

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Healthcare cost estimation assistance
Inquiry Sub-Category	In-network provider rates
Description	Customers ask for information on the rates and costs associated with using healthcare providers within their insurance company's network.
Data Size	6,368 paraphrases
Want to buy data?	Please contact nlp-data@gross.me via your business email address.

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

____ is the copayment amount required ____ go ____ that's part of ____ drug program?
 ____ it necessary ____ pay ____ copayment ____ the insurer's drugstore ____?
 ____ I ____ to ____ pharmacy that's ____ of my ____ drug ____ what ____ the copayment?
 How ____ I ____ using the preferred ____ drug program?
 How much does a ____ copay cost ____ program?
 ____ an approved pharmacy, what ____ my ____ be?
 ____ to ____ the ____ my copay ____ if I ____ a pharmacy that is ____ insurance plan.
 ____ wondering ____ you ____ on ____ copayment fees at your preferred pharmacy.
 When selecting a pharmacy ____ participate ____ your insurer's ____ is ____ copayment?
 Can ____ tell ____ about ____ fees at the pharmacies included ____ network?
 Do I ____ to ____ copay ____ I ____ a pharmacy ____?
 ____ you ____ me ____ copayment ____ for participating ____ insurer's preferred retail ____?
 ____ you know the ____ necessary at ____ that is part of ____ drug ____?
 ____ copayment ____ be ____ using an approved drugstore?
 Do I ____ more if I ____ approved ____ my insurer?
 How ____ will I have ____ pay ____ I ____ prescriptions ____ listed in your preferred retail drug ____?
 ____ I ____ in ____ authorized drug network, ____ have to pay?
 ____ I choose a ____ within ____ I would ____ to know the exact ____ copay ____.
 Is ____ for me to pay extra if I ____ to ____?
 ____ I ____ a ____ approved ____ my insurer, do ____ pay anything more?
 ____ much should I ____ using your ____ pharmacy?
 What should ____ to pay ____ I ____ a pharmacy ____ retail ____ program?
 If ____ choose the ____ retail ____ the co-pay?
 What ____ the required ____ when ____ that ____ a preferred retail drug ____?
 How much do ____ have ____ pay when using ____ pharmacy ____ in ____ insurer's ____ retail ____?
 ____ is the ____ a pharmacy in your preferred ____?
 ____ much is necessary ____ co-payment ____ preferred ____ network pharmacy?
 ____ is ____ for the approved retail ____?
 I ____ to ____ the exact ____ of ____ copay obligation ____ choose a ____ that is ____ medication _____.

Does the insurance plan's retail pharmacy _____?

_____ expected _____ be paid _____ a copayment if _____ visit _____ in _____ preferred retail _____ program?

If I choose _____ pharmacy that _____ part of _____ preferred _____ need to pay?

What is the _____ required for _____ insurer's _____ retail _____?

Is _____ for _____ drugstores _____ my plan?

If _____ visit the _____ in _____ program, how _____ I need _____?

If I _____ your retail medication _____ to know _____ amount of copay obligation.

Is it _____ for a _____ to an _____ by your _____ how much?

_____ I go to pharmacy that is part of your _____ drug program, _____?

When I use a participating _____ authorized _____ network, do _____ have _____?

Do _____ need _____ go to a _____ that's approved by my _____?

_____ cost to _____ a pharmacy on your insurance company's _____?

_____ have to _____ I _____ a participating retailer from _____ insurer's _____ network?

When I _____ a participating _____ network, _____ to pay anything?

I want _____ know the _____ for _____ pharmacy that's _____ my _____ drug _____.

If I choose _____ pharmacy _____ in the retail _____ program, _____ will I _____ pay as _____?

How _____ for a preferred _____ pharmacy?

Is _____ co-pay for purchases made in the _____?

Do I have to _____ extra if I _____ drugstores?

I would like to _____ at the _____ in your _____ drug network.

If I visit _____ drugstore _____ how _____ I pay?

_____ I pay _____ I go _____ a _____ included in _____ insurer's preferred _____ drug _____?

Do _____ pay _____ go to _____ of _____ approved _____ under your recommended retail _____ program?

_____ you tell _____ much _____ have _____ pay to use a _____ program?

Do _____ much a copay is _____ using _____ pharmacy _____ list?

What amount _____ should _____ expect when _____ an _____ drugstore?

How much _____ I have _____ pay _____ a pharmacy _____ program?

_____ you know how much _____ will _____ to _____ a _____ from _____ preferred _____ drug program?

_____ know if I must _____ in an _____ pharmacy.

_____ insurance _____ approved _____ have a specific _____ amount on _____?

_____ I _____ a _____ your _____ drug network, _____ I have to _____ anything?

_____ tell me _____ is required _____ pharmacy _____ is _____ of my plan?

_____ I _____ your preferred _____ drug program, what _____ should _____ to pay as a _____?

_____ is the copay _____ for _____ pharmacy on _____ company's _____ list?

_____ should my _____ at _____ pharmacy?

When _____ a pharmacy _____ a _____ how _____ I have to _____ for _____?

Is _____ possible _____ give information about _____ at the _____ included _____ preferred _____ drug network?

How much _____ I _____ to _____ a copayment if I _____ to _____ that _____ in _____?

If _____ visit a pharmacy that _____ part of your _____ drug program, _____ should _____ as _____?

What's _____ if I _____ drug _____ from your _____?

_____ do _____ for copayment _____ at _____ preferred retail _____ network?

What is _____ amount for _____ preferred retail _____?

_____ you tell _____ how _____ have to pay for _____ to _____?

Can you _____ the copayment amount _____ retail _____ program _____ you have _____ insurer?

Can _____ me the copay _____ a pharmacy that _____ of _____.

How _____ it cost _____ a pharmacy in _____ drug program?

_____ I _____ a pharmacy _____ insurer's _____ medication _____ I would like to know the exact amount _____

_____ using an approved _____ coverage how _____ a copayment _____ I _____?

How much is _____ for using _____ pharmacy _____ the _____?

What _____ copay _____ approved pharmacy program?

How much ____ I ____ to ____ I use ____ pharmacy ____ my ____ preferred ____ program?
 ____ pharmacy that is part of ____ retail ____ program, how ____ will I have to ____?

How much is ____ fee at ____ pharmacy ____ drug plan?
 ____ need to pay ____ go ____ a pharmacy ____ approved by my ____?
 ____ I choose ____ pharmacy within your retail medication ____ to know ____ of copay ____.

How much ____ you ____ to ____ your retailer-preferred prescription program?
 ____ need to ____ a ____ if I visit a pharmacy ____ insurer's ____ retail drug ____?
 ____ to ____ if I go to ____ approved pharmacy?

____ much ____ pay when I visit ____ in ____ program?

If ____ pharmacy ____ drug program, what is the copayment amount?
 ____ I have ____ more if ____ go ____ a pharmacy ____ insurer?

Can ____ tell me the ____ pharmacy ____ is in your ____ retail ____?
 ____ insurance ____ approved retail pharmacy have a ____ co-pay amount ____?
 ____ your ____ plan's ____ retail ____ a specific co-pay ____ purchases?

How ____ it required ____ a pharmacy to ____ retail drug program?
 ____ want ____ know ____ of my copay obligation ____ choose a pharmacy ____ your ____ plan.

How ____ if I visit ____ pharmacy ____ your ____ retail ____ program?

What is ____ copayment I ____ to pay ____ pharmacy in ____ drug program?

When ____ the ____ retail ____ program, ____ contribute for copayments?

How ____ does it ____ to use your ____?

How ____ will ____ cost me ____ a prescription at ____ listed ____ your ____ drug program?

Does ____ plan's approved retail ____ have ____ for purchases?

What ____ the ____ the ____ preferred retail drug ____?
 ____ a pharmacy that ____ your insurer's preferred ____ plan, ____ the amount of my copay ____.

What ____ the ____ for ____ when ____ use your ____ program?

Do you know how much ____ need ____ at ____ retail ____ program?

Is it necessary ____ to ____ copayment ____ using a pharmacy ____ retail ____ program?
 ____ much is needed ____ co-payment ____ your ____ network pharmacy?
 ____ insurance plan ____ a co-pay amount ____ made at ____?
 ____ using a ____ in ____ insurer's preferred ____ program, ____ do I ____ to ____ in copayment?
 ____ the copay for using ____ in a ____?

How ____ when ____ a ____ on your ____ company's preferred list?

Can ____ much I need to ____ I ____ drugstore ____ your program?
 ____ to cost for ____ to use your retail ____ pharmacy?

How much does ____ to ____ your ____ retail drug ____?
 ____ pay when I visit a ____ preferred retail drug ____?
 ____ amount for co-payment ____ your preferred retail drug ____.

The ____ participating ____ an insurer's preferred retail drug program ____ known.
 ____ you ____ me how much ____ will ____ me ____ preferred pharmacy?
 ____ need ____ if I ____ a ____ that is approved by my insurance ____?
 ____ you tell me how much ____ have to ____ I ____ a ____ from ____?
 ____ there ____ information about ____ copayment fees ____ pharmacies ____ retail drug network?
 ____ much ____ have ____ pay if ____ use a pharmacy ____ preferred ____ drug program?

Does your ____ pharmacy have a ____ for purchases?
 ____ I go ____ pharmacy ____ is ____ of ____ insurer's preferred ____ much is the copayment?

How much should I ____ I use ____ drugstore ____?

When ____ insurer has ____ retail ____ program, ____ the ____ copayment?
 ____ what ____ co-payment ____ for ____ preferred retail drug program.

What ____ co-pays ____ choose ____ insurer's ____ retail drug program?

Do I have ____ pay ____ I use ____ your preferred drug ____?

_____ is the _____ I _____ retail drug program?

Is there _____ tell me about the _____ at the _____ included in _____ network?

_____ is _____ copay _____ a pharmacy _____ your program?

_____ the co-pay _____ I pick _____ retail drug _____?

_____ I have _____ anything when _____ a _____ retailer _____ your insurer's _____ drug _____?

_____ much _____ using _____ pharmacy on your insurance company's _____ list?

How much _____ expected to pay _____ visit _____ pharmacy included in _____ insurer's _____ program?

_____ I _____ at the pharmacy _____ the _____ program?

How _____ would _____ to pay _____ pharmacy in _____ insurer's preferred retail drug _____?

How _____ do _____ to pay _____ use a pharmacy _____ my _____?

_____ I pay _____ my _____ when I use your _____ pharmacy?

How _____ of _____ copayment should I expect _____ an _____?

_____ I _____ a pharmacy in your _____ retail _____ program, what _____ I _____ as _____ copayment?

_____ much will _____ have to _____ if _____ go _____ a pharmacy that _____ a _____ retail _____ program?

What _____ needed _____ at your _____ drug program?

_____ does _____ cost to use a _____ retail _____ program?

If _____ go _____ a _____ insurer, do I _____ pay anything more?

Does your insurance _____ retail _____ a specific _____ on _____?

Can _____ let me _____ the _____ amount for _____ retail _____ of your _____?

_____ the _____ approved _____ have _____ specific co-payment amount?

Will _____ to pay _____ if I _____ participating pharmacy _____ my _____ drug _____?

How _____ I visit an approved pharmacy.

When using _____ recommended _____ do I have to _____?

_____ would _____ to _____ the copayment _____ pharmacy included in your _____ retail drug _____.

How much _____ to pay if I use _____ in _____ drug _____?

When using _____ recommended pharmacy _____ copayment amount _____ pay?

_____ must _____ for copayments _____ use my _____ preferred retail _____ program?

I want _____ know _____ the _____ a _____ that is _____ plan's preferred retail drug _____.

If _____ to _____ pharmacy _____ of _____ insurer's retail _____ what is the copay amount?

_____ I _____ pharmacy _____ your _____ what's my copay?

How much do _____ pay for _____ your _____ pharmacy?

_____ I be charged anything if _____ visit _____ participates in _____ insurer's _____?

_____ the _____ for a _____ that _____ insurer's preferred retail drug _____?

_____ much do you _____ pay _____ your insurer's recommended _____?

When _____ your _____ retail drug program, how _____ I _____?

How _____ I contribute for _____ when _____ retail drug _____?

When _____ a pharmacy to _____ preferred retail drug _____ the _____ copayment?

Can _____ copayment amount for the _____ is in the _____ retail _____?

Should I _____ a copayment _____ I _____ a _____ in your _____ program?

_____ have a question _____ the copay if _____ use a _____.

How _____ I have _____ pay _____ to use a pharmacy _____ is part _____ retail _____ program?

Do you know _____ for _____ that _____ part of _____ retail _____ program?

How _____ a _____ expect when using an _____ under our _____?

_____ if I use a pharmacy _____ your _____.

_____ pay _____ I visit _____ pharmacy _____ is included in _____ insurer's retail _____ program?

_____ a _____ that is within your insurer's _____ retail _____ plan, I _____ to _____ amount of _____ obligation

_____ for me _____ pay _____ copayment if _____ pharmacy that _____ to your retail drug _____?

_____ is _____ copay if _____ use a _____ in _____?

_____ I _____ a pharmacy that _____ within _____ preferred retail _____ plan, _____ the exact amount of my _____.

When _____ use a _____ your _____ what is _____ copay?

____ much of a copayment should I ____ when ____?

____ much will ____ cost me ____ prescription ____ a pharmacy that's ____ in your ____ drug ____?

How ____ I have ____ to ____ your ____ recommended pharmacy?

If I choose the preferred ____ I have ____?

____ you have ____ a pharmacy in ____ drug program?

____ I choose a pharmacy that is ____ insurer's preferred ____ plan, ____ would like ____ the exact ____

What's the co-pay ____ your ____ preferred ____?

____ should I ____ if ____ go to ____ in your program?

____ much is ____ going ____ me ____ I ____ a pharmacy in ____ preferred retail ____ program?

How much ____ contribute for copayments when ____ the insurer's ____?

____ you tell ____ the ____ for ____ preferred retail ____ program?

____ much ____ you have ____ pay ____ use a ____ on ____ list?

____ it ____ me to pay anything ____ use ____ retailer from ____ drug ____?

How much must I ____ insurer's preferred retail ____ program?

____ much do ____ pay when ____ a ____ in ____ insurer's preferred ____ drug program?

If I decide to use ____ pharmacy from your preferred ____ drug ____ much ____?

What is ____ participating in ____ preferred retail ____ program?

Do I ____ to pay anything ____ using a ____ network?

How ____ necessary ____ at ____ preferred retail pharmacy?

____ for co-payment at ____ preferred retail drug ____?

How ____ required for a pharmacy to participate ____ your ____?

When ____ pharmacy on ____ how much does it cost?

____ I ____ a ____ participating in ____ will it cost me?

____ should I ____ a pharmacy included in your insurer's ____ program?

What am ____ to pay as a ____ drugstore ____?

____ you give me ____ co-payment ____ use the ____ retailer?

____ I ____ using a ____ in your insurer's preferred retail ____?

Is ____ anything ____ have to pay ____ I go ____ one ____ approved ____?

____ pharmacy that is part ____ my ____ preferred retail drug program, ____ the ____ amount required?

____ much ____ I ____ I go to ____ pharmacy?

____ need to know the ____ amount ____ obligation ____ I choose ____ pharmacy with ____ retail ____ plan.

____ using ____ approved ____ how ____ should I expect ____?

____ is required for co-payment ____ retail ____ program?

When using ____ participating in ____ retail ____ the required copayment?

What ____ the ____ when you use a pharmacy ____ a ____?

How ____ is the ____ pharmacies ____ me?

____ the copayment for participating in ____ retail ____?

____ I ____ for a visit ____ drugstore in ____ preferred program?

____ should I ____ copayments ____ I ____ the preferred retail ____ program?

If I select ____ favored ____ medication ____ clarify the exact amount ____ copay obligation.

____ the co-pay when I choose ____ preferred ____?

____ I ____ that ____ in ____ retail drug ____ how ____ will I have to pay as ____?

____ I ____ if ____ use a participating retailer ____ your insurer's ____ network?

Do ____ pay ____ preferred pharmacy?

____ a pharmacy copay cost you ____ retail drug ____?

How much ____ copay if I ____ retail drug program?

If ____ to pharmacy ____ part ____ insurer's preferred ____ what is my copayment ____?

____ the copay ____ that is part of ____ preferred ____ drug program?

How ____ is ____ when ____ an ____ drugstore?

Do ____ copay ____ under your retail ____ program?

_____ to _____ how much _____ have _____ in _____ to _____ a _____ from your program.

_____ the _____ if I _____ pharmacy in your _____ plan?

_____ I choose a _____ within your insurer's _____ medication plan, _____ amount _____ my _____ obligation.

_____ I have to _____ if I _____ a participating _____ your _____ drug _____?

_____ that's _____ of my _____ preferred retail drug _____ is the copay amount?

_____ using _____ pharmacy _____ your _____ retail drug _____ much _____ I have _____ pay?

Do you know what the copay _____ at _____ that is _____ retail drug _____?

_____ I _____ to _____ an extra _____ if I go _____ a _____ approved by my _____?

If I _____ pharmacy _____ your _____ drug _____ how _____ do I have _____?

_____ use _____ pharmacy _____ your _____ drug _____ what would the _____ be?

_____ it necessary _____ to _____ copayment if _____ go to _____ pharmacy _____ is _____ of _____ retail drug _____?

_____ I use a participating _____ your _____ do _____ to pay?

If _____ a pharmacy _____ your preferred _____ what should _____?

Is _____ you _____ tell _____ the _____ fees at your _____ retail drug _____?

_____ possible to give _____ copayment _____ at the pharmacy included in _____ retail _____?

If _____ to _____ a _____ retail drug program, _____ much will I _____ pay?

What's the _____ for a _____ a preferred _____?

Do _____ to _____ using _____ in a retail drug program?

How _____ should I pay as _____ I visit _____ pharmacy included in your _____?

_____ is _____ using a pharmacy _____ drug program?

_____ know _____ of my _____ if I _____ a pharmacy that _____ in your preferred retail _____ plan.

_____ I visit _____ pharmacy included _____ preferred _____ drug _____ should I _____ to pay as _____?

_____ I choose a pharmacy _____ plan, _____ like to _____ the _____ copay.

_____ a _____ that _____ in _____ preferred retail drug _____ how _____ will I have to pay _____?

What is _____ if I _____ to _____ pharmacy _____ part _____ your insurance program?

_____ a _____ the _____ for _____ pharmacy in your _____ drug program.

Do I have _____ pay anything if _____ use a _____ the _____?

_____ to _____ copay at a pharmacy _____ my _____ preferred retail program.

Can _____ a _____ an _____ pharmacy?

When using a _____ retail _____ program, _____ should I _____ as copayment?

_____ tell _____ copayment amount for pharmacies in _____ retail drug program?

When using _____ to _____ in your _____ preferred retail _____ the copayment?

How much is needed _____ preferred _____ program?

How _____ should _____ when I use _____ approved drugstore?

_____ the _____ if I use _____ pharmacy _____ a _____?

If _____ use _____ pharmacy in _____ is _____ copay?

_____ the _____ a pharmacy included _____ insurer's retail _____ plan?

_____ it cost _____ I _____ to _____ participating pharmacy?

When using _____ pharmacy in _____ insurer's preferred _____ drug program, _____ I _____?

If I _____ to one _____ pharmacy _____ by _____ do _____ pay more?

If I _____ use a _____ from _____ preferred retail drug program, _____ I _____ cough _____?

Do _____ have _____ if I use a participating _____ your _____?

_____ know if _____ is _____ at _____ pharmacy _____ is part _____ my plan.

What is _____ co-payment at your _____ retail _____?

_____ your _____ approved retail _____ have a _____ copay _____ purchases made _____?

_____ tell me _____ copayment _____ the pharmacy that is _____ your _____ retail _____ program?

What is _____ for a _____ preferred retail drug _____?

Can you tell _____ copay _____ the _____ drug _____?

How _____ do _____ to pay for using _____ insurance?

How much _____ have _____ if I visit _____ in _____ program?

_____ the co-pay if _____ your preferred _____ program?

If _____ go _____ pharmacy _____ is _____ of _____ retail _____ program, what is the _____ required?

_____ I _____ if I use _____ pharmacy _____ your program?

Can you _____ copayment _____ for _____ retail _____ my insurer has?

_____ I owe _____ pharmacy under _____ retail drug _____?

Can _____ tell _____ about the _____ participating in the _____ drug _____ insurer?

If I go _____ drugstores, do I _____ to _____ anything _____?

If I _____ a _____ is part _____ retail drug _____ will I _____ as a copayment?

Can _____ tell me _____ the pharmacy included _____ the retail drug _____?

_____ I go to _____ pharmacy _____ your retail drug _____ should _____ pay _____ copayment?

What is _____ copayment _____ using an approved drugstore _____?

I _____ know whether you have _____ when visiting an approved _____.

How much _____ cost me to _____ my _____ at _____ that's listed _____ preferred retail _____?

_____ pay _____ fee if I go _____ a pharmacy _____ approved by your insurer?

_____ know the copay _____ a _____ preferred retail drug program.

_____ using an approved drugstore, _____ my _____ be?

Does _____ have to _____ a copay _____ insurer-approved _____?

When I go _____ that's _____ my insurer's preferred retail _____ program, _____ is the _____?

_____ much _____ I _____ pay _____ I _____ the drugstore in your _____?

Will _____ cost _____ anything when _____ a _____ for my _____ drug _____?

How _____ do _____ need _____ pay _____ my _____ at the pharmacy _____ my _____?

_____ heading _____ your _____ pharmacy what _____ is _____?

_____ the _____ using _____ pharmacy on a preferred _____?

How about the _____ at the pharmacy that's _____ drug _____?

How much you have _____ pay _____ on _____ insurance company's _____?

If I _____ a _____ within your preferred _____ medication plan, I want _____ obligation.

What is the _____ preferred drugstores _____?

_____ will it _____ to use a _____ on _____ preferred _____ your insurance _____?

_____ cost me anything _____ to the pharmacy with my _____?

If I choose a pharmacy _____ your preferred retail _____ plan, _____ the _____ obligation.

_____ the correct amount for co-payment _____ your _____ drug _____?

If I go _____ of _____ to pay anything more?

_____ I _____ to a _____ that _____ part of _____ drug _____ what is the copayment _____?

_____ I need to pay _____ from your drug network?

Do I _____ preferred _____ in my plan?

How _____ is required _____ a copay _____ using a _____ on _____?

I would like _____ know _____ copay needed at _____ pharmacy _____ of _____.

_____ have _____ a copayment if I _____ a pharmacy _____ in _____ retail drug _____?

_____ you know the _____ at a _____ that _____ part of your _____?

_____ need _____ know _____ amount of _____ copay obligation _____ choose _____ pharmacy _____ the _____ retail medication plan.

_____ using a pharmacy _____ your insurer's _____ retail _____ program, _____ do _____ have _____ pay as _____?

_____ much must _____ copayments when using _____ preferred _____ drug _____?

_____ if I use _____ retailer from _____ insurer's authorized drug network?

I don't know if _____ to _____ by your plan provider.

_____ I _____ pay _____ using a participating retailer _____ the insurer's _____ network?

How much _____ pay for my _____ insurer's recommended _____?

_____ is the co-pay _____ I _____ preferred retail _____ program?

Do _____ pay anything _____ I use _____ the insurer's _____ drug network?

_____ I expect _____ pay _____ copayment _____ visit a pharmacy _____ in your insurer's _____ retail drug _____?

_____ a pharmacy within your insurer's _____ please clarify _____ exact amount _____ copay obligation.

_____ much _____ pay _____ I _____ my insurer's _____ pharmacy?
 I _____ know what _____ if I _____ in your drug program.
 Will _____ pay copayment _____ I _____ a _____ part of _____ retail drug program?
 Is it a _____ make _____ copay in _____?
 What _____ of _____ I _____ to pay _____ I choose a pharmacy _____ preferred _____ drug program?
 _____ choose a _____ my _____ drug _____ much will the copay _____?
 _____ you _____ how much _____ to pay in order to _____ your _____?
 _____ have _____ pay _____ if _____ visit a _____ pharmacy _____ my drug _____?
 What's _____ co-pay for the _____ retail drug _____?
 Will I _____ pay copayment _____ a pharmacy _____ insurer's _____ retail _____ program?
 If I choose a pharmacy that _____ part of _____ retail _____ how _____ to _____?
 Do _____ more _____ I go to an approved pharmacy under _____ retail _____ program?
 _____ it necessary _____ in an insurer-approved pharmacy?
 Your _____ preferred retail drug _____ requires _____ a _____.
 _____ I _____ for using a _____ within your insurer's drug network?
 How _____ pay to go _____ the drugstore _____ preferred program?
 _____ the copay _____ a _____ preferred list _____ your insurance company?
 I _____ if you have _____ pay when _____ visit _____ approved _____ plan provider, and _____.
 I _____ my copay _____ be when _____ visit _____ approved pharmacy.
 How _____ I _____ using my insurer's pharmacy?
 When _____ an approved drugstore _____ a copayment should _____ expect?
 I _____ know _____ there's an _____ approved pharmacy _____ your plan provider.
 _____ using a pharmacy in _____ insurer's retail _____ how _____ do _____ to _____?
 _____ I _____ to _____ that _____ of your retail drug _____ will I have to _____?
 What is _____ a pharmacy _____ your _____?
 _____ is the _____ amount _____ your preferred pharmacy?
 _____ should _____ if _____ visit a _____ included _____ insurer's preferred _____ drug program?
 _____ you tell me the amount of _____ the _____ of your _____?
 I _____ know _____ exact _____ of _____ copay _____ choose a pharmacy _____ your _____ retail medication plan.
 If _____ pharmacy in your _____ the copay _____?
 _____ you _____ me _____ the copayment fees at the pharmacies _____ preferred _____?
 If _____ pharmacy _____ preferred _____ drug program, how _____ I pay?
 What's the _____ choose an _____ preferred _____ drug _____?
 Do I have _____ pay _____ using _____ participating retailer _____ your _____ authorized _____?
 _____ is _____ copay for preferred pharmacy _____ plans?
 Do _____ to pay _____ for _____ a _____ retailer in _____ drug _____?
 _____ you tell _____ amount for pharmacies _____ part _____ the preferred _____ drug _____?
 Is there _____ purchases made at _____ in _____ plan?
 _____ is the _____ for participating _____ preferred _____ drug program.
 When using _____ retail _____ how _____ must _____ for copayments?
 _____ what's _____ copay _____ pharmacy in your drug _____?
 _____ possible to _____ about _____ the pharmacy _____ in your preferred retail _____ network?
 _____ pharmacy within your insurer's preferred retail _____ plan, _____ to _____ amount of copay.
 Do _____ I have _____ if _____ to use your preferred pharmacy?
 What is the copay _____ a _____ list?
 _____ to a _____ that _____ approved _____ your insurer, _____ I _____ pay more?
 If _____ pharmacy that's _____ of my insurer's preferred _____ drug _____ my copay _____?
 Can you tell _____ the _____ retail drug program?
 Can you tell me _____ much _____ have _____ cough _____ use _____ your _____?
 I _____ if _____ to pay when visiting _____ drugstore by _____ plan provider.

Will ____ cost ____ if I ____ that participates ____ my insurer's ____ program?
 ____ is ____ required ____ when using ____ in ____ insurer's ____ retail drug program?
 ____ much is ____ going to be ____ I ____ pharmacy?
 ____ a ____ in ____ insurer's preferred retail drug ____ do I ____ to pay ____ copayment?
 ____ using ____ recommended pharmacy, what ____ need ____ pay?
 ____ there a ____ pharmacies in ____ plan?
 How ____ does it ____ visit ____ in-network ____ under ____ plan?
 How ____ the ____ if I choose ____ that ____ in a ____ program?
 ____ should I expect to pay if ____ go ____ a ____ your ____ drug ____?
 Will it cost anything ____ visit ____ pharmacy ____ of my ____?
 Can you give me the ____ program ____ enroll in?
 ____ plan's approved ____ have a specific co-pay ____ purchases made ____?
 Is ____ necessary for me ____ copay in an ____?
 If I choose the ____ would ____ copay be?
 Is it necessary for ____ pay ____ if ____ go to ____ pharmacy ____ approved ____ insurer?
 How ____ I have ____ pay ____ pharmacy ____ of my plan's ____ retail drug program?
 How much is needed for ____ retail ____?
 ____ the copay ____ using ____ your preferred drug ____?
 ____ the required copayment for using a pharmacy in ____?
 Is ____ necessary ____ me to ____ a ____ I choose a pharmacy ____ part of the ____?
 ____ you ____ the ____ amount ____ primary network drugstores?
 ____ you ____ me the copayment amount for ____ pharmacy ____ preferred retail ____?
 ____ you ____ the ____ I'll have to ____ going to ____ pharmacy?
 ____ you ____ me the ____ amount for the ____ of ____ insurer?
 When using an ____ drugstore ____ a copayment should ____ expect?
 ____ I choose ____ is in your preferred retail ____ program, ____ I ____ to ____ a copayment?
 ____ pharmacy within ____ preferred retail ____ plan, please tell ____ copay amount.
 ____ much ____ it cost to use a ____ your ____?
 If I ____ a pharmacy ____ within your ____ retail medication ____ amount of copay obligation.
 ____ the co-pay ____ you ____ your ____ drug program?
 ____ is the ____ required if ____ to ____ pharmacy ____ of ____ insurer's preferred retail ____ program?
 What do ____ have to ____ to use ____ insurer's ____ drugstore ____?
 ____ it cost me ____ fill ____ prescriptions ____ the ____ is ____ under ____ preferred retail drug program?
 ____ tell me the ____ sum ____ primary ____ pharmacies?
 Do ____ pay ____ when I use ____ participating retailer ____ your ____?
 When you ____ participating ____ an insurer's ____ drug ____ what is ____ required ____?
 ____ I owe the ____ copays ____ retail ____ program?
 When utilizing a ____ drug program, what is required ____?
 How ____ do I have ____ pay ____ I use ____ preferred ____ drug ____?
 If ____ an obligatory payment ____ visiting ____ approved pharmacy ____ your ____ provider, ____?
 ____ pay when using your ____ drug program?
 If I use ____ your preferred ____ will my copay ____?
 Were ____ to ____ us details on the copayment fees ____?
 I ____ to know how much I ____ have ____ I use ____ your ____.
 How ____ contribute ____ when using ____ preferred ____ drug program?
 ____ is required to ____ pharmacy on ____ insurer's ____ list?
 Can you ____ have to ____ for ____ to a drugstore?
 I would ____ to know what the co-pay ____ drug ____.
 What ____ for using a ____ insurer's preferred retail drug ____?
 ____ amount of copayment ____ I expect ____ pay if I ____ a pharmacy ____ your ____?

What ____ the copay ____ I ____ that is in your ____ retail ____?

Do ____ to ____ anything ____ I use a ____ from within ____ authorized ____ network?

____ I choose insurer's preferred retail ____ copay?

____ know ____ the copay is for ____ pharmacy that ____ part ____ plan's ____ program?

If I ____ a pharmacy ____ program, should I ____ a ____?

____ will I have to pay if I ____ to ____ is part ____ preferred ____ drug ____?

____ you ____ on the ____ fees at your ____ pharmacy?

____ you pay for ____ your ____ retail drug program?

____ using ____ preferred retail ____ program, ____ much must I ____?

When using a ____ that ____ participating ____ insurer's ____ the required copayment?

____ is ____ required ____ using a pharmacy ____ part of your insurer's ____ program?

____ go to ____ that is ____ by my ____ do I have ____?

____ visiting an approved ____ plan ____ how ____ you ____ to pay?

I ____ to know ____ exact amount ____ copay ____ if ____ a ____ within your preferred retail ____.

What ____ the ____ a pharmacy in ____ drug ____?

____ much ____ the copay ____ in ____ preferred ____ drug program?

____ a pharmacy ____ an ____ preferred ____ drug ____ is the ____ copayment?

When ____ your ____ what amount ____ I have to ____?

How ____ should ____ pay ____ I ____ in your retail drug ____?

I want to know how ____ I visit ____ drugstore in your ____.

____ much I have to ____ if ____ use a ____ in your ____?

____ your ____ a specific ____ amount for purchases ____ the retail ____?

____ using ____ to ____ in ____ retail drug program, what ____ copayment?

How ____ will I need to ____ go ____ an ____?

____ I go to ____ part of my insurer's ____ program, ____ copay?

If I go ____ pharmacy that's in your ____ drug ____ what ____?

I am not sure if you ____ for ____ visit ____ an approved ____ plan ____.

Which amount is necessary ____ co-payment ____ drug ____?

____ pay ____ if I go to a participating ____ for my ____?

____ using a pharmacy ____ in an insurer's ____ program, ____ required copayment?

I would ____ know the ____ necessary ____ a pharmacy that is ____.

What is the ____ for ____ retail drug program?

If I ____ to pharmacy that's ____ retail drug ____ is ____ amount?

How much is ____ your preferred retail ____?

____ I ____ from within your ____ drug ____ do I have to ____?

If ____ fill ____ prescriptions at ____ under your ____ how much ____ I pay?

____ need to know ____ exact amount of ____ obligation ____ I ____ a ____ your insurer's ____ plan.

When using ____ pharmacy ____ preferred ____ much do ____ have to pay as copayment?

How ____ I have ____ pay ____ visited ____ drugstore in your ____?

When using ____ is participating in an ____ preferred retail drug ____ the ____?

____ is ____ a pharmacy in a preferred drug ____?

If ____ has ____ retail ____ what amount should I ____ as ____?

____ it mandatory for you to ____ visit ____ approved ____ plan ____ and how much?

How much ____ I ____ to ____ when I ____ your ____?

How much will ____ to pay as ____ copayment ____ I choose a pharmacy ____ the ____?

How much ____ I ____ to ____ in order to use ____ pharmacy ____ retail ____?

____ is ____ I choose to ____ your preferred pharmacy?

Can you ____ me ____ need to ____ in ____ your preferred pharmacy?

Can ____ tell ____ have to pay to ____ the drugstore?

How ____ will I ____ to ____ I ____ a ____ participates in your ____ retail drug ____?

_____ tell me _____ copayment amount _____ the _____ drug program _____ you _____?
 _____ exact amount _____ my _____ if _____ choose _____ pharmacy that _____ within your insurer's preferred retail medication _____.
 Does your insurance _____ retail pharmacy _____ co-pay _____?
 How _____ does it _____ to _____ to _____ in-network pharmacy _____ program?
 How much should _____ for _____ a store _____ to _____ insurance?
 What _____ the copays _____ a pharmacy _____ program?
 Is _____ any information _____ copayment _____ the pharmacy included _____ preferred _____ network?
 There is _____ at _____ preferred retail drug program.
 _____ much does it cost _____ a _____ company's preferred list?
 Is _____ necessary at a pharmacy _____ of _____ preferred _____ drug program?
 _____ I _____ anything if I _____ a _____ that _____ my _____ program?
 If I _____ pharmacy _____ in _____ preferred _____ drug program, _____ amount should _____ a copayment?
 How _____ I _____ to _____ when using the preferred retail _____?
 _____ is _____ need to pay for co-payment at _____ retail _____?
 _____ is the proper _____ of _____ for _____ retail _____ program?
 If _____ select a pharmacy _____ your insurer's preferred _____ clarify the exact _____ of _____.
 _____ copay _____ much _____ I visit an _____ pharmacy?
 If I _____ pharmacy within _____ insurer's favored retail medication plan, I _____ know _____ amount _____ copay _____.
 _____ I select a _____ within _____ insurer's _____ retail _____ plan, _____ the exact amount _____ my _____.
 How much _____ be if _____ a pharmacy that's _____?
 Do _____ to _____ copay if I _____ your preferred program?
 _____ you please tell _____ the _____ needed _____ a pharmacy _____ of _____ plan?
 When I visit a pharmacy in _____ amount _____ pay as a _____?
 Can _____ tell _____ the _____ amount for _____ drug program _____ insurer?
 How _____ copay be _____ go to your preferred _____?
 Can you _____ me know _____ the _____ drug program?
 How much _____ be _____ I _____ an approved pharmacy.
 _____ I _____ a pharmacy that is _____ your _____ drug program, how much _____ I _____ pay?
 _____ a copayment _____ choose _____ pharmacy that is _____ retail drug program?
 _____ need to _____ how much I _____ pay _____ order _____ use a _____ your _____.
 Do I _____ pay _____ for using a _____ within _____ insurer's _____?
 Do you know _____ is _____ that _____ in _____ preferred retail drug _____?
 I need _____ if the copay _____ at _____ pharmacy that _____ part _____.
 When you _____ insurer's recommended _____ much do you _____?
 What _____ the _____ if I _____ to _____ pharmacy _____ of my _____ preferred _____ drug _____?
 When using _____ preferred _____ drug program, _____ much _____ I _____?
 Can _____ tell _____ I _____ to _____ copayment for going _____ a pharmacy _____?
 _____ don't know how much _____ copay _____ if _____ go _____ pharmacy.
 How big of _____ should I _____ I _____ an _____?
 Is it _____ to give details on the _____ fees _____ the _____ your _____ drug _____?
 What is the required _____ the insurer's _____?
 How _____ will I _____ to pay if I _____ a _____ same _____ drug program as _____?
 Should I _____ if I visit a _____ in _____ drug _____?
 Do you have _____ a pharmacy in your _____?
 _____ amount for _____ at your _____ retail drug _____?
 How _____ will it _____ you _____ on your _____ preferred list?
 Do you _____ required at a pharmacy _____ of your plan's _____ drug program?
 _____ it cost to use _____ on _____ insurer's preferred _____?
 Should _____ pay _____ choose _____ preferred retail drug program?

____ using a ____ within your insurer's preferred retail ____ do ____ to ____ as copayment?
 ____ go to a ____ included in ____ insurer's preferred retail ____ program, how ____ a copayment?
 Will ____ me anything ____ choose ____ pharmacy that participates ____ my ____ drug ____?
 How ____ I have ____ when I use your ____?
 If I ____ in ____ preferred ____ much do ____ need ____ pay?
 How ____ do ____ have ____ use a pharmacy ____ insurance company's preferred ____?
 ____ would like ____ know the ____ amount ____ preferred ____ drug ____ your insurer.
 How ____ pay ____ copayments ____ using ____ preferred retail drug ____ of your ____?
 How much ____ I pay ____ visit a pharmacy included ____ your ____?
 Do ____ know ____ if I ____ to use a pharmacy from your ____?
 How ____ should I ____ when ____ go to ____ in ____?
 If ____ pharmacy ____ your ____ what's my copay?
 Did ____ know ____ the ____ fees ____ pharmacies ____ in ____ preferred drug ____?
 If I visit ____ pharmacy ____ in your insurer's ____ drug ____ I pay as ____?
 If ____ choose ____ retail pharmacy ____ plan, what ____ I ____ pay?
 Can ____ me with ____ copayment ____ pharmacies ____ are ____ preferred retail drug ____?
 Did ____ know about the ____ fees ____ your ____ retail drug ____?
 ____ your ____ plan's approved retail pharmacy ____ specific co-pay amount ____?
 If I go ____ pharmacy that is ____ my ____ preferred retail ____ copayment amount like?
 Did ____ know about the ____ fees at ____ pharmacy ____ the ____?
 How much ____ if ____ use a pharmacy in my insurer's ____?
 I ____ know ____ you have to ____ you visit ____ by your ____.
 ____ I have ____ pay ____ I ____ to one ____ the approved ____?
 How ____ must I ____ when using the ____ drug program?
 Can ____ give me ____ for ____ retail drug program ____ your ____?
 When using the ____ by your insurer, what ____ pay?
 ____ need ____ pay more ____ I ____ pharmacy approved ____ your insurer?
 ____ preferred retail drug program ____ copayment ____ I go to ____.
 How much ____ copay ____ use your ____ pharmacy?
 Do I ____ more ____ go to an approved pharmacy under ____?
 ____ choose a pharmacy in ____ program, ____ will I pay?
 When using ____ in ____ drug ____ how much ____ have to pay ____?
 How ____ must ____ copayments when using ____ insurer's retail ____?
 How much is the ____ for ____ a ____ company's preferred ____?
 If I ____ pharmacy ____ associated with your preferred retail ____ much will I ____ as ____ copayment?
 How ____ is ____ going ____ cost me ____ go ____ drugstore ____ your ____ program?
 ____ have to ____ at the ____ under ____ retail drug ____?
 ____ using the ____ drug ____ how ____ must I ____ copayments?
 ____ amount ____ required for your ____ retail drug ____?
 What ____ to ____ as a copayment ____ the drugstore ____?
 If I choose ____ a ____ your ____ retail ____ program, ____ much ____ I have ____ pay?
 ____ a pharmacy ____ the ____ retail drug program, ____ the ____?
 ____ want ____ how ____ will cost to use ____ from your ____ retail ____ program.
 ____ I ____ to a ____ that ____ your preferred ____ program, ____ much ____ I have to pay?
 What will ____ copay be when ____ pharmacy?
 How ____ is ____ for ____ pharmacy ____ my ____
 Do ____ owe ____ copay ____ the ____ the retail ____ program?
 If ____ within your plan, I ____ to ____ the exact ____ my copay ____.
 ____ for your retail drug ____?
 ____ I choose a ____ that ____ in your retail ____ program, ____ have ____ pay?

Do _____ what _____ copay is for _____ pharmacy _____ part of _____ preferred retail _____?
 _____ I _____ a pharmacy within your _____ medication plan, _____ to know _____ amount of _____.
 _____ to a pharmacy with my insurer's _____ retail drug _____ is _____?
 Do you know how _____ I _____ to pay _____ pharmacy _____ retail drug program?
 _____ the exact _____ of my copay _____ if I choose a _____ your _____.
 If I go _____ the pharmacy _____ part of my _____ what is _____ copayment _____?
 How much _____ you _____ using _____ pharmacy on your _____ preferred _____?
 _____ you _____ the copay amount for _____ preferred retail _____ program _____?
 How about _____ copayment _____ at _____ your preferred retail _____ network?
 What will my _____ be _____ I visit _____?
 Do _____ know how much _____ pharmacy _____ preferred retail _____ program?
 _____ much _____ you _____ to pay _____ your _____ retail drug _____?
 _____ have to _____ anything _____ a participating retailer _____ authorized drug network?
 Do _____ to _____ anything _____ I use _____ retailer in _____ authorized drug _____?
 When using _____ pharmacy that participates in _____ preferred retail _____ required _____?
 How much _____ using a pharmacy in your _____ drug program?
 _____ select _____ pharmacy within your plan, I _____ the _____ amount _____ copay.
 _____ much _____ you have _____ a _____ in _____ retail drug program?
 How much _____ a _____ should I _____ when _____ approved _____?
 _____ will it cost me _____ visit _____ your program?
 If _____ visit _____ approved _____ how much will _____?
 Do _____ have _____ using a participating _____ authorized drug _____ of your insurer?
 How much _____ it cost _____ use _____ the _____ of your insurance _____?
 _____ copay _____ using a pharmacy in _____ insurer's _____ drug program?
 How _____ will _____ pay when _____ an approved pharmacy?
 _____ to _____ the exact amount _____ copay obligation if _____ pharmacy _____ your insurer's retail _____ plan.
 _____ know how _____ have to _____ in order to _____ your _____ pharmacy.
 How much _____ I _____ pay _____ use _____ insurer's pharmacy?
 _____ I _____ for copayments when _____ preferred retail drug _____?
 I _____ to know _____ much I'll _____ up if _____ a pharmacy _____ program.
 _____ know how _____ will have to _____ use your preferred _____?
 _____ I _____ pay _____ if _____ go _____ one of _____ pharmacists under _____ insurer?
 _____ I need _____ if I _____ to a pharmacy _____ approved _____ your insurance _____?
 If I choose a _____ that is _____ preferred _____ drug _____ much _____ I have _____ as _____ copayment?
 _____ size _____ a _____ should _____ expect _____ approved drugstore?
 How _____ I _____ pay for _____ pharmacies in my _____?
 What is _____ required _____ participating _____ preferred retail drug _____?
 Will it cost me _____ participates in my insurer's _____ program?
 Does _____ plan include _____ specific co-pay _____ made at retail _____?
 _____ if I use _____ pharmacy in your _____?
 Does your _____ allow for a _____ for _____ at _____ pharmacies?
 _____ copayment _____ expected _____ going to _____ pharmacy?
 _____ using _____ insurer's recommended _____ need to pay _____?
 What is _____ copayment _____ required if _____ to _____ your _____ drug program?
 Is it necessary _____ copayment _____ your _____ recommended pharmacy?
 Were _____ able to _____ details _____ the _____ the pharmacy _____ preferred _____ drug network?
 Are you aware _____ copay _____ a _____ in your _____ program?
 _____ tell _____ the _____ for _____ recommended retailer under my insurance?
 _____ to know the amount of my _____ I choose a _____ within _____ insurer's _____.
 _____ your insurer's recommended pharmacy, _____ amount _____ copay?

_____ pay copayment if I _____ pharmacy in my _____ drug program?

_____ is _____ choose _____ pharmacy _____ is in _____ retail drug program?

How _____ will _____ to fill _____ a pharmacy listed _____ preferred retail drug program?

Is _____ mandatory _____ me _____ make _____ copay in _____ insurer _____?

_____ I _____ anything _____ I _____ a participating _____ within your insurer's drug _____?

_____ decide _____ the insurer's _____ program, how much will _____ pay?

How much _____ a _____ I _____ if I _____ pharmacy?

_____ when I use _____ in your program?

Can you tell me _____ the _____ is _____ program?

Do you know the _____?

_____ to pay _____ a retailer within the _____ drug network _____ your insurer?

When _____ use a pharmacy _____ preferred _____ drug _____ what is _____?

How much will _____ be _____ to _____ approved pharmacy.

_____ your insurer's _____ drug program, _____ much should I _____ copays?

How much should I _____ when _____ that _____ included in your insurer's _____ retail drug _____?

I _____ know _____ an mandatory _____ when _____ approved _____ by your plan _____.

Do you have _____ I use _____ in your _____?

_____ mandatory for _____ to pay when _____ an _____ by your plan _____?

What is the _____ if _____ pharmacy _____ drug program.

I would _____ much _____ will cost me to use _____ your _____ retail drug _____.

_____ use _____ pharmacy _____ participate _____ your _____ drug program, what _____ the required _____?

_____ the copayment amount for the _____ that _____ your preferred retail _____?

_____ don't _____ there is _____ mandatory payment _____ approved pharmacist _____ your plan _____.

How _____ co-payment at your _____ retail drug _____ and pharmacy _____?

_____ you _____ to pay _____ co-payment at your _____ retail _____ program?

Can you _____ me how _____ have _____ pay in _____ use a _____ retail drug _____?

Do I _____ use a participating retailer from _____ drug _____?

I want to know _____ I _____ I use _____ from your preferred _____ drug program.

_____ what's the _____ I use _____ in your preferred _____?

How _____ copayments when using the preferred _____ program?

Do I _____ to pay extra _____ I _____ to _____ pharmacy _____?

How _____ should _____ copayments when I _____ my _____ preferred _____ drug _____?

What amount should I _____ a copayment if _____ visit _____ pharmacy _____ retail _____?

I _____ to know _____ preferred _____.

_____ I pay _____ if _____ to a _____ in _____ drug program?

How _____ is required for _____ the preferred _____ of _____ insurer?

_____ the copay _____ I _____ to _____ pharmacy in your _____ drug _____?

I want to _____ the _____ pharmacy that _____ my plan's _____ drug _____.

If I go _____ part _____ your retail drug _____ the copayment amount?

_____ I choose a pharmacy _____ retail medication _____ I _____ the exact _____ my copay.

_____ much _____ you _____ for _____ pharmacy _____ your preferred _____ program?

What is _____ copay _____ a _____ in your _____ drug _____?

When _____ pharmacy in _____ program, what are _____ required copayments?

I don't _____ there's an _____ for _____ approved pharmacist by _____ provider.

How _____ I pay _____ the preferred _____ pharmacy of _____?

_____ I _____ a pharmacy _____ your _____ how _____ will I pay?

_____ using a _____ that participates in an _____ drug program, what _____?

_____ you know the _____ copayment _____ pharmacy?

If I visit _____ your preferred _____ what _____ I pay as _____ copayment?

I _____ like _____ know _____ copayment amount for _____ preferred retail _____ program.

If _____ choose a pharmacy within _____ insurer's _____ retail _____ need to know the _____ my _____.
 _____ is _____ copay if I choose _____ is _____ of _____ retail _____ program?
 _____ I choose _____ pharmacy _____ preferred _____ how _____ the copay?
 I want to _____ I have _____ pay _____ I _____ drugstore _____ your _____.
 _____ I take _____ insurer's preferred _____ drug _____ much _____ pay?
 Does your _____ plan have a _____ for _____ made _____ approved _____?
 _____ pharmacy for _____ preferred _____ drug _____ is the required copayment?
 _____ want _____ need _____ pay if _____ visit the _____ in your preferred program.
 If I _____ a pharmacy in _____ drug _____ what _____ I expect _____ pay as _____?
 _____ I use a retailer within _____ do _____ have _____?
 How _____ it _____ me _____ fill a _____ at _____ pharmacy _____ your preferred _____ drug program?
 _____ much _____ I expect to _____ when I go _____ pharmacy _____ your preferred _____?
 _____ much will _____ copay _____ at an approved pharmacy?
 Can you _____ me _____ for the _____ program that _____ enroll in?
 If I visit _____ that's part _____ insurer's _____ cost me?
 How _____ need _____ pay if I _____ drugstore _____ your program?
 What _____ the copayment required _____ to _____ is part of _____ retail drug program?
 How _____ should _____ for using _____ pharmacy on your _____?
 If _____ select _____ within your insurer's _____ retail _____ the exact amount _____ my _____ obligation
 _____ should I _____ your preferred pharmacy?
 Did you _____ the copayment _____ at the _____ retail _____ network?
 _____ much _____ need to pay _____ a pharmacy on _____ insurance _____?
 When I _____ a participating _____ do _____ have to pay?
 If I _____ a _____ your insurer's preferred retail medication plan, I _____ to _____ amount _____.
 _____ is the copayment required _____ go _____ a pharmacy _____ your _____ drug program?
 _____ you _____ me the _____ will have _____ for _____ a pharmacy?
 _____ tell _____ what the copayment amount _____ drug program?
 Can you tell _____ the preferred retail drug _____ at _____?
 How much do _____ have to _____ use _____ my _____ plan?
 How much is it required _____ a _____ insurance _____ preferred _____?
 _____ include _____ specific co-pay for purchases _____ at retail _____?
 _____ to pay more if _____ a _____ recommended by your _____?
 _____ much should I pay _____ drugstore in _____ preferred program?
 _____ know _____ of my copay obligation _____ I choose a _____ within your _____.
 Can you _____ of _____ to the drugstore _____ preferred program?
 If _____ insurer _____ preferred _____ drug program, _____ I expect to _____ a copayment?
 If _____ choose _____ use a _____ from your _____ retail _____ program, _____ will _____ have to _____?
 _____ need to _____ co-pay _____ for _____ retail drug program.
 _____ co-payment _____ I _____ your _____ preferred _____ drug program?
 _____ is _____ for preferred _____ in my plan?
 _____ much _____ have to _____ if _____ go _____ a pharmacy that _____ your _____ drug program?
 _____ it cost _____ if I _____ to _____ participates _____ my insurer's program?
 _____ me _____ for participating _____ your insurer's preferred retail _____ program?
 _____ I _____ to _____ anything _____ a _____ retailer from _____ your drug _____?
 _____ the _____ fees _____ the pharmacies _____ your preferred _____ drug network?
 If _____ go _____ a _____ in _____ insurer's _____ retail drug _____ what _____ I expect to _____?
 _____ there a _____ co-pay for _____ pharmacy _____ insurance plan?
 _____ much is _____ copay _____ using _____ pharmacy on the _____ of _____ insurance company?
 Can _____ how much I _____ have to _____ up _____ your _____ pharmacy?
 _____ have _____ when I use a _____ drug network?

_____ need to know _____ much I _____ to _____ up _____ use _____ pharmacy from _____ .
 _____ required copayment _____ a _____ that _____ part of your _____ preferred retail _____ ?
 _____ much do _____ pay for _____ a _____ on your insurance _____ preferred _____ ?
 Can _____ tell _____ the _____ for the pharmacy _____ is _____ my _____ ?
 _____ I choose _____ pharmacy that _____ your insurer's _____ retail medication _____ need _____ amount of my
 _____ obligation
 _____ using your _____ pharmacy, _____ I pay?
 _____ I choose _____ part _____ your _____ program, _____ much _____ I have to pay?
 Can you _____ the cost of _____ the _____ in _____ ?
 _____ I _____ a pharmacy _____ your preferred retail _____ plan, _____ need _____ know _____ amount of my _____ .
 If _____ to use _____ pharmacy _____ your program, _____ much will _____ to _____ ?
 _____ it cost me _____ visit a _____ that participates _____ my _____ drug _____ ?
 Do _____ need to _____ if I _____ to _____ that _____ approved by _____ ?
 Please _____ for _____ is part of my _____ preferred _____ drug program.
 how _____ copay be _____ I _____ an _____ pharmacy
 If I _____ is a _____ your _____ retail _____ program, _____ much will I _____ as a _____ ?
 I _____ to know _____ exact _____ of _____ copay _____ if _____ choose a _____ is _____ your _____ plan.
 _____ co-payment for _____ insurer's _____ drug program?
 _____ is the _____ a _____ an insurer's preferred retail _____ program?
 _____ I _____ to pay anything when I _____ retailer in _____ network?
 _____ do _____ need _____ use the preferred drugstore _____ ?
 Will _____ if I go _____ a _____ that _____ my _____ drug program?
 _____ much do I _____ to _____ use _____ precious _____ program _____ ?
 What is _____ required _____ using a _____ participating _____ a _____ ?
 _____ the amount of _____ copay obligation _____ I choose a _____ within _____ medication plan.
 Do I _____ pay for using _____ your drug _____ ?
 What _____ required if _____ go to the _____ insurer?
 _____ I have to _____ for _____ pharmacy _____ your insurer's _____ drug program?
 How _____ have to pay when _____ visit _____ approved _____ ?
 _____ you know how _____ I will _____ to _____ choose to _____ pharmacy from _____ program?
 If _____ fill _____ at _____ listed under _____ preferred retail drug _____ much will _____ me?
 _____ using a _____ insurer's preferred _____ drug program, how _____ pay _____ copayment?
 What is _____ copay _____ drugstores _____ plan?
 If _____ go _____ pharmacy that's _____ of _____ insurer's preferred retail drug _____ what _____ required?
 _____ is the _____ for a _____ participating _____ preferred retail _____ ?
 _____ a _____ for the insurer's _____ drugstore _____ ?
 When _____ a _____ your insurer's preferred retail drug _____ how much _____ have to _____ ?
 If _____ pharmacy within your insurer's _____ retail _____ please _____ the copay _____ .
 What _____ a _____ in an insurer's retail drug _____ ?
 _____ you _____ a _____ your insurer's preferred _____ drug _____ is the _____ copayment?
 _____ using your insurer's _____ what _____ the _____ ?
 _____ use a pharmacy _____ your _____ program, _____ is _____ like?
 What is _____ amount for _____ your preferred _____ drug _____ ?
 _____ must I pay when _____ insurer's _____ retail drug _____ ?
 I don't know _____ is _____ obligatory _____ an _____ by your plan _____ .
 _____ should I pay if _____ a pharmacy _____ included _____ your insurer's preferred _____ drug _____ ?
 How much will _____ me to fill _____ listed in your _____ drug _____ ?
 Do _____ the _____ for the preferred retail drug _____ ?
 What _____ will _____ to pay _____ I choose _____ pharmacy that is part _____ the retail _____ ?
 If I select a pharmacy _____ your _____ preferred retail _____ plan, _____ need _____ amount _____ my _____ .
 I want _____ how _____ it will _____ to use _____ pharmacy _____ your _____ program.

_____ is the copay _____ preferred _____ in _____?

When _____ insurer's preferred retail drug _____ must _____ pay for _____?

_____ there _____ the copayment fees _____ stores _____ in _____ retail drug network?

_____ to _____ required at a pharmacy that _____ part _____ plan.

When _____ your insurer's _____ pharmacy, what _____ I _____ pay?

_____ use a _____ your plan, _____ is _____ copay?

Do _____ know how much I _____ up _____ use _____ pharmacy?

Does your insurance plan have a _____ retail _____?

_____ to _____ more _____ I go _____ a pharmacy _____ is _____ by _____ insurer?

I _____ for a _____ that _____ included _____ my _____ preferred retail drug program.

When _____ a pharmacy _____ part of _____ drug program, what _____ the _____ copayment?

_____ much do _____ pay _____ a pharmacy in _____ insurer's preferred _____ program?

Should _____ pay _____ I _____ a _____ that is _____ a _____ drug program?

_____ pay anything _____ I _____ a _____ retailer within your insurer's _____ network?

_____ do you have _____ pay for using _____ pharmacy _____ list?

_____ much _____ copay for _____ retail drug _____?

Which amount _____ needed _____ at your preferred _____.

_____ I _____ that is part of _____ retail _____ how much do I have _____ up?

Do _____ have _____ pay _____ if _____ use a _____ drug network?

_____ should I _____ if I _____ the drugstore with _____?

What _____ using a pharmacy in _____ insurance _____?

What _____ for _____ pharmacy in your _____?

_____ the _____ for preferred _____ in my plan?

Does your _____ plan's approved retail _____ have _____ co-pay _____?

_____ to _____ anything _____ if I _____ to a _____ approved by your _____?

I don't know _____ to pay for _____ an approved _____ your plan provider, _____ how _____.

_____ to know how much _____ will cost _____ visit _____ drugstore _____ your _____.

How _____ must I _____ using my insurer's _____ retail _____ program?

What _____ I go to a preferred _____?

Do I _____ to _____ anything _____ I go _____ a pharmacy _____ participates _____ my _____?

If I fill my _____ pharmacy _____ my preferred retail _____ program, how _____ I _____ to _____?

_____ I use _____ pharmacy _____ your _____ what _____ your copay?

_____ I _____ under your _____ drug _____?

_____ drop _____ pillstore, what will I pay?

Do I have _____ copays in _____ insurer _____?

_____ approved retail pharmacy have _____ specific co-pay _____ within it?

_____ using a pharmacy _____ insurer's _____ program what is _____ required _____?

Can _____ provide me _____ the copayment amount for the _____ are _____ retail _____?

_____ to know _____ copay _____ a _____ part of my preferred retail _____.

_____ much are the _____ for _____?

I want _____ know how _____ I _____ to cough up if _____ your _____.

_____ I need to _____ an _____ fee if I go _____ recommended retail _____ program?

_____ the copay _____ I go _____ a _____ your _____ retail _____ program?

Can you _____ me _____ copayment _____ the _____ drug program?

I _____ know the copay _____ pharmacy in your _____.

_____ if I _____ the pharmacy _____ your program?

How _____ my _____ be _____ I visit _____ pharmacy?

_____ much _____ the copay for preferred _____ plan?

What _____ amount needed _____ at _____ retail drug program?

_____ I use the _____ retail _____ do _____ to pay anything _____?

_____ need _____ copay _____ an insurer approved pharmacy?
_____ is _____ for _____ a pharmacy _____ retail drug program?
_____ need to know _____ copay required _____ pharmacy that _____ of my _____ retail _____ program.
_____ pharmacy for preferred retail _____ what is _____ copayment?
_____ I use _____ pharmacy in your _____ are the _____?
Will I have _____ pay _____ if _____ visit a pharmacy _____?
_____ is _____ for your approved _____?
_____ need to know the exact _____ my _____ obligation _____ I select a _____ retail _____ plan.
_____ there's an _____ when _____ an approved pharmacist by your _____ provider.
If I _____ use _____ retail drug _____ is the _____?
When you use your _____ what _____ I pay?
_____ should _____ pay _____ pharmacy in your preferred _____ drug program?
How much is _____ going to _____ me if _____ a pharmacy in _____ drug _____?
_____ much must _____ contribute _____ I use the preferred retail _____?
How much _____ contribute _____ using _____ preferred retail drug program?
_____ you _____ for using a pharmacy on your _____?
How _____ is required _____ for _____ on _____ preferred list?
_____ is _____ copay for the _____ your retail _____ program?
How _____ do I _____ pay _____ I _____ a _____ a _____ program?
How _____ will it _____ me _____ a prescription _____ that is listed in your _____ retail _____?
If I visit a pharmacy _____ insurer's _____ how much should _____?
I want _____ know _____ much my copay _____ at _____.
_____ copayment required if I _____ to a pharmacy that is _____ your _____?
Is it necessary for _____ to pay a _____ if _____ that's part _____ my insurer's _____
_____ using _____ pharmacy _____ participate _____ retail drug _____ what is _____ required copayment?
_____ copayment for a pharmacy _____ in _____ insurer's retail _____ program?
_____ much _____ if I visit an _____ pharmacy?
How _____ I pay in copayments _____ drug program?
_____ is the copayment amount required if _____ pharmacy that is in _____ retail _____?
_____ a pharmacy in your drug program, _____ my _____?
When _____ recommended _____ copayment amount is needed?
_____ a copay _____ I use _____ in your _____ program?
What _____ be _____ if _____ to _____ preferred retail pharmacy?
_____ have to be _____ copay _____ an _____ pharmacy?
How _____ do I _____ if _____ a pharmacy _____ my _____ drug program?
How much _____ I _____ pay _____ using _____ pharmacy _____ insurer's preferred retail drug _____?
_____ you _____ me _____ copayment amount _____ the _____ drug _____ in?
Do _____ to pay _____ using a _____ within _____ authorized _____ network?
_____ is the copay if I _____ in _____.
_____ give me the _____ of the _____ for _____ retail _____?
_____ I _____ in your retail drug _____ much _____ I have to pay _____ copayment?
_____ you _____ me the _____ amount _____ the _____ program _____ your insurer's _____ program?
Can you _____ copays for _____ preferred retail drug program?
_____ you to pay when _____ approved pharmacy by _____ plan provider?
_____ you _____ for a visit to an _____ pharmacy _____ your plan provider.
_____ use a pharmacy in your preferred _____ what's _____?
_____ should _____ expect if I use an _____ drugstore?
_____ have to pay anything if I use _____ drug network?
How _____ does the _____ for preferred _____?
_____ is _____ your preferred _____ visit?

_____ using _____ pharmacy participating in _____ preferred _____ what is _____ copayment?
_____ is the co-pay _____ a visit _____ pharmacy?
how much _____ my _____ to an approved pharmacy
_____ large a copayment _____ I _____ when using _____ drugstore _____ coverage?
When using _____ under _____ coverage, _____ of a copay should _____?
_____ much does _____ your preferred retail drug program?
Do I have to _____ if _____ to an _____ your _____ drug _____?
_____ required for co-payment _____ your preferred retail _____ pharmacy?
Can you _____ me _____ the _____ is _____ a pharmacy that _____ part _____?
If _____ go to a _____ approved _____ your _____ I _____ to _____?
_____ it mandatory _____ plan _____ to pay _____ copay when you visit _____?
How _____ must _____ pay if _____ go to _____ program?
_____ a pharmacy within your _____ retail medication plan, _____ exact amount _____ my copay _____
_____ much will _____ have to _____ if I go to _____ is in _____ retail drug _____?
_____ need _____ know _____ copay _____ a pharmacy that's part _____ my _____ preferred _____ program.
I need to _____ copay _____ that is _____ of _____ preferred _____ drug program.
What is the _____ amount for _____ retail drug _____?
What _____ copayment _____ the _____ retail pharmacy _____ your _____?
I want _____ the copay _____ a pharmacy _____ is part _____ my _____.
_____ any information about the _____ the pharmacy included in _____ drug _____?
How _____ have to pay if _____ go to a _____ is a part _____ drug _____?
If I choose _____ pharmacy within _____ insurer's _____ retail _____ I _____ like to _____ amount of _____.
_____ I choose to use a pharmacy _____ your _____ program _____ much _____ to _____ up?
How _____ a _____ should I expect _____ approved _____?
_____ for a pharmacy that _____ preferred retail drug program?
What's the _____ pharmacy in _____ drug _____?
Can you tell _____ much I'll have _____ to _____ pharmacy _____ program?
_____ fill my prescriptions _____ a _____ listed _____ retail drug _____ how _____ will I have _____?
If I _____ a pharmacy _____ is _____ your _____ medication plan, _____ to know the _____ amount _____ copay
_____ much _____ required for _____ pharmacy to _____ in your _____ preferred _____ program?
Do I _____ to pay _____ I use _____ retailer _____ the _____ authorized drug _____?
Can you give me the _____ the retail drug _____?
How much _____ pay _____ a copayment if _____ to a pharmacy in your _____ program?
_____ your _____ recommended pharmacy, what amount _____ I pay?
_____ insurer's preferred _____ drug _____ how much must _____ contribute _____ copayments?
_____ the _____ pharmacy in my plans?
_____ expected to _____ paid _____ a copayment _____ visit a _____ in your _____ retail drug _____?
What do _____ to pay _____ the _____ preferred drugstore _____?
How _____ copayment fees _____ your _____ retail _____?
When _____ insurer's _____ pharmacy, what amount should _____ for _____?
_____ much will I have to _____ as a _____ choose _____ pharmacy that _____ of your _____ drug _____?
If I go _____ pharmacy _____ part of _____ preferred _____ program, _____ the copayment amount _____?
When _____ a pharmacy in _____ much do you _____ to _____?
When using an _____ of _____ copayment _____ I expect?
_____ does it _____ to _____ pharmacy participating in your _____ preferred _____ program?
Is it possible to _____ me _____ fees at _____ in _____ retail drug _____?
_____ much do I have to _____ pharmacy?
_____ I go to _____ that _____ of your insurer's preferred _____ what _____ copayment required?
_____ a pharmacy _____ within _____ insurer's favored _____ medication plan, please tell _____ the _____ amount.
_____ copayment _____ required when you go _____ a pharmacy that _____ part _____ your insurer's preferred _____?

____ I ____ part of your ____ drug program, ____ much do ____ have to cough ____?
 ____ use ____ the insurer's authorized drug network, do I have ____ pay ____?
 Do ____ have to pay anything ____ I go to a ____ your recommended ____?
 ____ it necessary for ____ copayment for the insurer's preferred ____?
 ____ it ____ me to ____ anything extra if ____ go ____ one ____ the ____?
 Can ____ what ____ copay is for ____ pharmacy ____ is in ____ plan's ____ retail ____ program?
 ____ to ____ the exact ____ my ____ if I ____ a ____ in your plan.
 ____ you tell me the ____ my ____ that's in ____ drug program?
 ____ I ____ to ____ that's part ____ my ____ retail ____ program, ____ much do I have ____?
 ____ there a co-pay ____ made ____ the ____ retail ____?
 Should ____ the copay at ____ that ____ my plan's preferred retail ____ program?
 Do ____ pay ____ for ____ a ____ in ____ insurer's drug network?
 ____ you tell ____ copayment ____ for the pharmacies ____ in ____ drug program?
 ____ you ____ me the ____ my ____ to the drugstore in ____?
 When ____ by your ____ what amount ____ I pay?
 How ____ pay a copayment ____ insurer's ____ drugstore ____?
 How much ____ visit ____ the drugstore in ____ program?
 Do you have any ____ copayment ____ for the preferred ____?
 What amount should ____ expect ____ I ____ a pharmacy ____ in ____ insurer's preferred ____ program?
 ____ tell me how ____ have ____ if ____ decide to use a ____ your program?
 ____ specific co-pay ____ purchases ____ approved retail pharmacies?
 ____ it required ____ me to pay ____ for ____ of my insurer's ____ retail ____ program?
 ____ a pharmacy ____ is ____ of ____ preferred retail drug program, how much ____ pay?
 Can ____ tell ____ the co-pay ____ purchases made ____ insurance ____ approved ____?
 How ____ do ____ need ____ when ____ use ____ pharmacy ____ by ____ insurer?
 ____ is ____ copay ____ I ____ a pharmacy in your ____?
 ____ will ____ have ____ a pharmacy in ____ insurer's preferred retail drug ____?
 ____ I have ____ co-pays ____ your ____ retail drug ____?
 ____ much ____ have to pay ____ a copayment if ____ visit ____ pharmacy ____ in ____ retail ____ program?
 When ____ your preferred ____ copayment ____ expected?
 ____ the copay for a pharmacy ____ your ____?
 ____ the co-pay ____ pick the preferred ____ drug ____?
 ____ should I pay ____ a ____ part of your insurer's retail ____ program?
 How much should ____ if I visit a ____ that ____ of your ____ retail ____?
 ____ I ____ to pay ____ I fill my prescriptions ____ a ____ listed ____ preferred retail ____ program?
 When using a pharmacy ____ insurer's retail ____ required copayment?
 If I ____ pharmacy that ____ your preferred ____ amount should I pay?
 If I visit ____ pharmacy that is included ____ retail ____ what amount ____ as a ____?
 I ____ to ____ the ____ my copay obligation if ____ a ____ that ____ of your retail ____ plan.
 ____ much ____ contribute for copays in the ____ program?
 ____ I have ____ pay to ____ the drugstore ____ program?
 How ____ do ____ have to ____ use ____ pharmacy in ____ retail ____?
 If ____ pharmacy ____ is ____ of your preferred ____ how ____ will I ____ to ____ as a copayment?
 ____ visit the ____ in ____ preferred program, how ____ do ____ pay?
 When using ____ insurer's ____ retail ____ program, ____ much ____ I have to pay ____ copayment?
 ____ using a ____ participating ____ retail drug ____ what ____ the ____ copayment?
 How much ____ I going ____ if ____ visit ____ approved ____?
 ____ necessary for me to ____ a ____ if ____ pharmacy ____ is part ____ insurer's preferred retail drug
 What is the ____ a pharmacy ____ your ____?
 If I ____ pharmacy ____ your ____ retail ____ program, how much will ____ to pay?

_____ much _____ a copayment should I expect _____ ?

How much will I _____ to _____ if _____ pharmacy that participates in _____ retail drug _____ ?

_____ a _____ participate _____ your _____ drug program, what is the _____ copayment?

_____ I _____ to one of _____ approved _____ do _____ to _____ anything _____ ?

Do _____ the copayment amount for _____ drug _____ your _____ has?

_____ a copayment should I _____ when _____ an approved _____ ?

_____ I _____ to _____ pharmacy _____ my _____ retail drug program, what is _____ ?

If I _____ your insurer's preferred retail medication plan, I _____ the _____ copay.

_____ I use a pharmacy _____ how much _____ have _____ pay?

What's the _____ I _____ insurer's retail _____ program?

What is the _____ copayment _____ a _____ that _____ participating in _____ insurer's _____ ?

_____ is _____ copay if I _____ to _____ a retail _____ ?

What _____ copayment _____ your insurer's _____ retail _____ program?

What's _____ copay if _____ use _____ ?

_____ what's _____ copay for using a pharmacy _____ ?

I don't know if _____ is _____ when visiting _____ pharmacy _____ provider.

_____ I go to _____ of _____ pharmacists, _____ I _____ anything extra?

Do you _____ copay _____ using a pharmacy on _____ ?

_____ is the _____ a drugstore _____ your drug _____ ?

_____ possible to provide information _____ the _____ at the _____ your _____ drug network?

_____ I choose the _____ preferred _____ program, _____ would my _____ be?

_____ is the _____ at your preferred pharmacy?