

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Dental, vision, or ancillary service plan inclusions
Inquiry Sub-Category	Coverage for prescription medications
Description	Questions regarding coverage for necessary medications and any related restrictions or formularies.
Data Size	5,013 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.)

____ restrictions ____ for ____ of prescription ____ in ____ dental, vision, or ____ plan?

Can ____ or other ____ services plan ____?

____ restrictions ____ what prescription ____ can ____ covered ____ a ____ vision or ancillary ____.

Does the dental, vision, and ____ limits ____ prescribed ____?

____ there a limit ____ dental ____ or similar plans?

____ the dental/vision/ancillary benefits ____ prescribed drugs?

____ to ____ coverage ____ dental, vision ____ ancillary plans?

____ possible ____ vision and ancillary plans ____ have ____ on ____?

____ have dental or ____ what ____ the limits ____ prescribed medication?

What ____ the limits ____ coverage ____ dental or vision ____?

____ the dental and ____ plan have ____ on ____ prescribed ____?

____ there ____ on ____ prescribed drugs within dental/vision/ancillary ____?

____ the ____ on prescription drug ____ or vision insurance?

____ have ____ about ____ of ____ vision, ____ other insurance ____ drug coverage.

Is ____ the plan ____ for dental, ____ and ancillary service ____?

What ____ prescription restrictions ____ vision, ____ ancillary service ____?

____ the ____ covered under the ____ of ____ dental, vision, ____ insurance ____?

____ the ____ vision, ____ ancillary service insurance ____ on ____ drugs?

What are ____ on ____ purchases under ____ vision insurance?

____ there any limits ____ much ____ can get ____ medication with ____ dental ____ vision insurance?

What limitations do ____ insurance ____ impose ____ for ____ or ____ added ____?

Do the ____ additional benefits ____ impose limits ____ of drugs?

____ can ____ be ____ within ____ other supplemental services plan?

Does dental, vision, ____ ancillary ____ on covering ____?

____ there ____ limitations on coverage ____ dental, vision, ____ for ____ drugs?

____ the ____ vision, or ____ benefits plan have limits ____?

____ vision, ____ ancillary ____ have ____ on prescription medicine ____.

____ restrictions on prescription ____ in ____ vision ____ ancillary service ____.

____ have restrictions ____ med coverage?

Can ____ dental, vision, or ____ cover ____?

Is ____ a way ____ the ____ of prescribed ____ within ____ dental/vision/ancillary ____?

Can ____ be ____ of ____ dental, ____ or ancillary insurance plan?

____ the ____ benefits plan ____ rules that ____ coverage of ____ ?
 ____ and ____ service plans ____ any limits on ____ benefits?
 Can my ____ vision, and extra ____ my ____ ?
 ____ the dental, vision, or ____ plan have ____ ?
 What ____ the limitations when ____ to ____ drugs ____ dental ____ vision ____ ?
 Is prescribed drugs ____ limited coverage ____ within ____ vision ____ ?
 What are the limitations under ____ insurance ____ prescription drugs?
 What are the ____ coverage ____ or ancillary services.
 Can there be ____ on coverage ____ vision, and additional ____ ?
 There ____ what ____ drugs ____ be covered in dental, ____ service plans.
 What are ____ on coverage of prescription ____ vision, or ancillary ____ ?
 ____ I ____ prescription ____ covered ____ vision, or ancillary service ____ ?
 ____ restrictions on what ____ be ____ in ____ vision and ____ service ____ .
 ____ have ____ or ____ insurance, but ____ there on coverage ____ prescribed ____ ?
 Can there be ____ coverage of ____ drugs ____ the ____ plans?
 ____ impact my ____ medicine coverage?
 ____ restrictions for dental, ____ and ____ service plan coverage of ____ ?
 ____ dental, ____ benefits plan ____ to set ____ for covering drugs?
 ____ there ____ drugs covered ____ dental, vision, ____ ancillary plans?
 There are any ____ on ____ dental/vision/ancillary ____ ?
 ____ any restrictions on the coverage of ____ dental ____ ancillary ____ ?
 ____ prescription ____ outside ____ the ____ in dental, ____ ancillary service ____ ?
 Can prescriptions ____ prescribed ____ my dental, vision, ____ ancillary ____ plan?
 ____ limitations do ____ insurance policies ____ for dental, vision or ____ ?
 There are restrictions ____ what prescription ____ can ____ by ____ service plan.
 Does ____ plan ____ any limitations ____ ?
 ____ prescription medication outside ____ limits in ____ and ancillary ____ ?
 How ____ my dental/vision/ancillary ____ coverage of ____ ?
 Does ____ dental/ ____ plan include ____ coverage?
 Can ____ tell ____ limitations of dental, ____ and ____ plan's drug coverage?
 What ____ included in the dental, ____ service plan?
 ____ limitations of prescription ____ coverage ____ dental, ____ or ____ service plans?
 ____ are restricted ____ dental, ____ or other supplemental ____
 ____ there ____ coverage for prescribed medication with ____ vision insurance?
 ____ vision, or additional ____ impose ____ on the coverage ____ drugs?
 What ____ drugs in dental, vision and ____ service plans?
 ____ it ____ limits ____ meds covered ____ dental, ____ or ancillary plans?
 Is ____ covered ____ the ____ vision, ____ additional benefits plan?
 Is there any rule ____ place ____ would ____ coverage ____ within the ____ ?
 ____ are ____ what ____ drugs can be used ____ dental, ____ ancillary service ____ .
 ____ be restrictions on reimbursing ____ dental/vision/ancillary ____ ?
 ____ there limitations ____ drug coverage ____ vision or ____ plans?
 ____ for taking prescribed ____ with my ____ vision insurance?
 How can dental, ____ other ____ services ____ restrict the use ____ ?
 The ____ service ____ has ____ what type of prescription drugs ____ be ____ .
 There ____ restrictions ____ med ____ in ____ plan.
 Is ____ limits on reimbursing prescribed drugs ____ ?
 ____ you ____ me some ____ the limitations on ____ dental, vision, ____ other ____ coverage?
 ____ are ____ related ____ covering prescriptions for ____ vision ____ ancillary ____ .
 What are ____ coverage ____ in ____ vision and ____ service plans?

Is _____ any _____ on _____ for _____ vision, _____ drugs?
_____ restrictions on _____ drugs _____ be covered _____ dental, _____ or ancillary service plans.

Is _____ a _____ limits coverage of _____ medications _____ benefits?
_____ dental/vision/ancillary _____ have any _____ covering prescription drugs?

Is there _____ restriction _____ reimbursement _____ prescribed drugs _____ dental/vision/ancillary _____?
_____ limit _____ the amount _____ drugs _____ by _____ or ancillary plans?

Any _____ dental/vision/ancillary _____ prescription _____?
_____ the _____ include limits for _____?

Can _____ prescription _____ coverage within dental, vision and _____ service _____?
_____ limits on _____ coverage _____ dental, vision, and _____.

There are some _____ on _____ of _____ in dental _____.

Is prescription medications outside _____ dental, _____ service insurance?
_____ the dental/vision/ancillary plan _____ the _____ coverage?
_____ to _____ meds _____ outside plan limits in _____ vision _____ service insurance.

What limitations _____ health _____ place on prescriptions _____ or _____ added _____?
_____ tell _____ what the _____ are _____ dental, _____ and _____ insurance plan's drug _____?

Is prescribed _____ within _____ service plans like dental _____?
_____ are restrictions for coverage _____ in _____ dental, vision, _____ ancillary _____.
_____ you tell me _____ the _____ are _____ dental, _____ or other insurance _____?

Does _____ dental, vision, _____ additional _____ plan _____ limits _____ they _____?
_____ are the restrictions _____ coverage _____ vision _____ ancillary services?
_____ there _____ restrictions on reimbursement of drugs _____?

What _____ the _____ for _____ prescription drugs _____ dental, _____ and _____ service _____?
Can there _____ coverage _____ drugs in dental _____ similar plans?

Is there _____ on _____ coverage of _____ in dental _____?
_____ on reimbursement of prescribed _____ within dental/vision/ancillary _____?

Does _____ dental _____ vision _____ have any restrictions _____ medications?
_____ want _____ know _____ about the limitations _____ and other _____ drug coverage.
_____ limits _____ there on _____ coverage for _____ my dental _____ insurance?
_____ of prescription drug coverage within _____ vision, _____ ancillary _____ plans?
_____ are the restrictions for coverage of _____ service plans?
_____ way for the dental/vision/ancillary benefits plans to limit _____?

What _____ the restrictions _____ dental, _____ other supplemental services _____?
_____ are the _____ policies _____ for dental, vision or other services?

Is _____ restriction _____ prescription _____ coverage in _____ dental/vision/ancillary _____?

Do _____ and ancillary _____ have _____ limits _____ prescriptions?

Does the _____ vision, and _____ plan _____ limits _____ drugs?

There _____ limits _____ prescription _____ coverage in _____ vision, _____ plans.

What are _____ restrictions _____ medication in _____ or _____ services?

What _____ specific restrictions on medication in _____ services?
_____ drug coverage under dental or vision insurance?
_____ know more about _____ limitations on dental, _____ other insurance _____ coverage.
_____ vision, _____ ancillary _____ have any _____ to _____ prescriptions?
_____ dental, vision, or _____ insurance have _____ on _____ of _____?
_____ you tell me what _____ to _____ drugs _____ or _____ insurance?

What _____ the limits _____ drug _____ dental, vision, or _____?
_____ on _____ drugs covered _____ vision and ancillary _____ plans.
_____ may _____ restrictions _____ coverage _____ prescription drugs in _____ plans.
_____ are restrictions _____ drugs in dental _____ vision insurance policies

Do dental, _____ ancillary insurance have _____ prescriptions?

____ you give me ____ information ____ the ____ of dental, ____ and ____ plans' ____ ?
 ____ my ____ have any limits on ____ ?
 Are ____ covered ____ the ____ of my ____ vision, ____ plan?
 What ____ do health insurance policies impose on ____ to ____ vision ____ ?
 ____ restrictions ____ inclusion ____ prescription medication in ____ vision insurance policies
 ____ does my ____ of prescription medicines?
 Is prescription medication ____ in ____ dental, ____ ancillary ____ insurance?
 Does ____ ancillary insurance ____ boundaries about covering ____ ?
 ____ are restrictions on prescription medication within dental, ____ .
 ____ you give me ____ information ____ and other ____ plan's drug coverage?
 ____ coverage of ____ dental or ____ service ____ be restricted?
 Can ____ vision, or ____ plans ____ limits ____ coverage?
 ____ it possible ____ limit the ____ within the ____ plans?
 ____ covered by ____ on ____ dental, ____ or ancillary ____ plan?
 There are limitations ____ what prescription ____ be ____ or ancillary ____ plan.
 What are the ____ on the coverage of ____ dental, ____ ?
 The dental/vision/ancillary ____ limits ____ medication ____ .
 Can I get ____ covered ____ dental, ____ and ancillary ____ ?
 ____ boundaries for covering ____ in ____ vision, and ____ .
 Does ____ plan include ____ limits ____ ?
 ____ are the limits on ____ in dental ____ vision ____ ?
 Is prescriptions ____ of my ____ vision, ____ insurance plan?
 Is ____ to the ____ of meds ____ dental, vision ____ plans?
 With ____ dental ____ what ____ exist ____ coverage of prescribed ____ ?
 ____ there a ____ of coverage for ____ medication ____ or vision insurance?
 Can ____ tell ____ limitations on dental, ____ other insurance plan's drug ____ ?
 Can ____ give ____ about ____ on dental, ____ or other ____ plan's drug ____ ?
 ____ are restrictions on ____ can ____ vision or ancillary ____ plans.
 ____ tell me ____ limitations of dental, vision, or other ____ plan's ____ ?
 ____ vision, ____ ancillary plans cover ____ medicine?
 Does the ____ benefits plans ____ any ____ place that limit ____ ?
 Drug ____ within dental, ____ or other ____ ?
 ____ there a limit ____ drug benefits ____ and ____ plans?
 Do ____ ancillary insurance ____ limits on ____ prescriptions?
 ____ coverage in dental, ____ ancillary plans have ____ ?
 ____ are ____ coverage for prescription drugs ____ dental, ____ or ancillary ____ ?
 Is ____ any ____ covering prescribed drugs ____ dental ____ plan?
 There ____ on ____ can be covered ____ dental, vision and ____ service ____ .
 ____ my ____ the coverage of my ____ drugs?
 What limitations ____ on the prescriptions ____ dental, vision ____ ?
 ____ restriction on ____ drugs ____ dental/vision/ancillary insurance schemes?
 ____ limits ____ in dental, vision, ____ service insurance.
 ____ and ancillary ____ have restrictions on what types ____ prescription ____ be ____ .
 ____ limitations on coverage for dental, vision, ____ services ____ drugs.
 ____ are some restrictions ____ reimbursing drugs within ____ .
 Is ____ under the ____ my dental, vision ____ ancillary ____ ?
 There are prescription ____ dental, vision ____ service ____ .
 What are ____ on coverage for ____ or ____ services?
 ____ the ____ prescriptions for dental, vision, ____ other ____ services?
 ____ limits ____ drugs covered ____ dental, vision ____ ancillary plans.

_____ restrictions on _____ drugs within dental/vision/ancillary _____ plans.

There _____ types of drugs can _____ covered _____ the dental, _____ and _____ plan.

How _____ prescriptions _____ within dental, _____ other _____ plans?

Is _____ a limit on _____ by _____ vision or _____?

Can my dental, _____ service _____ cover _____ prescriptions?

_____ a limit _____ the amount _____ pills covered _____ dental, vision _____?

_____ my dental/vision/ancillary insurance _____ coverage for _____ drugs?

_____ dental, vision, _____ additional benefits _____ limits on the coverage _____?

_____ dental, _____ or ancillary _____ to _____ prescriptions?

_____ are _____ prescription coverage _____ dental, _____ ancillary plans.

Does _____ dental, _____ benefits _____ limit _____ of drugs covered?

What _____ restrictions on prescription meds _____ supplemental services plans?

_____ there _____ restrictions _____ the inclusion _____ drugs _____ dental _____ vision _____ policies?

What _____ the limits _____ dental, _____ or other _____?

What _____ the restrictions on prescriptions within _____ or _____?

_____ do _____ vision, and other _____ restrict prescription _____?

How does my _____ affect _____ of _____?

Do _____ insurance plans _____ coverage provisions for prescribed _____?

_____ dental, _____ ancillary _____ have _____ limits for covering _____?

Do dental, _____ have _____ on their _____ of prescriptions?

_____ are restrictions on medication coverage _____ dental, _____.

_____ I expect there _____ when it _____ to prescriptions _____ dental/vision/ancillary insurance _____?

_____ vision, or ancillary _____ medicine coverage?

_____ dental, vision, or _____ plans cover _____ medications?

_____ you _____ me a description _____ limitations _____ dental, vision, or other _____ plan's _____?

_____ my _____ plan able to _____?

_____ the restrictions _____ the coverage of _____ dental _____ vision _____?

Does _____ coverage _____ medications _____ or ancillary _____ plans _____ any _____?

Does _____ ancillary _____ limitations on prescription coverage?

_____ are restrictions _____ of _____ in _____ and _____ service plans.

Is prescription _____ outside of _____ limits in _____ ancillary _____?

Can my dental, _____ and _____ prescriptions?

Do _____ vision, or ancillary _____ any _____ their _____ of _____?

There _____ restrictions _____ coverage _____ dental, _____ or ancillary _____.

Can there be _____ on the _____ or additional _____ prescription _____?

_____ plan have _____ on drugs?

There _____ restrictions _____ what _____ be _____ dental, _____ or ancillary service plans.

_____ prescription medication _____ of plan limits _____ dental, vision, _____?

_____ the _____ vision, _____ benefits plan limited to _____ prescribed _____?

Do dental, _____ or _____ benefits plans _____ the _____ of prescribed _____?

What are _____ for coverage of _____ dental, _____ or _____ plans?

_____ be _____ prescription medicine coverage in dental, _____ and _____.

_____ vision, and additional _____ may have _____ on _____ of _____ drugs.

_____ limits for _____ prescribed _____ in the dental, vision, _____ plan?

_____ dental, vision, _____ ancillary plans _____ on _____ coverage?

_____ restrictions on what types of _____ can _____ covered _____ and ancillary _____.

_____ there a _____ that limits coverage _____ prescriptions _____ dental/vision/ancillary _____ plans?

What are the _____ of _____ vision, _____ ancillary services?

There _____ on _____ coverage of _____ in dental, _____ ancillary service _____.

_____ there a _____ to _____ coverage of _____ medications _____ dental/vision/ancillary _____?

What _____ on the coverage _____ prescription _____ dental, vision _____ ancillary service _____?
 Can _____ covered in _____ vision or _____ service plan?
 _____ or _____ benefits plan may _____ for covering drugs.
 The dental, _____ and _____ may have _____ for _____ drugs.
 _____ the restrictions on coverage of _____ dental _____ plans?
 _____ restrictions are there _____ medication _____ dental, vision or _____?
 _____ are _____ restrictions _____ of medication in _____ vision, _____ services.
 Can the _____ limits _____ coverage?
 _____ on administering prescribed _____ under dental/vision/ancillary services?
 What _____ for _____ of prescription _____ dental, vision, _____ ancillary _____ plans?
 Can you _____ me information _____ the _____ dental, vision, _____ plan's drug _____?
 _____ do my dental/vision/ancillary _____ policies _____ coverage _____ prescription _____?
 Does the dental, vision, or additional _____ plan _____?
 _____ any _____ to limit the coverage _____ prescribed _____ within dental/vision/ancillary _____?
 _____ prescription coverage be limited _____ or ancillary _____?
 Can I expect _____ when _____ comes _____ prescriptions in dental/vision/ancillary insurance _____?
 Is the _____ vision, _____ additional _____ to impose _____ covering drugs?
 _____ are the _____ on prescription _____ in _____ dental, _____ or ancillary _____?
 _____ prescriptions _____ written _____ my _____ or ancillary insurance _____?
 What impact does _____ insurance have _____ my _____?
 What _____ the prescription restrictions _____ vision _____ ancillary _____?
 _____ are _____ restrictions _____ in dental, vision, _____ ancillary service _____?
 I wonder _____ there _____ limits on meds covered _____ or _____.
 What impact coverage _____ prescription medicines _____ my _____?
 _____ insurance _____ governing _____ treatments _____ visual _____ may have _____ reimbursement for _____ drugs.
 What _____ the _____ on prescription _____ dental, vision, _____ ancillary _____?
 _____ can dental, vision, and other _____ medication?
 _____ there any way to _____ the coverage _____ within _____ benefits _____?
 _____ the coverage of _____ in dental or _____ plans?
 _____ there _____ limitations _____ vision, or other _____ plan's drug _____?
 There are any _____ on _____ in _____.
 _____ what drugs can be _____ the dental, _____ ancillary service plans.
 _____ are _____ on _____ within dental, _____ and ancillary _____.
 There _____ restrictions on _____ prescription _____ be included in _____ vision _____ plans.
 Does _____ vision, _____ benefits plan _____ limits _____ covering drugs?
 There _____ on what _____ drugs can _____ covered _____ dental, vision or _____.
 Is prescription medication _____ plan _____ ancillary service insurance?
 Does _____ dental/vision/ancillary _____ have _____ prescriptions?
 _____ dental/vision/ancillary plan _____ on the coverage of _____?
 _____ outside of the plan _____ and ancillary service insurance?
 _____ limits are imposed _____ the prescriptions _____ vision, _____ services?
 There _____ restrictions _____ the types of _____ can _____ in _____ or ancillary service _____.
 There are _____ on what _____ can _____ in _____ dental, _____ ancillary _____ plan.
 Can there be _____ for dental, _____ or additional services _____?
 _____ are _____ prescriptions for dental, _____ or _____ added _____ insurance policies impose?
 _____ restrictions on what type _____ prescription _____ can be included _____ the _____ service plan.
 _____ drugs are restricted _____ vision, _____ other supplemental _____.
 _____ there _____ to the coverage _____ in _____ offices and similar _____?
 _____ are _____ prescription _____ be covered in dental, _____ and _____ service plans.
 What _____ the limitations _____ prescription _____ in _____ vision, _____ ancillary _____ plans?

What _____ coverage _____ prescription medications in _____ and ancillary _____ plans?

What _____ coverage of _____ in dental or _____ plans?

Is there _____ limit _____ the _____ meds _____ by _____ vision _____ ancillary _____?

There may be _____ on reimbursing prescribed _____.

There _____ on _____ drugs can _____ covered in _____ dental, _____ service plan.

Which dental/vision/ancillary plans have _____?

_____ there _____ restrictions _____ the _____ prescribed _____ within the dental/vision/ancillary benefits _____.

Given _____ potential _____ how does my _____ insurance _____ coverage _____?

Will _____ covered under _____ restrictions _____ my dental, vision, _____ plan?

Does the _____ plan _____ coverage?

_____ there any limit to _____ of medication _____ by _____ or _____?

_____ there coverage _____ prescription drugs _____ other service plans?

What are _____ restrictions _____ in dental, vision _____ ancillary _____ plans?

_____ any _____ reimbursing prescribed _____ within dental/ _____ insurance schemes?

_____ restrictions on reimbursing drugs within dental/vision/ancillary _____?

How _____ affect _____ for prescriptions?

_____ there _____ on reimbursement of _____ drugs _____ insurance?

Can _____ or ancillary _____ boundaries be _____ covering _____?

Is prescription _____ limited under _____ plans?

_____ any restriction on _____ benefits _____ dental and _____ service _____?

_____ does dental/vision/ancillary _____ affect _____ of _____ medicines?

Is _____ drugs outside _____ dental, _____ ancillary service insurance?

Do _____ vision, _____ insurance _____ limits _____ the coverage _____ prescriptions?

_____ there _____ prescription drugs in the dental, vision, or _____ plan?

What _____ on _____ vision, or other added services?

_____ have limits _____ coverage of medication?

_____ dental, vision or _____ have limitations on _____?

_____ explain the limitations of _____ drug coverage _____ vision and _____?

_____ are the _____ prescription _____ inclusion on dental or _____?

_____ my _____ plan _____ for covering prescriptions?

_____ the dental, vision, _____ additional benefits _____ limits _____ their _____ of _____?

What _____ the _____ prescription coverage in _____ vision, _____ ancillary _____?

How does _____ dental/vision/ancillary _____ impact the coverage _____?

_____ are _____ on what type _____ prescription drugs _____ covered in dental, _____ ancillary _____.

_____ are the prescription _____ for _____ and _____ service _____?

There are prescription _____ the _____ vision, _____ plan.

The dental/vision/ancillary benefits _____ rules in place that limit _____.

What are the _____ on _____ medication within dental, _____ plan?

What _____ are _____ prescriptions related to _____ vision, _____ services?

_____ are the _____ included in the _____ ancillary _____ plan?

_____ are boundaries _____ prescriptions in _____ vision, or _____ insurance.

_____ dental/vision/ancillary insurance affect coverage _____ my _____?

_____ are the _____ of _____ dentistry, vision _____ ancillary services?

_____ plan _____ restrictions on prescription _____.

_____ there _____ restrictions on prescription _____ under dental and _____?

_____ for _____ prescription medications _____ dental, vision, and ancillary _____ plans.

Does dental, _____ or _____ insurance have _____ on _____?

What are the _____ prescriptions within _____ and other _____?

Can _____ get _____ in _____ dental, _____ ancillary plan?

_____ the restrictions _____ prescription _____ vision, or ancillary service _____?

There are ____ related ____ covering prescriptions ____ dental, ____ and ____.

There ____ on the coverage of ____ medication ____ ancillary service ____.

____ boundaries relating to covering ____ dental, vision, ____ ancillary ____.

There are restrictions ____ prescription ____ dental, vision ____ ancillary service ____.

Can you tell ____ limitations are on ____ vision, ____ insurance plans' ____?

____ there be ____ prescribed drugs within ____ insurance?

____ the dental/vision/ancillary ____ have ____ limits ____ medication ____?

____ you ____ me ____ on ____ of ____ vision, ____ other ____ plan's drug coverage?

____ limits ____ prescription ____ coverage under dental ____ vision ____?

What are the restrictions ____ the ____ prescription drugs in ____?

____ by ____ service ____ such as ____ and vision insurance?

The dental, vision, ____ on coverage of ____ medications.

What ____ the ____ on ____ of ____ medications ____ dental, ____ and ____ plans?

____ it possible to ____ coverage ____ prescribed medications ____ dental/vision/ancillary ____?

____ insurance ____ coverage of prescription ____?

Dentistry, ____ plans may ____ on prescription ____ coverage.

There are ____ medicine ____ dental, vision, and ____ plans.

How ____ vision ____ other ____ plan restrict prescriptions?

Is dental, ____ or ____ limited to ____?

____ limits on covering ____ dental, vision, or ____ insurance?

____ are prescription ____ in dental, ____ or other ____ services ____?

Can ____ ancillary ____ plans cover prescriptions?

____ dental, vision, ____ other ____ services plans restrict ____?

The dental, vision ____ ancillary ____ have ____ prescription ____ can be ____.

Does ____ dental/vision/ancillary plan ____ any ____ covering prescription ____?

____ restrictions ____ prescription ____ in ____ plan

____ are limits for ____ coverage ____ or ancillary ____?

How can ____ be restricted within dental, ____ other ____?

____ are ____ restrictions on what ____ be ____ in dental, vision, ____ service ____.

There ____ on how ____ vision, and ancillary ____ plan ____ drugs.

What are the boundaries ____ covering prescriptions ____ vision, ____?

There ____ limits for ____ medication ____ in dental, vision, ____.

____ limit ____ prescription drug ____ dental ____ related service plans?

____ and ancillary ____ on what prescription drugs ____ be used for.

Can you ____ for ____ dental, ____ or ancillary service plans?

____ be ____ on the ____ of ____ medications ____ or vision ____ policies.

Can you clarify prescription drug ____ dental, vision, ____?

____ there any restrictions ____ the ____ of prescription ____ dental or ____?

____ you ____ the ____ drug ____ within dental, ____ or ____ service plans?

What restrictions exist ____ use of ____ drugs in ____ vision ____?

____ a ____ limit the coverage ____ the dental/vision/ancillary benefits plan?

There may ____ limits on ____ dental, vision, ____ plans.

Is ____ reimbursing prescriptions within ____ insurance?

____ limits medication coverage?

____ my ____ or vision insurance, ____ coverage of prescribed ____?

____ there ____ rule in place that ____ medication within ____ dental/vision/ancillary ____ plans?

____ restrictions ____ coverage ____ prescription ____ dental, vision, or ____ service plan?

____ or ancillary insurance ____ any ____ related ____ covering prescriptions?

Can ____ vision, or ____ insurance ____?

____ limits ____ covered ____ dental, vision or ancillary plans.

Do dental, vision, and ancillary insurance _____ on _____?

_____ vision or ancillary service plan has _____ can _____ covered.

Do the _____ plan have _____ limits _____?

_____ drugs _____ restricted _____ dental, vision, or other _____ services _____?

What are the _____ dental, _____ ancillary services?

Is there any restrictions regarding the _____ of _____ dental _____?

_____ dental, vision, _____ ancillary insurance have _____ prescriptions?

_____ are limits _____ prescription drug coverage _____ dental, _____ ancillary _____.

There are restrictions on what _____ in _____ or ancillary service _____.

What limits apply _____ ancillary plans _____ comes to _____ coverage?

_____ tell me about the _____ dental, _____ and _____ insurance _____ drug _____?

_____ restrictions _____ prescription drugs can be _____ in dental, vision _____ service _____.

_____ are restrictions on which _____ used _____ the dental, vision, _____ plan.

What are the restrictions _____ in _____ and _____?

_____ the _____ plan set _____ medication _____?

Does the coverage _____ in _____ or ancillary service _____ any _____?

What _____ limitations on _____ in dental or _____ plans?

_____ are restrictions _____ which _____ be covered _____ dental, vision, _____ ancillary _____ plans.

_____ there limitations _____ dental, _____ additional services for _____ drugs?

Is _____ plan _____ to _____ prescription _____?

_____ prescription _____ the dental, vision, or ancillary service _____?

_____ are the _____ the medication _____ in dental, _____ services?

Will _____ for medication coverage?

_____ are restrictions _____ prescription drugs that _____ be _____ dental, _____ and _____ plans.

_____ are restrictions _____ prescription drugs that can _____ in _____ vision _____ ancillary _____.

_____ restrictions _____ dental, _____ and ancillary service plans?

_____ are restrictions on _____ within dental/vision/ancillary _____.

_____ are _____ drugs _____ be covered in _____ dental, vision _____ service plans.

_____ the dental, _____ additional _____ plan _____ impose limits on coverage _____ drugs?

How _____ impact coverage of _____?

What are _____ limitations on _____ drugs in _____ or _____?

_____ dental, _____ or ancillary insurance have boundaries _____?

Is prescription _____ limits _____ ancillary service insurance?

_____ specific _____ medication coverage in dental, _____ or ancillary _____?

Can _____ me _____ on the _____ of dental, _____ insurance plan's drug _____?

_____ be _____ on _____ medicine _____ in dental, _____ ancillary plans.

_____ are the _____ inclusion in _____ and vision insurance?

_____ there any _____ on _____ drugs _____ dental/vision/ancillary _____ schemes?

_____ any limitations _____ coverage for dental, _____ drugs?

Is a prescription _____ by the _____ my _____ or _____ plan?

There _____ dental, _____ and other supplemental services plans.

_____ are _____ prescription drugs _____ the dental, vision, _____ ancillary _____ plan.

_____ clarify the _____ of prescription _____ coverage _____ vision, and _____ plans?

_____ I expect _____ when it comes _____ prescriptions _____ dumb _____ coverages?

_____ are prescriptions _____ within _____ vision _____ supplemental services _____?

Can dental, _____ supplemental services _____ restrict prescription _____?

_____ there a limit to _____ by dental, vision _____ ancillary _____?

Is _____ on drugs _____ by _____ vision _____ ancillary plans?

Can dental, _____ ancillary _____ covers _____?

The _____ plan _____ on _____ med coverage.

Is prescription ____ outside ____ limits in dental, ____ insurance?

How ____ and other supplemental services ____ prescriptions?

What ____ prescription restrictions ____ the ____ ancillary service plan?

What are the ____ drug coverage ____ or ____ insurance?

____ there any way that ____ plans ____ coverage of prescribed ____?

How ____ dental/vision/ancillary ____ affect ____ coverage of ____ drugs?

____ exist for ____ of ____ medication with my dental ____ insurance?

____ there limits on the ____ covered by dental, ____?

I want ____ drugs are outside ____ dental, ____ ancillary service insurance.

____ there limitations on prescription ____ dental, ____ or ____?

Can ____ dental, ____ and ____ plans ____ prescriptions?

____ the dental ____ vision ____ any ____ the coverage of ____ drugs?

____ there ____ coverage of ____ drugs in ____ and ancillary service ____?

There ____ on what drugs ____ covered in ____ ancillary service ____.

What are ____ on ____ related to dental, ____ or ____?

Can ____ know the ____ vision, ____ other insurance ____ drug coverage?

____ there a rule that would limit ____ coverage ____ within the ____?

Does ____ insurance ____ for dental treatments ____ care have ____ prescription drugs?

____ the ____ benefits plans ____ about ____ of prescribed medications?

Does dental, ____ or ____ insurance ____ any ____ prescriptions?

What ____ there on ____ other ____ plan's drug coverage?

____ are ____ medication coverage in ____ ancillary service plans.

Can my dental/vision/ancillary ____?

____ the ____ plan ____ limits for ____?

Is there any way to limit ____ medications ____ benefits ____?

Can you ____ the limitations ____ prescription drug ____ and ____ service ____?

____ a ____ on getting coverage ____ prescribed medication with ____ dental ____?

What limits are in ____ vision ____ cover prescribed ____?

What are the ____ medication coverage ____ dentistry, ____ ancillary ____?

What ____ specific ____ on ____ vision, or ancillary services?

____ are the ____ on ____ in the dental, vision, or ____?

____ medicine ____ limited in dental, ____ ancillary plans.

Do ____ under ____ restrictions ____ vision, ____ ancillary insurance plan?

____ are any restrictions on prescription ____ dental/vision/ancillary ____.

Do dental ____ care ____ constraints ____ reimbursement ____ prescription drugs?

____ more about ____ limitations ____ dental, vision, ____ insurance plan's drug coverage?

____ the ____ on the ____ of ____ in dental ____ vision insurance?

What ____ does my dental/vision/ancillary ____ have ____ coverage ____?

Do ____ dental/vision/ancillary ____ have limits ____?

____ there any ____ of ____ drugs within dental/vision/ancillary ____ schemes?

____ there any ____ on reimbursing ____ within ____ schemes?

What are the prescription restrictions ____ the ____ service ____?

____ my dental, ____ or other ____ cover ____ prescription ____?

____ are the ____ of ____ other insurance plan's drug ____?

Can you ____ me the ____ for ____ drug ____ in dental, ____ plans?

Can you tell ____ the ____ vision, ____ insurance plan's drug coverage?

____ constraints ____ the administering ____ prescribed ____ under dental/vision/ancillary services?

Can ____ tell me what ____ limitations ____ dental, vision, ____ other ____ drug ____?

How can dental, vision, ____ other ____ restrict ____?

Is ____ any limit ____ covered by ____ vision or ____?

_____ or ancillary _____ plan may restrict coverage of _____.
 _____ there for _____ coverage _____ dental, vision or _____ services?
 Is _____ dental, _____ benefits plan _____ to impose _____ for _____ prescribed _____?
 _____ vision, and additional benefits _____ might have _____ for _____.
 _____ to getting coverage for _____ dental or vision insurance?
 Does _____ vision, and additional _____ plan _____ limits on _____ of _____ they _____?
 _____ a rule that limits the _____ within _____ dental/vision/ancillary benefits _____?
 _____ are _____ for _____ prescription drugs in dental, vision _____ service _____.
 The _____ and _____ plan have _____ restrictions.
 _____ are prescription meds restricted _____ or _____ supplemental services _____?
 _____ vision, _____ other _____ services plans restrict _____ medication?
 How can dental, _____ other _____ plans restrict _____?
 _____ is _____ prescription _____ the dental, _____ ancillary service plan?
 Does _____ dental, _____ or _____ service _____ cover _____ meds?
 There _____ be _____ for _____ prescribed _____ insurance schemes.
 Is the coverage _____ dental, _____ services _____ drugs limited?
 _____ dental/vision/ancillary plan has _____ coverage _____ prescription _____.
 Is _____ outside the limits _____ vision, ancillary _____?
 _____ are _____ what _____ drugs can _____ covered _____ dental, _____ or ancillary service _____.
 Can _____ me more information _____ the _____ dental, _____ or _____ plan's drug _____?
 Can there be _____ on _____ coverage _____ prescribed _____ benefits?
 _____ on _____ coverage for _____ or vision insurance are _____.
 Can _____ clarify limitations _____ prescription _____ coverage within dental, _____ or _____?
 _____ are the _____ prescription _____ under _____ or vision _____?
 _____ it _____ to _____ the _____ for _____ drug _____ vision, or ancillary service _____?
 _____ limits exist for _____ prescribed _____ with my _____ or _____?
 _____ prescriptions _____ by my dental, _____ ancillary _____ have restrictions?
 _____ limitations _____ coverage _____ dental, _____ or prescription drugs?
 There _____ on reimbursement _____ prescribed _____ dental/vision/ancillary insurance.
 Does _____ dental and vision _____ any limitations _____ medications?
 There _____ restrictions on _____ coverage _____ drugs _____ dental _____ plans
 _____ are _____ on _____ types _____ can _____ dental, vision or ancillary service plans.
 _____ restrictions on prescription meds within _____ or other _____ services _____?
 I _____ know _____ dental, vision, _____ insurance plan's drug coverage.
 _____ plan _____ limits for medication _____?
 There _____ how prescription _____ can _____ covered _____ dental, _____ or _____ service plans.
 _____ are _____ restricted in dental, vision, or _____ supplemental _____?
 What _____ the restrictions _____ prescription _____ in _____ vision, _____ plans?
 What are _____ restrictions for _____ in dentistry, vision _____?
 There are _____ for _____ coverage _____ dental, _____ or _____.
 Can _____ me _____ of the dental, _____ and _____ insurance plan's _____ coverage?
 _____ are _____ vision, or other _____ plan's _____ coverage.
 _____ limits for covering _____ drugs in _____ or _____ benefits plan?
 _____ are _____ on _____ coverage in _____ plan.
 _____ does my dental/ _____ coverage of prescription _____?
 The dental, _____ or _____ plan _____ restrictions on _____ prescription _____.
 _____ prescriptions _____ under _____ restrictions _____ my _____ and _____ insurance plan?
 What are _____ drug _____ under _____ insurance?
 _____ dental, _____ and _____ plans _____ restrictions _____ of _____ drugs can be covered.
 There may _____ rules _____ place _____ limit _____ of _____ within dental/vision/ancillary _____.

What _____ imposed on _____ related _____ and other _____ services?
 _____ have restrictions _____ prescription med coverage?
 _____ restrictions _____ drugs can be _____ in _____ and ancillary _____ plans.
 Is _____ limit _____ the amount of medication that can _____ covered _____ or _____?
 _____ dental, _____ service plans can I _____ medication coverage?
 Is _____ the _____ covered by _____ vision or ancillary plans?
 _____ there any _____ coverage of prescribed _____ in _____ or _____?
 _____ are _____ on _____ drugs that can _____ used in _____ ancillary service _____.
 _____ restrictions _____ drugs _____ can _____ used in the dental, vision _____ ancillary _____.
 _____ like to know _____ the _____ of _____ and _____ plan's drug coverage.
 What limitations are _____ prescriptions related _____ or _____ services?
 _____ medication outside _____ limits in dental, _____ and _____ service _____?
 _____ dental/vision/ancillary insurance _____ coverage of my _____?
 _____ prescription drugs _____ in dental, vision, _____ service _____?
 Is there _____ drugs in the _____ additional benefits plan?
 Can _____ the drug restrictions in the _____?
 _____ dental, vision, _____ ancillary _____ have _____ on _____ prescription drugs can _____ covered.
 Is _____ any _____ on _____ of _____ drugs within _____ insurance?
 _____ know what _____ limitations _____ on _____ other _____ plan's drug coverage.
 Is there any _____ on _____ inclusion of _____ vision insurance _____?
 Is there any restrictions _____ prescriptions _____ and _____ plan?
 Can _____ be _____ prescription drugs _____ dental/vision/ancillary services?
 What are _____ on drug _____ dental _____ plans?
 There are restrictions _____ the drugs _____ be _____ dental, _____ ancillary service _____.
 What _____ on _____ medication in dental, _____ and ancillary _____?
 What _____ limitations are imposed _____ dental, vision, or _____?
 Is dental, _____ or _____ to _____ prescriptions?
 Can _____ be _____ on _____ medications in _____ ancillary service plans?
 Can _____ be _____ on prescription coverage _____ dental/vision/ancillary _____?
 _____ any limits on the _____ of _____ with _____ dental or _____ insurance?
 _____ I get _____ drugs covered _____ my _____ and _____ service _____?
 What are the _____ imposed _____ dental, vision or _____?
 _____ dental/vision/ancillary plan include _____ for coverage _____ medication?
 There _____ restrictions on _____ types of _____ drugs _____ can be _____ vision, _____ service plan.
 _____ are specific restrictions on _____ coverage _____ dental, vision _____.
 Under _____ dental _____ vision _____ there _____ constraints on _____ prescribed drugs?
 _____ do _____ insurance policies impose on prescriptions for _____ services?
 Can _____ dental/vision/ancillary benefits plans _____ coverage of _____?
 Does dental, _____ and _____ insurance have _____ covering _____?
 Is there _____ covered _____ dental, vision _____ ancillary plans.
 _____ some constraints on the _____ of _____ dental _____ ancillary service _____.
 There _____ what drugs can _____ covered _____ the _____ vision _____ ancillary service _____.
 Can _____ or _____ have limitations _____ prescription coverage?
 Do _____ vision, _____ ancillary insurance have _____ related _____?
 Can there be constraints _____ covering _____ dental and _____ plan?
 How _____ insurance affect coverage _____ my _____ medicines?
 _____ there _____ that _____ of prescribed medications _____ the dental/vision/ancillary _____?
 There are restrictions _____ that can _____ in dental, _____ ancillary _____ plans.
 There _____ on what _____ be covered _____ vision or ancillary service _____.
 _____ are the prescription restrictions _____ vision, or ancillary _____?

_____ are _____ coverage _____ in dental, vision or ancillary service _____.

Can _____ be _____ prescription drugs _____ or _____ insurance?

What _____ health insurance policies _____ for _____ vision or other _____?

_____ can dental, _____ other _____ services plans _____ medication?

Do you have any _____ on _____ of dental, vision or _____?

_____ limitations do _____ insurance policies impose on _____ and other added _____?

_____ are _____ requirements for _____ of prescription _____ in _____ vision, or _____?

_____ dental _____ visual care _____ have _____ on reimbursement for _____?

Will the _____ plan _____ limits on _____?

_____ want to know _____ the limitations _____ vision, or _____ insurance _____ drug _____.

Do the _____ specific limits for _____?

Under the dental and _____ plan's additional services _____ covering _____?

_____ does _____ dental/vision/ancillary _____ coverage of _____ medicine?

Does _____ policies _____ dental and visual _____ on reimbursement _____ drugs?

_____ to _____ if _____ are _____ on _____ covered by _____ or ancillary plans.

_____ the _____ have _____ limits for _____ of medication?

_____ the _____ the coverage of _____ drugs _____ dental or _____ plans?

Can you tell _____ the limitations _____ dental, _____ plans' _____ coverage?

_____ dental, _____ or other supplemental _____ prescription drugs?

_____ are _____ restrictions _____ prescription _____ in _____ vision, and _____ service plans?

What about prescription _____ dental, _____ other _____ services _____?

_____ covered under the restrictions of _____ dental, _____ and _____?

I'd like to _____ limitations _____ other _____ plan's drug coverage.

_____ dental, vision, _____ ancillary insurance _____ about _____ prescriptions?

_____ you give _____ information on _____ dental, _____ and other _____ plans' _____ coverage?

_____ dental, _____ ancillary service plan _____ prescriptions?

Is _____ a _____ coverage of drugs in _____ ancillary service _____?

_____ does my _____ cover when it _____ to _____?

Does the dental, _____ or _____ benefits plan _____ of _____?

_____ are _____ on _____ coverage _____ prescription _____ dental, vision, and _____ service _____.

_____ dental, _____ or _____ service plan has _____ coverage of _____.

_____ may _____ restrictions for reimbursing _____ drugs within _____.

_____ the _____ prescription _____ under _____ and related service plans?

The _____ vision, _____ service plan have _____ that can be _____.

_____ are there for coverage of _____ dental, _____ or _____ service _____?

_____ that can be covered in dental, vision, and _____ plans.

_____ are _____ in the dental, _____ or ancillary service _____.

_____ may be restrictions for _____ drugs _____ insurance _____.

_____ my dental, _____ or ancillary insurance plan have _____?

Does _____ dental, _____ or additional benefits _____ on _____ drugs _____ they _____?

What _____ the _____ prescriptions within _____ vision, _____ supplemental _____ plans?

_____ dental/vision/ancillary plan has _____ on _____.

_____ on _____ meds within dental, _____ or other _____ plans.

_____ drugs covered by dental, vision _____ ancillary _____.

Can my dental, _____ service _____ include any _____?

_____ restrictions on coverage _____ prescribed drugs in dental _____.

Is it possible _____ coverage _____ prescribed _____ dental/vision/ancillary benefits plan?

What _____ limitations are _____ related _____ vision, or other _____ services?

What are the _____ on coverage of _____ vision _____?

Does dental, vision, _____ ancillary insurance _____ coverage _____ prescriptions?

Does the ____ plan ____ specific ____ medication ____?

____ are the ____ medication in the ____ vision, or ____ service plan?

What are the restrictions ____ the coverage ____ in dental, ____?

____ there ____ on ____ covered by dental, ____ ancillary plans?

There ____ inclusion ____ prescription medication in dental ____ vision insurance ____.

____ have restrictions on the types of prescription drugs ____ can be ____.

____ are ____ restrictions ____ coverage ____ dental or vision plans?

____ restrictions on what ____ drugs ____ be ____ in ____ vision or ____ plans

What limitations apply to ____ insurance ____ drugs?

____ coverage ____ prescription ____ dental, vision, or ancillary ____ plan ____ restricted.

____ be ____ limits on ____ coverage of ____ in ____ or ancillary ____?

____ constraints are ____ the ____ of medications ____ dental or ____ service ____?

Can ____ me the limitations ____ dental, ____ other insurance ____ drug ____?

____ my dental/vision/ancillary ____ limitations ____ prescription coverage?

Can ____ prescriptions covered in ____ dental, ____ service plan?

What limitations ____ health ____ prescriptions ____ to dental, ____ other services?

Is there any ____ on ____ inclusion ____ prescriptions in dental ____?

How does dental/vision/ancillary ____ for ____?

____ prescription meds outside of plan ____ in ____ and ____?

____ on dental, vision, or other ____ drug ____?

____ the ____ for coverage of prescription ____ in ____ and ancillary ____?

____ my ____ or extra ____ plans cover ____?

Do ____ and ancillary ____ any limitations ____ prescription medicine ____?

How ____ insurance impact ____ coverage of ____ drugs?

Is ____ any restriction on ____ of ____ insurance?

____ prescription ____ have ____ in dental, vision, ____ service ____?

Is the coverage of ____ dental ____ plans ____?

____ the dental/vision/ancillary ____ any limitations ____ coverage?

____ are the ____ coverage of ____ drugs in ____ or ____ plans?

____ limitations of health insurance ____ on prescriptions for ____ other ____?

____ you tell ____ the limitations for ____ dental, vision, ____ ancillary service ____?

____ are ____ on ____ benefits ____ dental and related service ____

____ for the ____ benefits ____ to ____ coverage of prescriptions?

Can ____ me more ____ the ____ vision, or ____ insurance ____ drug coverage?

Is prescription ____ of ____ plan ____ in ____ vision, ____ service insurance?

____ prescriptions covered ____ restrictions ____ my dental, vision, ____ ancillary ____?

What limitations exist ____ drugs ____ or vision ____?

There ____ limits ____ coverage in ____ vision, and ____ plans.

____ there ____ restrictions ____ reimbursing drugs ____ insurance?

____ dental, vision, ____ ancillary insurance have limits ____?

____ are restrictions ____ what ____ drugs can be ____ vision ____ services.

____ give me ____ the limitations on ____ other insurance plan's ____ coverage?

There are restrictions ____ which ____ can be ____ dental, ____ and ____ service ____.

____ vision, ____ ancillary ____ have limitations ____ prescriptions?

Do dental, vision, or ancillary ____ prescriptions?

____ vision, ____ ancillary ____ have ____ boundaries regarding prescriptions?

____ dental/vision/ancillary ____ have limits ____ medication coverage?

____ you ____ about drug restrictions in ____ dentist/vision ____?

How ____ within dental, vision, ____ other supplemental ____?

____ my dental/vision/ancillary plan ____ on ____ prescription drugs?

Is there a _____ to the _____ of _____ by _____ plans?

_____ there a rule _____ place _____ prescribed medications _____ dental/vision/ancillary benefits _____?

_____ restrictions on the coverage of prescription medications _____ ancillary _____.

_____ are the _____ for coverage of prescription _____ the dental, _____ or _____?

_____ or ancillary _____ any _____ to covering prescriptions?

_____ restrictions on _____ coverage of medications in _____ ancillary service _____?

Is there _____ restrictions for _____ of prescribed _____ within _____?

What _____ dental/vision/ancillary _____ when _____ comes to _____ medicines?

_____ restrictions _____ dental/vision/ancillary _____ coverage for _____?

_____ there _____ way to _____ coverage of _____ medications within _____ benefits _____?

How _____ prescription _____ restricted in dental, _____ other supplemental _____?

_____ there _____ reimbursing prescribed drugs within _____ insurance _____?

_____ any limitations _____ prescription _____ dental _____ related service plans?

Is _____ the coverage of _____ dental or ancillary service _____?

_____ there _____ on _____ of prescribed drugs within dental/vision/ancillary _____?

_____ the _____ covered _____ the restrictions of my _____ and ancillary _____?

Does _____ dental/vision/ancillary _____ have restrictions _____ med _____?

Do prescriptions _____ by _____ dental, _____ ancillary insurance _____ restrictions?

_____ there _____ prescribed _____ in the _____ vision, or additional benefits plan?

What impact does _____ dental/vision/ancillary _____ coverage _____ prescription medicines?

_____ impact does my dental/vision/ancillary _____ of prescription _____?

There _____ restrictions _____ can be used _____ dental, vision or ancillary _____.

Can there be restrictions _____ coverage _____ plan?

How does _____ my prescription _____?

_____ any constraints _____ prescribed drugs under dental/vision/ancillary _____?

What impact does _____ insurance have _____ coverage _____ prescriptions?

_____ medication _____ of _____ for _____ vision, and ancillary service _____?

What _____ the _____ prescription coverage in _____ vision, _____ ancillary _____?

_____ are _____ restrictions _____ dental, vision _____ ancillary _____ plan?

_____ there limits _____ getting _____ medication _____ my dental or vision _____?

_____ prescribed _____ covered _____ dental and _____ insurance?

Do _____ have any _____ covering prescription drugs?

There _____ what drugs _____ covered in dental, vision, or _____.

_____ restrictions on what _____ drugs can _____ used _____ dental, vision, _____ ancillary service plans.

_____ restrictions on prescriptions _____ dental, _____ supplemental services plans.

_____ you _____ the _____ drug _____ limitations within dental, _____ or _____ service _____?

Can you explain the _____ of prescription _____ vision, _____ plans?

_____ want _____ know the _____ of _____ vision and other _____ drug _____.

What _____ the _____ drug _____ in _____ or vision insurance?

What _____ within _____ service plans like dental _____ insurance?

There are _____ coverage _____ prescriptions in _____ vision, _____ plans.

_____ the _____ vision, _____ plan limit the amount of _____?

_____ might _____ restrictions _____ of prescription medications _____ or vision _____ policies.

There _____ restrictions on what drugs _____ be _____ dental, _____ or _____.

Do dental _____ care _____ constraints on _____ for _____ drugs?

There _____ be _____ on _____ drugs within dental/vision/ancillary _____.

There _____ restrictions on what _____ are _____ ancillary service plans.

There _____ on how prescription _____ can _____ covered _____ vision _____ ancillary service _____.

Is there a _____ medication with my _____ or vision _____?

Does _____ vision, or _____ benefits _____ have _____ on the _____?

____ want to ____ the limitations on ____ insurance plan's drug ____ .
 ____ coverage of dental, vision, ____ additional services for prescription ____ ?
 ____ on what prescription drugs can be ____ in ____ dental, ____ ancillary ____ .
 What ____ the ____ dental, vision, or ____ plan's drug ____ ?
 There ____ rules regarding ____ coverage of prescribed ____ benefits ____ .
 There ____ to covering ____ in dental, ____ and ancillary ____ .
 There ____ how prescription drugs can ____ covered ____ dental, ____ service plans
 Does the dental, vision, or additional ____ drugs?
 ____ you explain ____ drug ____ in ____ vision ____ ancillary service plans?
 ____ there a way ____ coverage of prescribed ____ within ____ benefits ____ ?
 ____ are ____ restrictions for ____ dental, vision, and ____ service ____ ?
 What ____ are imposed on prescriptions relating ____ or ____ ?
 ____ or ____ service plan ____ my prescription meds?
 ____ dental/vision/ancillary ____ give ____ limits ____ medication coverage?
 The ____ and ____ service plan have restrictions ____ of ____ be covered.
 How are prescription ____ dental, ____ or other supplemental ____ ?
 Is there ____ way to ____ coverage ____ prescribed ____ within ____ plans?
 ____ there be ____ the ____ of prescribed medications within ____ dental/vision/ancillary ____ ?
 Is there ____ inclusion under dental ____ vision ____ ?
 Can ____ on ____ coverage of medications ____ and ____ service plans?
 What are ____ to ____ other supplemental services plan?
 ____ are the restrictions on the ____ medication within dental, ____ ?
 ____ details on ____ limitations of dental, vision, ____ other ____ drug coverage?
 ____ are restrictions on ____ prescription drugs ____ dental, vision, ____ service plans.
 ____ does dental/vision/ancillary insurance ____ prescriptions ____ a limitation?
 How are prescriptions restricted ____ other ____ services?
 ____ any constraints on the ____ of prescribed ____ this particular ____ plan?
 ____ are ____ on ____ type of prescription ____ used in ____ dental, vision, ____ ancillary ____ plan.
 The ____ ancillary service plan ____ restrictions.
 Is ____ plan ____ dental, vision, ____ service insurance?
 ____ limitations ____ prescription ____ under dental or ____ insurance?
 Do ____ coverage ____ in ____ vision, ____ ancillary plans?
 Is prescription drugs ____ plan ____ in ____ service insurance?
 What ____ prescription ____ dental, vision, or ____ services ____ ?
 ____ limits to ____ drugs ____ covered ____ dental, vision ____ ancillary plans?
 What ____ the ____ of ____ coverage ____ dental, ____ ancillary services?
 ____ any ____ on ____ coverage ____ prescribed ____ under this dental ____ vision ____ ?
 Under ____ or vision insurance, what limits ____ ?
 What restrictions ____ there ____ medication coverage in dental, ____ ?
 ____ any restrictions on ____ prescribed medications ____ and ____ plan?
 There ____ prescription ____ the ____ vision and ancillary ____ .
 ____ are restrictions ____ prescribed drugs in ____ .
 There ____ restrictions ____ coverage of ____ drugs in ____ dental, ____ plan.
 Does ____ dental/vision/ancillary ____ affect coverage ____ ?
 What ____ are imposed on the ____ vision and ____ ?
 ____ have a ____ about the ____ and ____ insurance ____ drug coverage.
 ____ are the limits on getting ____ with ____ vision insurance?
 Is there ____ limitations ____ of ____ medications ____ this ____ and vision ____ ?
 ____ tell me about the ____ relating to ____ vision, ____ drug coverage?
 There are prescription ____ in the ____ vision ____ plans.

Is _____ on reimbursement for prescription _____ in the _____ governing _____ and _____?

What are _____ prescription restrictions _____ and ancillary _____?

Is prescription _____ outside _____ limits for _____ vision _____ ancillary _____?

Is it _____ clarify _____ limitations for _____ in _____ ancillary service plans?

_____ there be restrictions _____ plan _____?

Is _____ the number of _____ by _____ vision or _____ plans?

There _____ restrictions _____ drugs _____ covered in the dental, vision _____ service _____.

What _____ be done _____ use of _____ drugs _____ or vision _____?

Do _____ limitations on prescription _____ or _____ plans?

Is there _____ limit _____ prescribed _____ in _____ vision, or additional _____?

Is there _____ on the drugs _____ by dental, _____ ancillary _____?

_____ dental/vision/ancillary _____ include a limit _____ coverage?

_____ for _____ dental, vision, or ancillary _____ are unknown.

_____ the _____ on prescription _____ in dental or vision _____?

Can _____ prescription _____ coverage _____ dental, vision, or ancillary service _____?

The dental, _____ ancillary service _____ have _____ on what type _____ can _____.

How _____ dental, _____ other supplemental _____ restrict _____ drugs?

_____ limits exist _____ getting _____ or _____ insurance coverage _____ prescribed _____?

_____ does _____ the coverage of _____ prescriptions?

Can _____ give me _____ information on _____ on _____ vision, _____ other _____ plan's _____?

There are _____ constraints on _____ coverage _____ drugs in _____.

dental, _____ ancillary _____ have limitations _____ medicine coverage?

_____ are the prescription _____ in the _____ vision, or _____?

Is _____ restriction on reimbursing drugs _____ dental/vision/ancillary _____?

Is prescription _____ of plan _____ in _____ vision, ancillary _____?

What _____ limits _____ prescription drug _____ in dental or _____?

_____ restrictions _____ prescription _____ dental, vision or ancillary service _____.

Is _____ limit _____ the _____ covered _____ dental, _____ and _____ plans?

What _____ the _____ medication coverage in _____ ancillary services?

Can _____ drugs _____ covered _____ ancillary _____ such as dental and _____?

_____ any restriction on _____ of _____ dental/vision/ancillary insurance schemes?

Does the _____ have _____ coverage?

How _____ not be _____ within dental, _____ or other _____?

What are the _____ restrictions _____ of _____ vision, and ancillary _____?

There _____ the coverage of _____ medications _____ the dental, vision, _____ plan.

_____ dental/vision/ancillary _____ have any _____ on _____ coverage?

_____ there limits for covering _____ the dental, _____ additional benefits _____?

_____ dental, _____ and ancillary insurance _____ any _____ to covering _____?

_____ medication _____ can be _____ within dental, _____ ancillary services.

_____ you point out _____ for _____ drug coverage _____ or ancillary _____ plans?

There _____ prescribed drugs within dental/vision/ancillary insurance _____.

_____ are _____ the coverage of _____ in dental _____ plans.

There are _____ reimbursement of drugs _____ schemes.

There are restrictions on _____ drugs that _____ in the _____ vision _____ ancillary _____.

Can _____ tell _____ more _____ limitations _____ dental, _____ other insurance _____ drug coverage?

Is _____ pills _____ limits in dental, _____ ancillary service _____?

_____ does my dental/vision/ancillary _____ impact _____ prescription _____?

_____ to what _____ can _____ in the dental, _____ or _____ service plan.

How _____ my dental/vision/ancillary _____ coverage _____ prescription drugs?

_____ the restrictions for _____ in _____ or ancillary _____?

Do there ____ on ____ prescribed ____ dental/vision/ancillary ____?

____ the ____ plan impose limits on the coverage of ____?

How are prescription drugs restricted within ____ supplemental ____?

What are ____ prescription ____ for ____ dental, vision ____ service ____?

Can dental, ____ or ____ pay ____?

The ____ or ____ service ____ have ____ on ____ of prescription ____.

____ specific restrictions for medication coverage in ____ services?

____ about ____ drugs in ____ vision, or ____ plan?

What are the ____ prescription drugs within ____ supplemental ____ plan?

____ the ____ vision, or additional benefits plan ____ of ____?

What impact ____ my dental/vision/ancillary ____ on my ____?

____ limits ____ for dental ____ when it comes ____ coverage for ____?

Does ____ dental, vision, or ____ benefits ____ impose ____ on ____?

____ does ____ insurance ____ my coverage ____ my prescriptions?

What are the ____ prescription medication coverage ____ vision, ____ service ____?

There are ____ on what ____ of ____ be ____ in the dental, ____ or ____ service ____

What ____ limitations ____ prescription drug ____ under dental ____ insurance?

____ prescription ____ outside ____ plan ____ for ____ vision and ____ service ____?

Does dental, vision, ____ insurance ____ on covering ____?

What are the restrictions on ____ prescription ____ in ____ insurance?

What ____ prescription restrictions in dental, ____ ancillary ____?

How does dental/vision/ancillary ____ impact ____?

Can you tell ____ prescription drug ____ dental, vision, or ____ service ____?

____ may ____ constraints on ____ for ____ drugs in dental ____ care ____.

Is prescription medication outside plan limits in ____?

Is ____ any ____ of ____ medications under the dental ____ vision ____?

Is ____ outside of ____ limits in dental, ____ service insurance?

Limits ____ coverage for prescribed medication with ____ or ____ known.

____ the ____ plan ____ any limitations ____ coverage of ____?

Is there ____ on ____ coverage in ____ vision ____ ancillary ____?

The ____ service ____ includes prescription restrictions.

____ my dental/vision/ancillary ____ prescription ____?

Is ____ any limits ____ under ____ and ____ service plans?

Is there ____ covering ____ medication ____ the dental ____ vision ____?

____ dental, ____ ancillary ____ have ____ on prescription coverage?

There ____ restrictions ____ medicine ____ in dental, vision, or ____.

Can there be restrictions ____ inclusion ____ or vision ____ policies?

I want to know ____ are outside of ____ limits ____ insurance.

Is there ____ limits ____ medicine coverage ____ vision ____ plans?

____ dental, ____ or additional ____ plan ____ limits on ____ coverage ____ prescribed ____?

Can the ____ benefits plans ____ drugs?

____ are ____ prescription restrictions for dental, ____ and ____?

____ vision, ____ ancillary plans restrict coverage of ____?

Does ____ dental, ____ or ____ plan ____ limits ____ the use ____ drugs?

____ the limitations regarding prescription drug ____ or ____ insurance?

____ prescription drug benefits limited ____ service plans?

____ are ____ the ____ of prescription ____ vision or ancillary service ____.

There are restrictions ____ type of ____ drugs can ____ in the ____ or ____ plan.

____ vision, ____ ancillary ____ limits on how ____ cover prescriptions?

Can ____ be restrictions on ____ of ____ within ____ plan?

Does _____ of _____ dental or ancillary service _____ have _____ ?
_____ dental _____ related service _____ have _____ limitations _____ drug benefits?
What are the _____ medication _____ dental or _____ insurance policies?
_____ covering prescribed _____ may be _____ the dental, vision, _____ benefits _____.
_____ my dental, vision, _____ service _____ cover _____ medication?
_____ are restrictions for coverage _____ in dental, _____ plans.
What are the _____ drugs _____ or _____ plans?
Are there specific _____ medication _____ the _____ plan?
_____ are restrictions on how _____ dental, vision, and ancillary _____ plan.
_____ limitations _____ prescription _____ can be _____ dental, _____ and ancillary service plans.
Does the _____ plans have _____ the _____ of _____ medications?
Is _____ any boundaries _____ prescriptions for _____ vision, _____ insurance?
There may _____ prescription medications in dental _____ vision _____ policies.
There _____ on _____ drugs can be _____ dental, vision, _____ service plans.
_____ the _____ and _____ have any _____ on _____ the prescribed _____?
Does the _____ plan have any limitations _____?
Does _____ drug benefits _____ any _____ dental _____ related service _____?
_____ you tell me the limitations _____ vision, _____ plans' drug _____?
There are restrictions on the _____ of _____ drugs in _____.
_____ are limitations on _____ drug inclusion _____ dental _____?
What _____ for coverage of _____ vision and ancillary _____.
There are limits on _____ can _____ covered _____ ancillary service plan.
I'm wondering about _____ vision, _____ other _____ plan's drug _____.
Can _____ limitations for prescription drug _____ vision, _____ ancillary service _____?
Can _____ plans have _____ prescription _____?
Do _____ plans _____ restrictions on the coverage of _____?
_____ have _____ rules _____ limit coverage of prescribed medication?
_____ prescription _____ are _____ within dental, vision or _____ supplemental _____?
_____ on _____ coverage of _____ medications within _____ benefits plans?
What _____ on getting coverage for _____ medication _____ my _____ vision _____?
_____ are the rules for _____ in dental, _____ or ancillary _____?
_____ my _____ plan have _____ limitations _____ prescriptions?
The dental/vision/ancillary plan may _____.
_____ are the restrictions _____ my dental, _____ or _____ prescriptions?
_____ tell me what _____ are on _____ or _____ plans' drug coverage?
Can I _____ in my _____ vision, _____ service plan?
_____ tell me about limitations on _____ other _____ plan's drug _____?
What limits _____ for _____ of prescribed medication _____ or vision _____?
_____ the _____ for prescription medicine _____ in _____ or ancillary _____?
Is it _____ to _____ prescription _____ coverage _____ dental, vision, _____ service _____?
There _____ restrictions on _____ drugs can be included _____ dental, _____ service _____.
_____ may _____ place that limit the _____ prescriptions _____ dental/vision/ancillary _____ plans.
I'm _____ the _____ on _____ vision, _____ other _____ drug coverage.
Is there any _____ plans _____ limit _____ of _____ medication?
_____ restrictions on _____ in dental/vision/ancillary plan?
_____ restrictions on the _____ drugs _____ dental and vision plans?
Drug _____ dental/vision/ancillary plan may _____.
What are _____ imposed _____ for _____ and other services?
What _____ the _____ on _____ coverage in dental _____?
_____ the dental/vision/ancillary benefits _____ have _____ of prescribed medications?

____ there be constraints ____ the coverage of prescribed ____ plan's additional ____?
 ____ are restrictions ____ kind of ____ in dental, vision, and ____ service plans.
 ____ me the ____ for prescription drug ____ in ____ vision, ____ ancillary ____ plans?
 ____ the ____ on prescription ____ in ____ vision, ____ other ____ services plan?
 ____ for prescription medication in dental, vision, ____ ancillary ____?
 Can ____ tell me ____ the ____ the ____ other insurance ____ drug coverage?
 Does ____ and vision ____ constraints on ____ medications?
 Can ____ be ____ on prescription ____ in dental, vision, ____?
 Can ____ tell me ____ the ____ vision, or ____ insurance plan's ____?
 ____ there be constraints ____ the ____ prescribed drugs ____ dental/vision/ancillary ____?
 Is ____ limits ____ drugs covered by ____ vision ____?
 ____ any restrictions ____ the coverage ____ medications ____ dental ____ service plans.
 What are ____ drug additions ____ dental or ____ insurance?
 There are ____ on prescription ____ in ____ dental/vision/ancillary ____.
 What are ____ specific ____ imposed ____ prescriptions ____ or ____ added services?
 ____ clarify ____ prescription drug ____ in dental, vision, and ____ plans?
 ____ are the ____ vision, ____ ancillary service plans?
 What are the restrictions on ____ within dentistry, ____?
 ____ the ____ coverage ____ dental, vision, or ancillary services?
 ____ dental ____ ancillary service ____ constraints on the ____ drugs?
 ____ explain ____ prescription drug coverage in dental, ____ or ____ plans?
 Can my dental, vision, or ____?
 ____ any restrictions ____ prescription ____ in a ____ plan.
 ____ restrictions on ____ of ____ in dental, vision, ____ service ____.
 ____ there ____ restrictions ____ reimbursement ____ within dental/vision/ancillary insurance?
 Does the ____ and vision plan have ____ on ____?
 Is there any limitations ____ coverage ____ dental, ____ services ____ prescription ____?
 ____ there a restriction on reimbursing ____ drugs ____?
 ____ for ____ medication coverage in ____ vision, or ancillary ____?
 Is there constraints ____ prescription ____ in the ____ care ____ policies?
 ____ drugs ____ in ____ vision, or ____ supplemental ____ plan?
 ____ vision, ____ ancillary service plan ____ on ____ prescription ____ be covered.
 How can ____ vision, ____ services ____ restrict prescription ____?
 Can my ____ vision, ____ service plan ____ drugs?
 How ____ dental, ____ or ____ supplemental services ____ restrict ____?
 Is ____ way ____ the dental/vision/ancillary benefits plans ____ limit ____ prescribed ____?
 There are possible ____ coverage ____ medications ____ or ancillary ____ plans.
 What impact ____ dental/vision/ancillary ____ coverage of prescription ____?
 Can you explain ____ for ____ coverage ____ dental, vision, ____ plans?
 Does the dental, ____ plan have ____ for ____ prescriptions?
 ____ you ____ me information on ____ dental, vision, ____ other insurance plan's ____?
 Is ____ under ancillary ____ plans ____ and vision?
 There are restrictions ____ what ____ drugs ____ in ____ vision, and ancillary ____ plan.
 ____ are ____ type of ____ be ____ in ____ vision and ____ service plans.
 What are the restrictions on ____ coverage ____ drugs in dental, ____?
 Can ____ me about the limitations ____ dental, ____ and ____ drug ____?
 Drug coverage ____ or ancillary plans might ____.
 ____ there any limit on reimbursement of prescribed ____?
 How does ____ dental/vision/ancillary ____ of prescription drugs?
 There are ____ dental, vision ____ ancillary services.

What _____ restrictions for _____ in dental, _____ ancillary services?
_____ the limitations _____ the coverage _____ medications _____ or ancillary _____ plans?
Do _____ plans _____ limitations on prescription coverage?
Can dental, vision, _____ have limitations _____ medicine _____?
_____ are the limits on prescription _____ dental, _____ plans?
There _____ be _____ prescription coverage _____ plans.
_____ the limits _____ coverage _____ dental, vision and _____ plans?
Is there _____ rule _____ limit the _____ prescriptions _____ dental/vision/ancillary _____ plans?
_____ any constraints _____ of prescribed medications _____ the _____ vision plan?
Can _____ be _____ administering of drugs _____ dental/vision/ancillary _____?
_____ there _____ rule _____ the coverage _____ prescriptions within the dental/vision/ancillary _____?
_____ are prescription drugs restricted within a _____?
_____ dental/vision/ancillary insurance _____ of prescription _____?
What _____ the restrictions _____ the _____ of _____ vision and ancillary _____?
_____ are restrictions _____ the _____ of _____ within dental/vision/ancillary _____.
What _____ exist on _____ for _____ with _____ or vision insurance?
What _____ insurance policies _____ prescriptions for dental, _____ added services?
Is there _____ restrictions on _____ prescribed _____ dental/vision/ancillary _____ schemes?