ____ ?
 ____ about ____ of drugs ____ are ____ covered by the ____ ?
 ____ company's ____ of drugs ____ are ____ for this policy ____ ?
 ____ of ineligible prescription drugs?
 ____ I ____ if ____ are ____ the exclusions of ____ prescribed policy?
 Should ____ restricted products ____ on ____ list ____ drugs that ____ under this ____ option?
 ____ you provide ____ list of the ____ not eligible ____ coverage?
 Does ____ or exclude specific ____ covered under this ____ ?
 ____ your ____ have a restricted or ____ pills that ____ this policy idea?
 Are you maintaining ____ drugs that do ____ within ____ ?

_____ medicines aren't _____ with _____ plan _____ yours, _____?

_____ you _____ me _____ list of _____ that aren't _____?

_____ have _____ excludes certain drugs?

Can you tell _____ list _____ drugs _____?

_____ company _____ restricted or _____ that _____ to be used _____ prescriptions?

Is there a _____ not _____ by _____ policy?

_____ your company limit _____ medications _____ coverage?

Does _____ have _____ or excluded medicines that _____ not _____ policy option?

_____ get a list _____ not _____ drugs?

Can you _____ me a list _____ medicines _____ in this policy?

Should excluded _____ restricted _____ be on _____ are ineligible _____ this option?

_____ or restricted _____ be on _____ company's list _____ ineligible _____ policy option?

Do your company _____ a policy _____ medications _____ can't _____?

_____ your company _____ list _____ medications that _____ be _____?

_____ possible _____ provide me with _____ of drugs that _____ allowed?

_____ restricted _____ be on your _____ drugs _____ for this policy option.

Is _____ you _____ provide me with a list of drugs _____ eligible _____ use?

_____ to know _____ prescription drugs that _____ eligible for coverage _____.

_____ you give _____ a _____ the medicines that _____ for _____.

_____ your _____ prohibit certain _____ from _____ with this _____?

_____ am looking _____ a list of _____ that _____ eligible for _____ policy.

Does _____ company have _____ that can't be _____ for _____?

Is _____ company _____ a comprehensive _____ of medicine _____ are _____ covered by my _____?

_____ you _____ list _____ that are restricted _____ from our insurance?

Does your company _____ medicine _____ to _____ under the policy option?

_____ get _____ drugs that _____ plan does not cover?

_____ wondering _____ I can get _____ not covered _____ the policy.

Will _____ be _____ to _____ of drugs _____ covered _____ the plan?

_____ want _____ know _____ there is a list _____ drugs that are _____.

Can _____ me a _____ medicines that aren't covered _____?

Can _____ if _____ company has _____ restricted or _____ pills not available _____ the option for _____?

Is _____ inventory _____ drugs that aren't _____ insurance _____ drugs?

Should exclude or _____ products be _____ your company's _____ of drugs _____ not _____ for _____.

_____ me _____ list of medicines that aren't eligible for _____?

I have _____ question _____ a _____ aren't eligible _____ coverage.

Are _____ list _____ drugs which do _____ fall _____ scope of _____ insurance?

_____ get _____ of _____ meds that aren't _____ by _____ plan?

Is _____ a list of _____ covered by the plan?

Can I _____ certain _____ fall into _____ this policy?

Can _____ me _____ company will not cover?

I _____ to _____ is _____ restricted medicine list _____ prescription coverage.

Does _____ company _____ restricted _____ medicines _____ can't be used _____?

_____ you have rules _____ covered by _____ insurance option?

_____ there a _____ of _____ that _____ covered by this _____?

_____ are your _____ medications that aren't covered under _____?

I _____ to _____ I can _____ a _____ of _____ not _____ by my _____.

_____ it _____ you _____ me _____ a list of drugs that _____ allowed?

Does your _____ have _____ comprehensive collection of medicine _____ by _____?

Does the _____ exclude _____ coverage?

_____ you _____ which medicines _____ not eligible _____ coverage?

_____ or _____ products _____ your company's _____ drugs not eligible under _____ option?
 I _____ wondering _____ I _____ get a _____ of the _____ the policy
 _____ you give _____ of _____ drugs _____ aren't covered by _____ policy?
 _____ you _____ a list _____ that aren't eligible _____?
 Do _____ list of _____ outside the _____ of the policy?
 Are _____ maintaining a list of _____ that _____ restricted or _____?
 Can I _____ about _____ from the policy?
 _____ give _____ a list _____ not coverage-eligible _____?
 _____ there a _____ of _____ restrictions _____ covered by _____ plan _____ have?
 Do you know if _____ a _____ taking certain _____?
 _____ or _____ products _____ your company's _____ drugs _____ ineligible for _____ policy option?
 Do you know if _____ a _____ of _____ are _____ eligible _____?
 Can _____ a list of _____ I am _____ covered _____?
 Are _____ keeping a list of _____ that are _____?
 I'm _____ if _____ is a _____ of _____ covered by _____ policy.
 _____ your _____ have a list of _____ under _____ policy?
 Do _____ which _____ aren't _____ your plan?
 Does your _____ from being covered _____ this _____?
 Is _____ restricted products _____ your company's _____ drugs that _____ this policy _____?
 I am _____ if _____ can get _____ the medicines not _____.
 _____ there _____ set _____ drugs _____ covered?
 _____ on your _____ list of drugs, they _____ ineligible for _____ policy option.
 I want to _____ the _____ of _____ by _____ policy.
 _____ am looking _____ the _____ of prescription _____ aren't _____ coverage.
 Should exclude _____ products be on _____ list _____ drugs that _____ this policy _____?
 _____ you _____ me _____ list of the medicines _____ eligible _____ coverage?
 A _____ of medications can't be _____ do _____ policy for _____?
 _____ or restricted _____ be on _____ company's _____ that _____ ineligible under _____ policy _____.
 _____ covered by _____ plan _____ yours?
 Should _____ and _____ be on your company's _____ of _____ eligible?
 I am _____ I _____ get a _____ that aren't _____ by the _____.
 _____ you give me _____ list of _____ medicines _____ aren't covered _____?
 _____ company _____ of certain _____ with this plan?
 _____ excluded or restricted products _____ on your _____ drugs _____ aren't _____?
 I _____ to know _____ of drugs that _____ for coverage _____ option.
 _____ your company _____ restricted or excluded medicines that _____ be _____?
 _____ you _____ if _____ company has a _____ list of pills _____ option.
 _____ medicines will be rejected by my insurance company?
 _____ your company _____ restricted _____ medicines _____ can't _____ under _____ option?
 _____ want to know _____ prescription _____ that _____ ineligible _____ coverage.
 _____ are your _____ not covered under this _____?
 _____ you provide a list _____ not covered _____?
 _____ to _____ if certain medicines will _____ from _____ policy.
 I'd like to _____ that aren't eligible _____.
 Are you keeping _____ of _____ into _____ scope of our _____?
 Do you _____ any rules _____ covered _____ the insurance option?
 Isn't _____ could give _____ of drugs that aren't _____?
 _____ wonder _____ can get a list of the _____ that _____ by _____.
 Is _____ possible that _____ certain _____ from coverage?
 Do your _____ or _____ specific _____ coverage?

Is it ____ that ____ of ____ that are ____ eligible for use?

Can ____ a ____ any drugs ____ not covered?

Does your company's stock ____ restricted ____ excluded medicines ____ used under the ____?

Can you send ____ a list ____ that aren't ____?

____ keeping a ____ ineligible ____ drugs?

Is ____ possible ____ could ____ a ____ drugs that aren't ____ for use?

Are you ____ a ____ drugs ____ aren't in ____?

Should ____ or restricted products be ____ company's ____ drugs ineligible ____ policy ____?

Does the ____ medications from ____?

Is there a ____ medicines ____ under these conditions?

Are ____ a ____ that are excluded from the ____?

The company's ____ that are ____ for ____ policy ____ should include ____ products.

I ____ to know ____ your company ____ list of ____ available under ____.

____ I ____ of ____ drugs ____ are not covered ____ the plan?

Which prescriptions aren't eligible ____ as ____ insurance choice, ____ have ____ in place?

I ____ of the ____ that ____ not ____ the policy.

Should excluded ____ restricted ____ be ____ your ____ that ____ for this policy option?

____ wish ____ know the ____ of prescription drugs that ____.

____ company exclude ____ specific ____ from being ____ under ____ plan?

Can ____ me a ____ non-covered ____?

____ there a ____ of drugs ____ by ____ plan?

____ your company's ____ list of ____ not available under ____?

Are you ____ of drugs ____ not ____ inside the scope ____ insurance?

____ for your company ____ provide ____ comprehensive ____ of medicine ____ not covered by ____?

____ have any ____ for ____ medications are ____ eligible for ____ as ____ of the ____?

____ me ____ medicines my insurance company ____ accept?

____ me a list of drugs that ____ covered ____?

____ company have a list ____ or restricted medicines ____ eligible?

____ company's list ____ that ____ ineligible under this ____ should ____ restricted products.

Does ____ company have ____ eligible for prescriptions?

Do ____ have a list ____?

Is ____ possible ____ you to ____ me a ____ of ____ that ____ currently ____?

I want to ____ that are not eligible ____ option.

____ want to know ____ that ____ eligible ____ this option.

____ tell me ____ not covered?

____ excluded ____ be included on ____ of drugs ____ ineligible for this policy option.

____ restricted products be ____ company's list ____ drugs ____ are ineligible ____ this ____?

Can ____ get a list of ____ meds ____ are ____ my ____?

____ would ____ to ____ the list ____ ineligible for coverage ____ this option.

____ a ____ drugs that ____ for coverage through this ____?

Do ____ know ____ company ____ cover?

____ know if ____ me ____ list of ____ not covered ____ this policy.

____ wondering if I can ____ a ____ the medicines ____ in ____.

____ maintaining a ____ of drugs which are ____ in ____ of ____?

Is excluded ____ restricted ____ on your ____ list of ____ option?

____ medications ____ from being ____ this plan?

____ be ____ your ____ list ____ drugs that ____ for this policy method?

____ your ____ stock restricted ____ excluded ____ aren't ____ for ____ this option?

____ possible ____ could give me ____ list of drugs not ____ for ____?

____ I ____ a list of ____ drugs ____ covered ____ plan.

Can you _____ the _____ are _____ ?

I want _____ if your _____ has a restricted _____ not _____ the _____ option.

Can you offer _____ the medicines that _____ for _____ ?

Does _____ company _____ restricted or _____ medicines _____ to _____ under this policy _____ ?

_____ restrict specific _____ being covered _____ this plan?

Can you give _____ a list of _____ eligible _____ ?

_____ a _____ of drugs _____ by the policy?

_____ your _____ restricted _____ medicines _____ are not available for prescriptions _____ option?

Does _____ have _____ of not _____ medicines?

Does your business _____ excluded _____ unavailable to _____ used _____ prescriptions?

Can _____ tell _____ drugs _____ eligible _____ coverage?

Can _____ give _____ the drugs _____ aren't covered?

_____ there a list _____ medicines _____ the policy?

Does _____ have restricted or excluded _____ can't _____ under _____ option?

_____ your _____ offerexcluded _____ medicines that aren't eligible _____ ?

Shouldexcluded or _____ on the _____ that are _____ this policy method.

_____ a _____ of _____ that are not _____ by the _____ ?

_____ it possible you _____ me _____ of drugs _____ currently _____ for use?

Can I ask if _____ medicines _____ in the _____ the _____ ?

_____ wondering _____ there _____ a list _____ the medicines not _____ the _____ .

_____ you maintaining a list of _____ covered _____ your _____ ?

_____ to know _____ your company has _____ restricted _____ excluded _____ are not available for _____ .

_____ you _____ a list _____ not eligible for coverage?

Should _____ or restricted products _____ the _____ of _____ that _____ ineligible _____ policy option?

_____ would like _____ the list of _____ eligible for _____ .

Do you _____ list of _____ your company _____ ?

_____ maintaining a list of _____ fall outside _____ scope _____ insurance?

_____ stock restricted _____ that you can't use for _____ ?

_____ you _____ list of the drugs _____ by the policy?

_____ I _____ of drugs that _____ covered?

Do you know if _____ company _____ a list _____ drugs _____ ?

Can _____ inquire _____ medicines are _____ from _____ policy?

_____ give _____ a _____ of _____ drugs _____ are _____ covered _____ the policy?

Does _____ medications from _____ covered _____ this plan?

_____ you know which _____ that _____ not _____ plan?

_____ you _____ me if _____ medications are _____ the non-eligible _____ ?

Do _____ know which medicines that _____ for _____ of _____ ?

Can _____ tell _____ the _____ drugs that _____ covered by _____ policy?

Does your _____ or _____ drugs from _____ ?

_____ have restricted _____ excluded medicines that are _____ to _____ prescriptions?

_____ you provide me _____ list _____ covered _____ the policy?

_____ I find _____ if certain medicines _____ the _____ ofexclusions _____ policy?

I'm wondering if _____ list _____ medicines _____ covered by _____ policy.

_____ there _____ of drugs _____ are _____ covered _____ the plan?

Are _____ keeping _____ list of _____ that _____ not _____ in the _____ insurance?

Does your _____ a list of _____ that _____ prescriptions?

_____ there a list _____ drugs that aren't _____ ?

_____ looking _____ list of drugs _____ are _____ by _____ policy.

Shouldexcluded _____ products be _____ company's _____ drugs ineligible _____ this policy _____ ?

_____ you _____ a _____ the drugs _____ are not covered _____ policy?

Does ____ company ____ have restricted ____ excluded ____ are ____ under this ____ option?
 ____ know a list of drugs ____ are ____ covered ____ the ____.

Is excluded ____ on ____ company's list ____ ineligible under this ____ option?
 ____ maintaining a list ____ drugs that ____ fall under the ____?

Do ____ company ____ on medications that ____ not ____?
 ____ there certain meds you refuse ____ it ____ to ____?

Does ____ specific ____ being covered?
 ____ you ____ a list ____ drugs which ____ insurance?
 ____ looking ____ a ____ medicines that ____ for coverage ____ this policy.

Can you ____ a list ____ are ____ by this policy?
 ____ company's ____ of drugs ____ under ____ option should include ____ or ____ products.
 ____ and restricted products ____ on ____ list of ____ ineligible ____ this policy ____.

Can you tell ____ the ____ coverage through ____ policy option?

Which ____ aren't eligible ____ reimbursement as part ____ the insurance ____ any rules ____

Should ____ restricted ____ on a company's list ____ drugs ineligible ____ this ____?

Is it possible ____ give ____ a list ____ medicines ____ for ____?
 ____ would like ____ of drugs that ____ eligible for coverage ____ option

Is there ____ medicine list for prescription ____ in ____?
 ____ get the list ____ drugs that ____?

Does your ____ have restricted ____ medicines ____ under the ____ option?
 ____ get a ____ of the ____ the plan ____?

Can you ____ of medicines ____ covered ____ the policy?
 ____ it ____ that you could give me ____ aren't permitted?

Does ____ limit ____ medications ____ being covered with this ____?
 ____ you give me a ____ not ____ this policy?

Can I ____ list of drugs ____ by the ____?

Can you provide ____ a list ____ that are ____ for coverage ____?
 ____ an ____ excluded drugs that ____ not covered by our insurance?

What are ____ policy on medications ____ under ____?

Should excluded ____ products ____ on your ____ of ____ ineligible under this ____?
 ____ company's policy on ____ list ____ that can't be ____?
 ____ be ____ company's list of drugs that are ____ for this policy option.

Is there ____ list of ____ drugs ____ covered ____?

Is ____ possible ____ can ____ me ____ list of drugs ____ are ____?

Can ____ tell ____ the drugs that ____ not covered ____?
 ____ like ____ know the ____ drugs that aren't eligible ____ coverage ____ this ____.

Can ____ give ____ drugs not ____ by the ____?
 ____ it ____ that you ____ me a ____ drugs that aren't ____ eligible ____ use?
 ____ or restricted products ____ company's ____ drugs that ____ eligible ____ this policy ____.

Do you know ____ medications are ____ non-eligible ____?

Does your company have ____ or excluded medicines ____ option?

I ____ like ____ know ____ medicines ____ not ____ with your ____.
 ____ you please give me ____ of what ____ will ____ insurance?
 ____ you be ____ me ____ of medicines ____ not eligible for coverage?
 ____ you give me ____ what ____ will ____ rejected by my ____?

Is certain ____ drugs ____ from ____?

Can I get a ____ plan ____ not cover?
 ____ your ____ limit or exclude certain ____ covered in ____?
 ____ it ____ to get ____ list ____ are not covered?

What ____ organization's ____ not covered by ____ plan?

_____ provide me _____ list _____ that are _____ coverage-eligible?
 Is _____ company's list _____ ineligible for this _____?
 Can _____ give me a breakdown _____ be _____ by _____ insurance?
 _____ stock _____ or _____ medicine that can't _____ for prescriptions?
 _____ know a list of drugs _____ plan?
 Is it _____ you _____ give me _____ list _____ aren't _____?
 _____ you give _____ a list _____ are not eligible for _____ the _____?
 I am wondering _____ I _____ a _____ of _____ medicines that _____
 Do you _____ which _____ ineligible _____ this _____ of _____?
 Are _____ able to _____ a _____ medicines that aren't _____ for _____?
 Can _____ a _____ medications not covered _____ my _____?
 Does _____ company _____ restricted _____ excluded medicines _____ the policy option?
 _____ you give me a list of _____?
 _____ exclude _____ restricted _____ be _____ your company's _____ drugs not eligible for _____?
 Is there a _____ of _____ restrictions _____ by _____ plan _____ your _____?
 _____ you _____ if _____ company has _____ restricted _____ pills not available under _____ option for prescriptions?
 Is _____ selection _____ prescription drugs?
 I'd like _____ know _____ medicines _____ not _____ your _____.
 _____ possible you could _____ me a _____ aren't currently _____ eligible to _____?
 Does _____ limit _____ exclude _____ drugs _____ your plan?
 _____ it _____ provide a _____ medicines that _____ not _____ by _____ policy?
 _____ excluded or _____ products are on the _____ ineligible _____ policy option, it _____ be.
 _____ a list _____ drugs which are _____ your insurance?
 _____ or _____ products are _____ list _____ are _____ for this policy option
 Can you _____ me what _____ this policy?
 Should exclude or _____ be _____ your _____ of _____ that _____ ineligible for this _____?
 _____ the list of _____ company _____ not cover?
 I _____ like to _____ of _____ eligible for coverage.
 _____ would like _____ out _____ list _____ drugs that _____ eligible _____ coverage.
 Can _____ me a list _____ the medications _____ not eligible _____?
 _____ I get a _____ of the _____ not _____ the _____?
 Does _____ have a complete _____ restrictions that _____ covered by _____ plan?
 _____ I _____ a list _____ drugs that _____ cover?
 Can _____ a list of the _____ plan _____ cover?
 Can you _____ me a _____ of drugs _____ covered _____?
 _____ you give _____ list _____ the _____ that _____ not eligible for _____ this _____?
 Tell _____ what _____ eligible _____ plan?
 _____ you give me a _____ of _____ isn't _____?
 Can I get a list of _____ by _____?
 Can you tell _____ medicines my insurance _____?
 I _____ know which drugs _____ for _____ through this _____.
 Are certain _____ not _____ by _____ have?
 _____ to know what _____ are _____ allowed with _____.
 _____ that you could _____ me a list _____ that _____ not _____?
 _____ know, _____ not eligible with _____ plan of yours?
 _____ you _____ the medicines that aren't eligible for coverage _____ policy _____?
 I would _____ know the list of prescriptions _____ eligible _____ through _____.
 _____ you _____ list _____ drugs _____ are not included in _____?
 Does _____ have restricted or excluded _____ that _____ under _____ policy?
 _____ your company _____ or _____ from the coverage?

_____ company _____ any restrictions _____ of certain medications?
 Can I _____ list _____ drugs that are _____ covered _____ plan?
 _____ company limit or exclude _____ drugs?
 Can _____ about the exclusions _____ the prescribed _____ certain _____?
 _____ about _____ certain medicines fall into the _____ prescribed policy?
 _____ your company _____ or exclude _____ from this _____?
 Should Exclude or restricted _____ company's _____ of drugs that _____ not _____ for _____ policy _____.
 _____ possible _____ give _____ a list _____ not _____ considered eligible for use?
 can _____ get _____ list of _____ not covered _____?
 I want _____ know the _____ aren't _____ for coverage through _____ option.
 Can _____ offer _____ of _____ are not eligible?
 Can you _____ me a list of _____?
 Can _____ tell me the list of _____ not _____?
 _____ you _____ me _____ rundown on what _____ your _____ won't _____?
 _____ is _____ that excluded _____ restricted products _____ on your company's list _____ that _____ for _____ option.
 _____ you offer me a _____ drugs _____ covered _____ policy?
 _____ keep _____ list of drugs that _____ the policy?
 _____ aren't eligible for reimbursement as _____ the insurance choice, _____ have _____?
 _____ your company _____ or excluded _____ that _____ unavailable to be _____ prescriptions _____ option?
 _____ you give _____ list _____ not _____ by the policy?
 Does the _____ any excluded _____ restricted _____ that _____ for prescriptions?
 _____ your organization's policy _____ covered _____ this plan?
 _____ company stock restricted _____ excluded _____ be _____ under this option?
 _____ me which _____ not eligible _____ this _____ of _____?
 Should exclude _____ restricted _____ be _____ company's list _____ drugs that are _____ policy option.
 Is there _____ list _____ that _____ company does _____ cover?
 _____ company have restricted _____ excluded medicines that _____ used _____ the _____?
 _____ company _____ a list of excluded _____ restricted _____ that _____ for _____?
 _____ inquire if certain _____ fall into the _____ policy?
 _____ exclusion _____ products _____ the _____ list of _____ that are ineligible for _____ option?
 _____ the coverage _____ certain medications?
 _____ a list _____ and excluded drugs that _____ the scope of our insurance?
 _____ or restricted products _____ on _____ company's _____ of _____ ineligible for _____ option.
 _____ company limit or exclude drugs _____ this plan?
 _____ get a list of my _____ by my _____?
 Do _____ company _____ certain _____ from _____?
 Do you _____ or _____ being covered _____ this plan?
 _____ your _____ include restricted _____ excluded _____ cannot be _____ under this _____ option?
 _____ something _____ the drugs _____ covered by the policy?
 Can _____ give a _____ of medicines _____ covered _____ this _____?
 Does _____ exclude _____ from being covered with _____ plan?
 _____ company have _____ or _____ medicines that it can't _____ policy _____?
 Is your _____ comprehensive _____ of _____ aren't covered by my plan?
 _____ you _____ there _____ drugs on a _____ list?
 _____ have _____ rules on which _____ are not eligible for _____ as _____ choice?
 _____ you _____ me _____ of _____ drugs _____ are not _____ under the _____?
 I want _____ know if there _____ roster _____ drugs.
 Does your _____ restricted _____ use under this option?
 _____ your _____ restricted or _____ that _____ not available _____ prescriptions?
 Can you _____ which medicines _____ not _____ for _____?

Has there _____ ineligible _____ drugs?

Can _____ me what drugs _____ not _____ by _____?

Does _____ limit or _____ drugs _____ this plan?

Should excluded _____ products be _____ company's _____ that are not eligible _____ this policy _____?

Can _____ give me _____ list of _____ coverage eligible?

_____ tell _____ list _____ drugs that _____ not covered?

Are you _____ of drugs that are _____ from the _____?

_____ your _____ and excluded medicines that can't _____ prescriptions?

Is there a _____ list _____ not _____ by my _____ from your _____?

Should excluded _____ restricted _____ your _____ list _____ drugs ineligible _____ this _____ option?

Is there a list of _____?

_____ it _____ these prescriptions, _____ certain meds you _____ cover?

_____ inventory of _____ that _____ covered by insurance _____ drugs?

_____ get a list _____ which _____ covered by my _____?

_____ your inventory _____ drugs _____ under the scope _____ insurance includeexcluded _____ restricted _____?

_____ inquire _____ medicines _____ excluded from the policy?

_____ certain medications _____ the coverage consideration?

_____ company's _____ of drugs ineligible _____ this policy _____?

_____ you give _____ a _____ on what medicines _____ your insurance?

_____ there _____ of _____ prescription medicines _____?

_____ to know _____ you have a list _____ that _____ coverage.

I want _____ know _____ has _____ restricted _____ of _____ under this option for prescriptions.

_____ excluded _____ products be on _____ list _____ that _____ ineligible for this _____?

_____ you _____ a list of drugs that _____ covered _____?

Are you maintaining _____ don't fall within the scope _____?

Are there a _____ medications _____ can't _____ taken by _____?

I'm wondering if _____ get a _____ of _____ medicines _____

_____ like to know _____ list _____ that are _____ eligible _____ coverage.

Can _____ tell _____ if _____ is _____ comprehensive _____ medicine _____ covered _____ my plan?

_____ I get a _____ of _____?

_____ you _____ me a _____ medicines that _____ eligible for _____?

Do _____ company limit _____ certain _____ being _____ with the _____?

Does your _____ exclude _____ medications from _____ coverage?

_____ exclude or _____ products _____ list of drugs _____ are not _____ for this _____ option?

Are your _____ policies _____ the _____ medications that _____ be _____?

_____ tell me _____ has _____ list of pills _____ available for prescriptions?

Can you _____ my company has a _____ excluded list of pills _____ this _____?

_____ policy _____ certain medications _____ coverage _____?

Can _____ get a _____ drugs that aren't _____ my _____?

Are you _____ are outside _____ scope of the policy?

Ifexcluded or restricted _____ your company's list _____ eligible for _____ policy method.

I _____ know if there's _____ list of drugs not _____.

Can you let _____ know _____ are _____ coverage?

_____ company _____ drugs from coverage?

_____ keeping a list _____ restricted and excluded _____ do _____ fall _____ the _____ of _____ insurance?

_____ your _____ stock restricted _____ excluded medicines _____ are not _____ this option?

_____ list of medications _____ don't cover?

_____ your company limit _____ drugs from _____ plan?

_____ want _____ there is a _____ of _____ covered by _____ plan.

Does your _____ restricted _____ excluded _____ that _____ unavailable _____ be _____ this option?

_____ a list _____ medicines not eligible _____ coverage?

_____ restricted products _____ be on the company's _____ of drugs _____ are _____ option

Do _____ know _____ certain _____ from the plan?

Do your company exclude _____ medications from _____ covered _____?

Do _____ know _____ your _____ list of medication that can't _____?

Does _____ that can't be _____ under the policy option?

_____ I _____ list of drugs that _____ covered?

_____ exclude _____ limit specific medications from _____ covered in _____?

_____ your _____ certain medications from coverage?

_____ I know _____ medicines fall _____ of this _____ policy?

_____ like to _____ if _____ has _____ restricted or excluded _____ pills that _____ not available _____ prescriptions.

Can _____ if certain medicines _____ into _____ of _____ policy?

_____ am _____ for a _____ medicines not covered by _____.

_____ would like _____ the drugs _____ are _____ with your _____.

Do you _____ rules regarding which _____ eligible for reimbursement _____?

Does your company _____ or _____ coverage for _____ this _____?

_____ you tell _____ if _____ has a restricted _____ that _____ not available under _____ idea?

_____ I _____ a clarification on whether _____ medicines _____ under _____ prescribed _____?

There is _____ list of _____ can't _____ do _____ company have _____ policy _____?

Under this policy option _____ prescriptions, _____ a _____ of _____ or restricted _____?

_____ like _____ list of medicines _____ are _____ eligible _____ coverage.

Can you _____ a _____ the _____ that _____ not _____?