

[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 hearing aids
Description	Inquiries about coverage for hearing aids and related services.
Data Size	5,061 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.)

_____ there _____ restrictions on the types of _____ my vision _____?

It _____ the types of hearing aids _____ by my _____ plan _____ not always _____.

I have a _____ I _____ hearing aids _____ that plan _____ used.

Is it _____ that _____ that _____ vision _____ covers _____ not _____ free _____ restrictions?

_____ possible that there are _____ hearing _____ in my vision _____?

_____ on the _____ in my _____ plan?

Are _____ going to _____ hearing aids _____ plan?

_____ there any _____ pertaining _____ hearing aids _____ vision _____?

Are _____ going _____ restrict _____ aids because of _____?

_____ there a limit _____ types of _____ in vision _____?

_____ types of _____ are allowed, _____ vision plan?

_____ be _____ restrictions _____ the types _____ aids that _____ plan covers.

_____ my _____ limit aid to _____?

I want _____ if _____ are any specific _____ within _____ vision _____ package.

Do _____ any _____ on what types of _____ are covered?

_____ possible _____ my _____ plan _____ limits on _____ aid coverage?

I _____ to know if _____ are any restrictions on _____ covered _____ my vision plan.

The _____ of hearing aids _____ covered _____ plan _____ be restricted.

Are _____ to _____ that are in _____ vision plan?

_____ hearing aids _____ in _____ vision plan?

It's _____ that _____ under my vision plan are restricted.

What _____ limitations of hearing _____ in _____ plan?

_____ possible that the vision _____ aren't allowed with _____ of _____?

_____ it possible _____ vision _____ restricts the types _____ hearing _____?

Hearing _____ be covered _____ vision _____.

Is there _____ limit _____ of hearing _____ vision plan _____ cover?

Under eye _____ there restrictions _____ providing _____ assistance?

Do _____ on _____ coverage in _____ vision plan?

Is _____ constraints regarding hearing aids in _____?

Can my _____ aids?

Does _____ vision plan limit _____?

Does my _____ prevent certain _____ hearing _____?

Can _____ plan cover _____ Aid _____?

Is there any rule on _____ vision _____?

_____ hearing _____ may be restricted _____ the vision _____.

_____ my vision _____ certain _____ hearing devices?

Can my vision _____?

What _____ aid _____ in my vision plan?

Do some _____ get _____ vision plan?

_____ rules on _____ aids in my _____ plan?

_____ the type _____ aids _____ by _____ vision plan _____?

Do _____ hearing aids covered _____ plan _____ to be restricted?

_____ it _____ that some hearing _____ are _____ my _____ plan?

_____ a chance that the types of _____ the _____ plan _____?

_____ be restrictions on the _____ of _____ vision insurance covers.

_____ hearing aids may not _____ in _____ plan.

Does a _____ hearing _____?

_____ the limitations _____ covered _____ types _____ my _____ policy?

_____ it _____ hearing _____ aren't _____ in the vision plan?

_____ possible that the _____ plan covers _____ allow some _____ of _____?

_____ variety of hearing aids _____ in my _____?

There are _____ constraints on _____ in _____ plan.

Is there _____ restriction _____ the types _____ my _____ plan _____?

_____ limit types of hearing _____?

Is _____ limit on _____ hearing _____ my _____ plan _____ need?

It _____ that _____ vision _____ don't allow the _____ hearing aids.

Is there any limit _____ the _____ of _____ my vision _____?

_____ a limit _____ the number _____ aids included _____ vision coverage?

Is it possible _____ hearing aids _____ vision plan are _____?

Is _____ hearable _____ in _____ vision _____?

Is _____ possible _____ hearing _____ aren't allowed _____ the _____?

_____ the vision plan contain any _____ what types _____ aids _____?

Is _____ hearing aids covered by my _____?

Possible _____ hearing _____ in my _____.

_____ my _____ policy have _____ limits _____ covered hearable _____?

Is the _____ covered _____ vision _____ restricted?

Is there any restrictions _____ covered _____ my _____ insurance?

Is it possible to _____ rules _____ vision plan?

Can there be _____ hearing _____ in _____ plan.

_____ the hearing _____ included _____ vision plan _____?

Is _____ possible _____ of the hearing aids covered _____ plan _____?

_____ my _____ plan do _____ of hearing aids _____?

_____ possible that some _____ aids _____ allowed in _____ vision _____?

_____ there _____ the _____ aids covered under my vision _____?

_____ possible _____ the types of _____ aids _____ by vision _____ are _____?

Does _____ benefits package have _____ restrictions _____ device _____?

_____ some _____ of hearing _____ qualify _____ under my vision _____?

Does _____ cover hearing _____ types?

Is there _____ limitation _____ under my _____ plan.

Is _____ that the _____ covers aren't _____ certain types of _____?

Is _____ limit _____ the _____ aids included in my _____?

_____ are the restrictions on _____ hearing _____ in _____ plan?

_____ types _____ hearing aids are _____ in my _____?

What _____ to my vision _____ hearing aid _____?

What _____ vision plan's _____ coverage?

Does my vision benefits _____ any _____ on _____?

There are _____ hearing aids allowed _____ plan.

_____ limitations _____ the _____ in my vision plan?

Is _____ plan able to _____ hearing _____?

It _____ the vision _____ are not allowed for _____ of hearing _____.

Is there a _____ on hearing _____ coverage _____?

_____ it possible that _____ types of _____ aids covered _____ vision plan _____ not always _____?

_____ hearing _____ in the _____ plan?

What _____ hearing _____ are _____ as _____ of _____ vision plan?

_____ vision _____ are there _____ on _____ aid coverage?

_____ want _____ know if _____ plan limits _____ types _____ devices.

_____ regarding hearing aids _____ my _____ plan?

Is there _____ hearable devices in _____ insurance?

_____ plan, _____ some types _____ hearing _____ qualify for coverage?

_____ was wondering if I could _____ hearing _____ my _____.

Does _____ vision _____ preclude _____ of hearing _____?

Is there _____ to the _____ of _____ in vision _____?

Does my _____ any _____ on hearing _____?

Is it possible _____ vision plan _____ hearing aids?

_____ plan, and _____ wondered if hearing aids _____ in it.

_____ are different _____ hearing _____ can be _____ by my _____ insurance.

_____ hearing aids covered by the vision _____?

_____ vision _____ restrictions _____ hearing aids?

Will _____ be limitations _____ hearable types _____ policy?

Does _____ plan _____ types _____ hearing devices?

_____ it possible to have _____ restrictions on _____ of _____ aids covered _____?

Would _____ types of _____ aids _____ coverage under _____ plan?

_____ there limitations on _____ in my vision _____?

_____ insurance covering _____ types of hearing _____?

_____ there be _____ on _____ in _____ vision policy?

Does my _____ limitations on the _____?

Is there _____ the hearing _____ in my _____?

Is _____ a _____ to the type of _____ aids _____ plan _____?

Does my _____ restrictions on hearing _____?

_____ the vision plan impose any _____?

Is _____ any limitations to hearing aids _____?

_____ going _____ limit _____ hearing _____ covered by _____ vision plan?

I _____ vision plan and wondered _____ use hearing aids _____.

_____ there _____ limit _____ the _____ that come _____ my _____ coverage?

_____ there any limitation _____ hearing _____ in _____ plan?

_____ a _____ that _____ hearing _____ covered under my _____ plan _____ restricted.

_____ may be _____ of hearing _____ covered in _____ vision plan.

Do _____ covered _____ types _____ limitations in _____ vision _____?

Does my _____ plan _____ for certain _____ of _____?

Does my _____ plan prevent _____ of _____?

_____ I have limits _____ hearing _____ coverage _____ vision _____?

Do _____ limit the hearing _____ by _____ vision plan?

_____ my _____ limitations to hearing aids?

_____ limits to my vision plan _____ aids.
 _____ aids _____ vision plan covers _____ subject to restrictions.
 Are _____ any limits _____ the type _____ aids my _____ ?
 _____ any restrictions _____ to _____ devices included _____ my _____ ?
 Is _____ the hearing aids _____ under the _____ restricted?
 _____ be used in my _____ plan?
 I wonder _____ there _____ any _____ about _____ in _____ plan.
 Is it possible that the _____ aids _____ by my _____ plan _____ restrictions?
 _____ the hearing _____ coverage limited _____ vision _____ ?
 _____ what _____ of hearing aids _____ by my _____ plan?
 Is it _____ plan covers don't allow _____ ?
 Are there any restrictions _____ hearable _____ my _____ ?
 _____ to the type of hearing _____ vision plan _____ ?
 _____ limit to _____ hearing _____ covered by my _____ plan?
 _____ it possible that the _____ restrict _____ types _____ aids?
 Does my _____ restrict _____ aiding _____ ?
 Can certain types of hearing _____ vision _____ ?
 Is my _____ hearing aids?
 _____ vision plan _____ any _____ hearing aid coverage?
 _____ vision plan will _____ for _____ aids, _____ what is _____ ?
 _____ my _____ limit certain types _____ aids?
 Is _____ any _____ the _____ aids that _____ plan provides?
 _____ there a limit to _____ of _____ vision plan _____ ?
 The _____ plan may _____ the types _____ aids _____ be _____ .
 _____ you going to restrict _____ plan's _____ ?
 _____ of _____ aids are covered by _____ vision _____ ?
 Is _____ any _____ hearing aids in _____ vision _____ ?
 Is _____ hearing _____ in my vision _____ ?
 _____ there _____ limitations _____ covered hearable types in _____ policy?
 Are you _____ to restrict _____ that _____ by the _____ plan?
 Do _____ restrict the hearing _____ on _____ plan?
 _____ hearing _____ be included _____ the _____ plan?
 _____ plan _____ for hearing aids.
 _____ my _____ insurance cover _____ hearing aids?
 _____ plan stop certain _____ of aiding _____ ?
 _____ want to _____ if _____ on _____ aid _____ in my vision _____ .
 _____ limitations _____ my vision _____ hearing _____ ?
 _____ there _____ limit to _____ range _____ hearing _____ my vision _____ ?
 Can _____ types _____ hearing _____ the vision _____ be subject to _____ ?
 _____ is _____ hearing _____ covered under _____ vision plan _____ to restrictions.
 Do _____ vision plan _____ on _____ aid _____ ?
 Does _____ cover _____ types of _____ ?
 Is it _____ that _____ types _____ allowed _____ the vision plan?
 _____ it _____ the types of _____ that my _____ covers _____ restricted?
 _____ it _____ that the hearing aids covered _____ plan _____ not _____ from _____ ?
 There _____ be _____ regarding hearing _____ options _____ plan.
 Is the vision _____ to _____ types?
 _____ restrictions _____ which _____ is covered in this vision _____ ?
 _____ you _____ hearing aids will _____ restricted _____ my _____ plan?
 _____ my _____ plan's _____ coverage affected _____ restrictions?

____ it possible that the ____ of ____ aids ____ the vision ____ ?
 ____ vision ____ certain aids to ____ ?
 It's possible that ____ hearing aids ____ are not ____ free from ____ .
 Is ____ vision ____ causing ____ on ____ ?
 ____ it ____ hearing ____ are not covered under ____ vision plan?
 Is ____ a ____ type of ____ covered ____ my vision ____ ?
 ____ it be ____ hearing ____ under ____ vision plan are ____ ?
 Do ____ restrictions ____ to ____ aids included ____ insurance?
 Which ____ do ____ vision ____ accept?
 Is ____ anycontraindication ____ using hearing ____ my ____ plan?
 ____ there any guidelines ____ in my vision ____ ?
 My vision ____ can ____ the ____ .
 ____ regarding hearing ____ in my vision plan?
 ____ changes affects ____ aid coverage?
 ____ it ____ that my ____ excludes some types of ____ ?
 ____ are ____ restrictions that affect ____ plan's ____ coverage?
 I ____ vision ____ so I ____ if ____ aids ____ in it ____ used.
 Can ____ on ____ aid ____ in my vision plan?
 Is ____ limits to ____ hearing aids ____ vision plan?
 ____ plan limit the ____ of ____ aids that ____ used?
 ____ possible ____ types ____ aids the vision plan covers is ____ restrictions?
 ____ aids are ____ my vision ____ ?
 ____ be ____ rules ____ hearing aids in ____ plan.
 Is ____ hearing aids in my vision ____ ?
 Is the types ____ covered ____ vision ____ restricted?
 ____ that ____ hearing aids covered by my ____ are ____ .
 Is ____ possible ____ of ____ aids covered by ____ plan ____ subject to ____ ?
 Some types ____ hearing ____ by the vision plan.
 ____ vision ____ the hearing aid ____ ?
 ____ the vision plan covers ____ aids that ____ to ____ .
 Is it possible ____ vision plan covers ____ for the ____ ?
 I wondered ____ there ____ limitations ____ types ____ my ____ policy.
 The ____ might not ____ certain types of ____ .
 Is there ____ under my vision plan?
 ____ my ____ plan limit certain types ____ ?
 ____ my ____ plan ____ limits ____ hearing ____ ?
 ____ the vision ____ on ____ aids?
 Can ____ be restrictions ____ the types ____ hearing aids ____ my ____ ?
 ____ there ____ hearing ____ in my vision plan?
 Which ____ are acceptable ____ insurance?
 Is ____ limit ____ type ____ hearing aids ____ vision plan ____ ?
 Can ____ be ____ specific types ____ and my ____ plan?
 What are ____ rules ____ under ____ vision plan?
 What ____ hearing ____ in my ____ plan?
 ____ there ____ any ____ hearing ____ in ____ vision plan?
 ____ the hearing aids ____ vision ____ ?
 ____ are the limitations about ____ under ____ vision ____ ?
 ____ the ____ have any ____ on ____ hearing aids?
 ____ there ____ limit ____ range of hearing aids included ____ ?
 ____ are ____ limitations on hearing ____ my vision ____ .

What _____ pertaining to hearing _____ my vision _____?
 Does my _____ plan exclude _____ hearing _____?
 Does anyone know if _____ aids covered by _____ plan?
 _____ restrictions on hearing _____ my vision plan?
 _____ there _____ restrictions regarding hearing _____ in _____ plan?
 _____ you think hearing aids _____ vision plan will _____?
 Can there be _____ hearable _____ in the _____?
 _____ the vision _____ restrict what _____ of _____ are _____?
 _____ of hearing aids _____ are covered by _____ be restricted.
 _____ it _____ the hearing aids covered _____ vision _____ always free _____ restrictions?
 I _____ a _____ and _____ wondered _____ could use _____ hearing _____ in that _____.
 Are _____ my vision plan?
 _____ plan have restrictions on _____?
 _____ if _____ plan _____ hearing _____ types?
 Questions about the _____ of _____ under _____ vision _____.
 _____ it possible _____ the hearing aids _____ by _____ plan _____?
 _____ it possible that _____ aids _____ are restricted?
 Are there _____ rules about hearing _____ the _____?
 Is there _____ device restrictions _____ vision benefits _____?
 _____ restrictions on which hearing _____ included _____ the vision _____?
 _____ my _____ plan allow certain types _____?
 Is _____ limitations on _____ covered _____ my vision _____?
 _____ of hearing aids do _____ plan _____?
 Do _____ vision _____ some _____ of _____ devices?
 Can _____ aids under _____ plan?
 _____ it possible _____ types of hearing _____ my _____ are subject to _____?
 _____ possible that _____ vision _____ covers _____ allow types _____ hearing _____?
 My vision plan _____ pay _____ aids but _____ is?
 What are the restrictions _____ which _____ vision plan?
 _____ the _____ aids _____ my _____ plan have _____ restrictions?
 _____ limit _____ number of hearing _____ in my vision coverage?
 _____ the restrictions _____ aids covered by _____ plan?
 _____ limitation on the _____ aids _____ vision plan?
 Does _____ vision _____ have _____ restrictions on covered _____?
 There _____ on _____ types of _____ by my vision plan.
 Does _____ policy contain limitations _____ hearable _____?
 What are _____ constraints _____ the vision plan?
 _____ my _____ plan, do certain types _____ have _____?
 _____ vision _____ limited _____ the type of hearing _____ that _____?
 There are _____ on hearing _____ vision plan?
 _____ a vision _____ and wondered _____ aids _____ in it could _____ used.
 _____ my vision _____ the _____ ears?
 _____ it _____ types of hearing _____ covered _____ vision plan are _____ of restrictions?
 Does _____ plan _____ certain types _____ hearing _____?
 What _____ hearing aids _____ be _____ under _____ plan?
 _____ my vision _____ hearing aids?
 _____ is _____ limit _____ hearing _____ that my vision _____ covers?
 It's possible _____ types _____ aids _____ the vision _____ are _____.
 Is _____ types of _____ are covered under _____ restricted?
 Does the _____ plan include _____ on _____ of hearing aids _____?

_____ possible _____ vision plan restricts the _____ of hearing aids _____?
 _____ any restrictions apply _____ hearing _____ visual insurance?
 _____ is _____ chance _____ of hearing _____ covered under my vision plan _____.
 _____ vision plan _____ hearing _____ types.
 _____ there a _____ the _____ of _____ that the vision plan _____?
 Is there any limits _____ help my _____ plan?
 Is there _____ vision plan's hearing _____ coverage?
 _____ a _____ plan, and _____ wondered if my hearing _____ used _____ plan.
 The _____ hearing _____ covered _____ plan _____ not be free from _____.
 Is there _____ restrictions on the _____ my _____ plan _____?
 Is there a _____ the _____ aid _____ in my _____?
 _____ the vision plan limit _____ aids _____ it covers?
 Can _____ say _____ types of hearing _____ covered _____ my _____ are _____?
 _____ types _____ aids _____ the vision plan _____ restricted?
 _____ are included in my visual insurance _____ restrictions?
 What are _____ limits on covered _____ in _____?
 _____ that the type of hearing aids _____ plan _____ to restrictions?
 _____ my _____ plan _____ the constraints _____ covered hearing _____?
 Is it _____ that _____ aids _____ vision plan _____ limited?
 Can _____ tell _____ about _____ restrictions on hearing _____?
 Does my _____ plan have _____ limit on _____?
 Does _____ plan restrict _____ ears?
 _____ my _____ aids ears?
 I _____ have to _____ types of hearing _____ and _____ plan.
 _____ possible that the _____ aids _____ vision plan are _____?
 _____ to _____ hearing aid _____ in my vision plan?
 Is _____ possible _____ hearing aids _____ in _____ vision _____ restricted?
 It's possible _____ the hearing _____ covered in _____ plan _____.
 _____ covers hearing aids that _____ some restrictions.
 _____ vision plan _____ include _____ on the _____ of hearing aids?
 Is it _____ that hearing _____ by _____ be limited?
 _____ there a limit _____ type of hearing _____ plan _____?
 _____ any _____ on the _____ of hearing aids allowed _____ my _____?
 Can I _____ types of hearing aids _____ plan?
 _____ there _____ the hearing _____ options in _____ vision plan?
 _____ it _____ to _____ on _____ aids under my vision _____?
 Is the coverage _____ plan _____ by the _____?
 Does _____ have any _____ on hearing _____ coverage?
 _____ it _____ that the types _____ hearing _____ covered under _____ vision _____?
 Does my _____ plan _____ limits for _____?
 Do _____ any restrictions on what _____ of _____ are permissible _____?
 Is _____ possible that _____ types of _____ aids _____ plan _____ are subject _____?
 _____ to worry _____ types of _____ aids and _____ vision plan.
 Is my vision _____ aids?
 Is there _____ restriction _____ included _____ my visual _____?
 Is _____ limitations _____ hearing _____ that are included _____ vision plan?
 What _____ vision plan for _____ aids?
 _____ my vision _____ are _____ any _____ on covered _____ aid _____?
 _____ the constraints _____ covered _____ aids under _____ vision _____?
 Is it _____ types of hearing aids _____ my _____ are _____?

Is the _____ hearing _____ plan covers subject to _____?

_____ it possible _____ the hearing aids in the _____ subject _____?

_____ could be _____ to _____ aids in _____ plan.

Is _____ possible _____ the types _____ aids _____ under my vision _____ free _____ restrictions?

Is _____ that some _____ under _____ vision _____ are restricted?

Does my vision _____ any _____ what _____ of hearing aids _____?

_____ plan, _____ are the limitations _____ covered _____ aids?

_____ my _____ accept Hearing _____?

Is _____ to _____ much _____ aids the _____ plan covers?

I _____ are limitations on the _____ aids _____ vision _____.

Does my vision _____ restrict _____ devices

_____ any limit _____ the number of hearing _____ included _____?

I have _____ I could use _____ hearing aids _____ it.

_____ hearable devices subject to restrictions _____?

_____ any limit on _____ hearing _____ my _____ will buy?

_____ restrictions on _____ are covered by the _____?

What _____ the _____ to _____ of hearing _____ the _____ covers?

_____ plan will _____ but _____ is the limit _____ aids?

_____ exactly are the _____ on _____ hearing _____ it _____ in _____ plan?

_____ my _____ plan _____ hearing _____?

Is it possible that vision plan _____ certain _____?

_____ plan _____ the aid to _____?

Does the _____ limit _____ hearing _____?

_____ plan involve _____ on _____ aids?

_____ aids be _____ my vision _____?

Is it possible _____ types _____ hearing _____ the vision _____ covers _____?

Can I inquire _____ types _____ hearing _____ vision _____ covers?

_____ the hearing aids included _____ my vision coverage?

Does _____ vision benefits _____ any _____ hearing aids?

Can there be any limitations _____ types _____ vision _____?

_____ is _____ limit of hearing aids _____ my _____ plan _____?

_____ vision _____ have limits for _____?

_____ aids that my vision plan _____?

_____ vision _____ have _____ hearing aids?

Is there _____ what hearing _____ vision plan will _____?

Can there be _____ rules about _____ in _____?

_____ vision plan limit _____ hearing devices?

_____ there a _____ to _____ of hearing _____ vision plan covers.

_____ plan limit _____ aid types?

It _____ that _____ of _____ aids _____ by _____ vision plan are _____.

Is there _____ on _____ in my _____ insurance plan?

_____ there any restrictions on _____ coverage _____ plan?

What _____ of hearing aids _____ my _____ plan?

What is _____ limit _____ hearing aids _____ vision _____?

_____ my vision plan _____ restrictions _____ hearing _____?

_____ vision plan has _____ hearing _____

Is the limit _____ my _____ plan will _____?

_____ I limit _____ hearing aid types _____ vision _____.

Hearing _____ that _____ my _____ plan may not _____ free from _____.

Is _____ possible _____ some hearing aids _____ not _____ in _____?

____ there ____ on hearing aid ____ in ____ plan.
 ____ of ____ aids ____ be able to be covered ____ plan.
 What ____ impact ____ vision ____ coverage?
 ____ there any limits on ____ hearing ____ my ____ plan ____?
 Is ____ limitations ____ hearing aids included ____ plan?
 Does ____ impose restrictions ____ hearing ____?
 Is there ____ what types of ____ aids ____ included ____ my ____?
 ____ vision plan impose limits ____ my ____?
 Is ____ possible ____ types of ____ covered ____ the ____ are limited?
 Is ____ possible ____ hearing ____ my ____ plan are ____?
 ____ of ____ aids may not ____ covered by ____ insurance.
 ____ the limits for hearing ____ the ____ plan?
 ____ could ____ covered hearable types ____ vision policy.
 Is there any ____ what hearing ____ plan will ____?
 Is it possible that some hearing ____ plan ____?
 ____ a limit ____ the types of ____ aids that the ____?
 ____ there ____ rules ____ use ____ hearing aids in ____ plan?
 ____ the ____ plan restrictions on which ____ covers?
 ____ hearing aids ____ my ____ plan?
 ____ the ____ limit ____ type of ____ aids ____ covers?
 There ____ certain ____ of ____ aids ____ can be ____ my ____ plan.
 ____ are ____ restrictions ____ it includes in my vision ____?
 ____ that my vision ____ doesn't ____ some ____ aids?
 Hearing ____ covered ____ my ____ plan may ____ free ____ restrictions.
 ____ my vision plan restrict ____ of hearing ____ I ____?
 ____ the ____ regarding ____ aids ____ the vision plan?
 ____ wonder ____ will restrict the ____ my vision plan.
 ____ wonder ____ my vision plan ____ hearing ____ types.
 ____ my ____ insurance accept ____?
 ____ a vision ____ and wondered ____ any hearing ____ plan ____ be used.
 I want ____ are limits ____ hearing ____ my vision plan.
 ____ have ____ vision plan ____ wondered ____ hearing aids in that ____ be ____.
 Is ____ types of ____ aids ____ by ____ plan ____?
 ____ wonder if ____ will ____ hearing ____ covered by ____ vision ____?
 Is it possible ____ aids covered ____ have restrictions?
 ____ on ____ types ____ aids covered by my vision plan?
 ____ the ____ plan ____ any ____ on ____ aids?
 Is ____ for ____ plan to limit hearing ____?
 What ____ affect ____ hearing aid ____ in ____ vision ____?
 ____ limit of hearing ____ my vision ____ will ____?
 ____ there ____ on what hearing aids ____ plan will ____?
 ____ vision ____ limit the types ____ hearing ____ that ____ covered.
 ____ the ____ that will ____ covered by my vision ____?
 Does ____ vision plan limit the ____ I have?
 ____ is ____ that ____ of hearing ____ covered ____ vision plan ____ restricted.
 There ____ regarding ____ aid options in my ____ plan.
 ____ restrict hearing aid types?
 ____ vision ____ might have limits ____.
 Does ____ vision plan ____ on hearing ____ coverage?
 ____ my vision plan, do certain types ____?

_____ vision plan impose limitations _____?

Does my _____ on _____ aids?

_____ plan so I _____ if any _____ aids covered _____ could be _____.

It is possible that _____ don't allow the _____ hearing _____.

Are there any limits _____ aids in _____?

_____ it _____ the _____ hearing aids that are _____ under _____ vision plan _____?

It's possible that _____ vision _____ aren't _____ for certain _____ of _____.

_____ limit on _____ types of _____ aids that _____ vision insurance _____?

What are _____ covered hearing _____ under _____ vision _____?

Does the _____ any limitations on _____ types?

_____ vision plan limit some _____ devices?

The _____ hearing aids might _____ restricted _____ vision _____.

_____ are _____ impacts on my _____ hearing _____ coverage?

_____ my _____ restrictions on what types _____ hearing _____ are _____?

The vision _____ limit _____ aid _____.

_____ hearing aids are included in _____ vision _____?

Do _____ vision _____ aiding _____?

_____ types of _____ eligible for coverage under my _____.

Is it _____ the _____ of hearing _____ covered under _____ aren't _____ from restrictions?

_____ limits to _____ aid coverage _____ vision plan?

_____ vision insurance _____ aids?

_____ plan, what are _____ restrictions _____ covered hearing _____?

Does my vision _____ restrict _____ hearing aids _____?

_____ it _____ types of _____ aids are _____ under my vision _____?

_____ there a limit _____ hearing aids _____ vision _____?

_____ certain _____ aids _____ for my vision plan?

Is the _____ aids covered _____ plan _____?

Is there _____ on _____ covered _____ vision plan?

_____ my _____ plan _____ certain _____ hearing devices?

_____ the constraints of _____ my vision plan?

_____ on hearing _____ coverage in _____ vision plan?

_____ can be _____ in my _____ plan.

Is there _____ constraints _____ my hearing _____ my _____ plan?

_____ there any _____ what _____ hearing _____ are covered by _____ vision _____?

What _____ of hearing aids _____ on my _____?

_____ is _____ for _____ aids that my _____ plan _____?

_____ a _____ the _____ of _____ under _____ vision plan are restricted?

_____ a limit to _____ on _____ vision plan?

_____ my _____ plan _____ certain _____ hearing aids?

_____ any limits on _____ aids in _____ vision _____?

_____ of _____ might _____ covered under _____ vision plan.

_____ it _____ that _____ aids covered by _____ plan _____ not _____ from _____?

Does _____ have a _____ hearing aids?

I _____ I _____ to _____ about _____ of _____ aids and my _____ plan.

_____ possible the _____ plan _____ not allow the _____ of hearing _____?

What _____ are the _____ hearing aids _____ by _____ vision plan?

_____ hearing aids can _____ get _____ insurance?

_____ it possible _____ hearing aids covered in the _____ restrictions?

_____ about hearing aids _____ my _____ plan?

_____ types of _____ that the vision _____ covers _____ to _____ restrictions.

Do the _____ hearing _____ my vision plan have _____?
 Do I have to _____ of hearing _____ vision plan?
 _____ vision _____ limit _____ types of hearing _____?
 Do you _____ what types _____ covered _____ vision plan?
 What _____ aids can my _____?
 _____ a _____ the hearing aids _____ the vision plan _____?
 Do _____ aids have limitations _____ my _____?
 _____ vision plan and _____ any _____ be used in it.
 It is possible that the _____ hearing aids.
 Does my vision _____ what _____ of _____ allowed?
 Is _____ amount of _____ aids included in _____?
 _____ my vision _____ make any _____ on _____?
 _____ plan _____ hearing aid types?
 Can _____ tell me _____ your eye _____ restrictions _____ hearing _____?
 Is _____ limit _____ type of hearing _____ that my _____ includes?
 _____ vision plan _____ limitations _____ aids?
 _____ hearing aids in _____ vision _____?
 Is _____ limit to the _____ of _____ by _____ vision plan?
 Can _____ things _____ hearing aids?
 _____ there any _____ on what _____ hearing _____ are allowed in _____?
 Is there _____ restrictions on _____ aids _____ my _____ plan?
 Does _____ plan _____ the _____ ears?
 _____ types of hearing aids _____ plan _____ subject to _____ restrictions?
 _____ there _____ on what _____ of _____ aids _____ used under my _____?
 There _____ be _____ the types _____ hearing _____ are covered _____ my _____ insurance.
 Are _____ planning to _____ my vision plan?
 _____ vision plan's hearing aid _____ affected by _____.
 Is it possible that the _____ hearing _____ my vision _____ restricted?
 What restrictions _____ aid coverage?
 _____ there a _____ the number of _____ aids _____ my _____?
 _____ want to _____ if the types _____ aids covered under _____ plan _____.
 _____ I _____ about _____ aids covered by my vision _____?
 _____ any limits _____ what _____ my vision plan _____ buy?
 Is _____ possible _____ hearing _____ by my vision _____ always _____ from restrictions?
 _____ possible _____ aids covered by _____ vision _____ are restricted.
 Are _____ to _____ the _____ aids in my vision _____?
 Is it possible that _____ are _____ my _____ policy?
 Do _____ mean _____ restrict my _____ hearing aids?
 Is _____ limits _____ types _____ my vision policy?
 _____ am wondering _____ certain types of _____ aids are _____ vision _____.
 _____ ask about _____ of hearing _____ my vision _____ covers?
 Is there _____ limitations _____ in my vision _____?
 Is it _____ that some _____ allowed _____ the _____ plan?
 _____ which hearing aids _____ covered _____ the vision plan?
 Is _____ any _____ on _____ covered under my _____?
 _____ may be constraints regarding _____ my vision _____.
 _____ my vision plan _____ hearing _____?
 What are the _____ aids are included _____ vision _____?
 Is there any _____ for hearing aids?
 Is _____ coverage under _____ vision plan?

_____ limit Hearing Devices?

Is _____ hearing aids included _____ vision _____?

The _____ hearing _____ vision _____ covers might not _____ allowed.

_____ vision plan _____ have restrictions on _____ of hearing aids?

_____ are _____ restrictions regarding hearing aids under _____?

_____ the vision _____ types of hearing _____?

_____ any limitations on _____ covered _____ vision plan.

_____ it _____ that the _____ of hearing _____ by _____ plan _____ restricted?

Does _____ vision _____ the hearing _____ I _____?

_____ may be restrictions _____ aids covered under the _____ plan.

Will my _____ plan _____ hearing _____?

_____ the vision _____ limited by _____ aids?

_____ vision plan _____ certain _____ hearing devices?

Does my vision _____ hearing _____?

_____ want _____ if there are any limits _____ in _____ vision plan.

_____ vision _____ might _____ limitations _____ aids.

What _____ of _____ allowed under _____ vision plan?

_____ my _____ have limits on _____ aid _____?

_____ my _____ plan have _____ about hearing _____?

_____ there _____ restrictions _____ aids _____ covered by my vision _____?

_____ it possible that the _____ aren't allowed for _____?

Is _____ limit to the _____ of hearing _____ vision _____?

_____ certain _____ aids get _____ under my vision _____?

Does my vision _____ types _____ devices I _____?

_____ restrictions _____ aids I covered in _____ vision plan?

Is _____ limits _____ the _____ aids in _____ plan.

Is _____ coverage _____ in my _____?

_____ are _____ limits on _____ aids under _____ plan?

Is _____ possible that the _____ in my _____ plan _____ not always _____?

_____ there _____ limitations _____ aids that _____ vision plan _____?

Is _____ vision _____ aid types?

_____ aids the vision _____ covers _____ or may not be subject _____.

Will _____ plan _____ hearing _____ types?

_____ possible _____ hearing _____ covered in the vision plan _____.

_____ there any _____ to _____ aids _____ vision plan?

Is _____ aids _____ by _____ vision plan restricted?

Is _____ a rule regarding _____ aids in _____.

_____ any rules _____ hearing aids _____ my _____ plan?

_____ about what types of hearing _____ under _____ vision _____.

I _____ if _____ restrict the hearing _____ covered by _____ vision _____.

_____ include any rules about _____ aids?

Is it _____ coverage in my _____ plan.

_____ would like to know if my vision _____.

Does my _____ include _____ restrictions _____ of hearing _____ I use?

_____ vision plan can _____.

Is _____ the _____ of hearing aids covered _____ plan are restricted?

_____ is _____ hearing aids covered under _____ not always _____ from restrictions.

The types of hearing _____ the vision _____ restricted.

_____ to _____ in my vision _____?

Is _____ possible that hearing aids covered _____ free _____ restrictions?

What ____ affect ____ hearing aid ____ my vision ____?
 What constraints ____ regarding ____ aids ____ my vision ____?
 ____ included in my ____ insurance subject to ____?
 Do ____ vision plan restrict ____ ears?
 ____ is possible that the ____ covered by ____ vision ____ restricted.
 ____ there a limit ____ the hearing aids ____?
 What ____ aids ____ my ____ insurance ____?
 Do ____ aids ____ in my ____ have any ____?
 ____ it possible that ____ aids ____ allowed ____ the vision ____?
 ____ vision ____ limit hearing aid ____?
 ____ any ____ relating ____ hearing aids ____ my ____ plan?
 I was wondering if ____ on covered ____ vision policy.
 ____ is the limit for ____ aids ____ the ____ plan ____?
 Does ____ affect aids ____ ears?
 ____ you mean ____ hearing ____ by ____ vision plan?
 Is ____ possible ____ on covered hearable ____ my ____ policy?
 What ____ restrictions ____ are ____ the vision plan of mine?
 Is it ____ that ____ are part ____ the vision plan ____?
 Can ____ types ____ aids be ____ under my ____?
 Can any restrictions ____ applied to ____ insurance?
 ____ possible ____ hearing aids ____ under my ____ are ____ free from ____.
 Do ____ restrict the hearing ____ covered ____ the ____ plan?
 Is it ____ aids ____ my vision plan are limited?
 Does ____ vision plan ____ restrictions ____ types of ____ aids are ____?
 Is ____ a limit to how ____ included ____ vision coverage?
 I want ____ know ____ there are ____ for ____ aids ____ plan.
 ____ hearing aid coverage ____ plan have limits?
 Do certain types ____ to be ____ my vision ____?
 Is ____ hearing aids ____ my vision plan.
 Is it ____ that ____ aids ____ under ____ vision plan ____?
 Should the types ____ hearing aids ____ my vision ____?
 ____ certain hearing aids qualify ____ coverage under ____?
 Do ____ aids have ____ in ____ vision plan ____?
 Are ____ to ____ the ____ aids ____ are covered by my ____?
 Is there ____ on my ____ auditory devices?
 ____ vision ____ contain limits ____ hearing ____?
 Do ____ to worry ____ specific ____ hearing ____ my vision plan?
 ____ limit ____ the hearing aids ____ the vision plan ____?
 ____ have ____ plan ____ wondered if ____ hearing ____ in it ____ be ____.
 Does my ____ plan include ____ hearing aids?
 ____ on hearing ____ options ____ my ____ plan?
 ____ there ____ limit to what hearing ____ in ____ coverage?
 ____ chance ____ hearing aids aren't allowed ____ the ____ plan?
 ____ possible that ____ types of ____ aids ____ under ____ vision ____ restricted.
 ____ there any ____ type ____ aids that my vision plan ____.
 ____ you ____ hearing aids covered ____ vision plan ____ be ____?
 I ____ a vision ____ and ____ any hearing aids could ____.
 ____ there ____ rules ____ hearing ____ my vision plan?
 ____ are any ____ the ____ aid options ____ my vision ____?
 ____ vision ____ include ____ on what ____ of hearing ____ can be ____?

_____ plan _____ for certain types _____ hearing aids.

_____ that _____ of _____ aids _____ under my vision plan are _____.

Is it _____ that _____ the types of hearing _____?

Is there _____ limitations on _____ hearing _____ my _____?

Does my _____ cover any _____ types _____ aids?

_____ don't know _____ you will _____ the _____ covered by _____ plan.

_____ vision plan will _____ for _____ aids, what's _____?

_____ have a _____ I _____ there were _____ hearing aids that I _____.

Are you _____ to restrict the _____ aids _____ vision _____?

_____ hearing _____ that the vision plan covers are _____.

_____ limits to _____ hearable _____ in my vision _____?

What is _____ for hearing aids that _____ plan _____?

_____ there a _____ the _____ of hearing aids _____ my vision _____?

Is certain kinds _____ hearing _____ eligible for _____ vision _____?

I have _____ plan and wondered if _____ any _____ use.

What are the _____ under _____ vision plan?

What is _____ for _____ aids _____ my _____ plan will _____?

Will _____ vision _____ limit hearing _____?

Does _____ aids have any _____ my _____ plan _____?

_____ types of _____ aids covered _____ the _____ be restricted?

Can _____ plan's hearing _____ coverage be _____ restrictions?

_____ policy _____ the covered _____ types?

Can _____ plan _____ aid types?

_____ it _____ that _____ the vision _____ are not allowed?

What _____ of hearing _____ are allowed _____ the _____?

Is _____ plan covered _____ certain types _____ hearing _____?

_____ my vision _____ include restrictions _____?

_____ hearing _____ in the _____ might be _____ to some restrictions.

_____ is possible _____ types _____ hearing _____ vision _____ covers is subject _____ restrictions.

_____ plan _____ limits on the hearing aids?

_____ might have to _____ specific types of hearing _____ vision _____.

_____ some _____ be covered under my vision _____?

Does _____ plan _____ certain _____ hearing devices?

_____ plan make _____ about hearing _____?

My vision _____ limits _____ hearing _____.

What _____ the _____ the hearing _____ in vision _____?

Does my _____ bar _____ of _____ devices?

Is there a _____ the hearing _____ vision _____ will _____?

_____ it possible _____ the types _____ hearing _____ covered _____ my _____ restrictions?

_____ there any _____ on _____ aid options _____ vision plan?

Is _____ hearing _____ within the vision benefits package?

Are _____ hearing aids _____ are covered _____ vision plan?

_____ types of hearing aids that are _____ under my _____ plan _____?

_____ the _____ plan impose _____ the _____ aids?

_____ my _____ limit _____ aid options?

Do _____ limitations _____ my vision plan _____?

I _____ hearing aids are covered under my _____.

_____ of hearing _____ is _____ my vision plan?

_____ the _____ plan restrict _____?

My vision plan will _____ the limit?

Is _____ on _____ hearable types _____ vision policy?

Is the hearing _____ vision plan?

_____ vision _____ to provide _____ for _____ types of hearing _____?

_____ hearable types in my vision policy?

My _____ plan _____ cover _____ but what _____ limit?

Does _____ vision _____ restrict _____ to _____?

_____ the _____ plan _____ limitations on _____ hearing _____?

_____ hearing _____ my vision insurance _____?

_____ vision plan _____ rules about _____?

Is _____ possible that _____ the vision plan _____?

There _____ be limits _____ the hearing aid _____ plan.

_____ vision _____ certain types of hearing _____?

_____ it possible to _____ my vision plan?

Do there _____ of hearing aids my _____ plan _____?

_____ devices be _____ in _____ insurance plan?

_____ am _____ are _____ limitations on _____ hearable _____ in _____ vision policy.

_____ hearing _____ are acceptable for _____?

_____ hearing aids in the vision plan?

_____ aids have _____ insurance accept?

_____ there any _____ on what hearing aids _____ plan _____?

Does _____ plan limit _____ types _____ hearing aids _____ used?

What types _____ allowed in my _____ plan?

Is _____ anycontraindications _____ using hearing _____ my _____ plan?

_____ know what the restrictions _____ on _____ hearing _____ vision plan _____.

_____ types of hearing aids _____ vision plan _____ allowed.

_____ are _____ regarding _____ aids _____ my vision plan?

Is my vision _____ restriction _____?

_____ might be _____ for hearing _____ my _____ plan.

What _____ types _____ the vision _____ covers are _____ to some _____?

Is it _____ that the _____ aids _____ vision _____ is restricted?

_____ it possible _____ vision plan covers don't allow _____?

_____ package _____ any restrictions on the _____ of auditory _____?

_____ that _____ vision plan _____ types of _____ aids covered?

_____ types _____ that are covered under _____ vision _____ could be _____.

_____ restricted under _____ vision plan.

Is _____ possible _____ you will _____ hearing aids _____ are _____ plan?

_____ the vision plan _____ some _____ hearing _____?

I _____ worried about specific types _____ hearing aids _____?

_____ a limitation to _____ type _____ aids that my _____ plan _____?

_____ vision plan will _____ for _____ aids, what's the _____?

_____ there a _____ to _____ amount _____ hearing _____ included in _____ coverage?

Under _____ vision _____ what _____ constraints _____ hearing aids?

Is my _____ hearing _____ types.

Is _____ a _____ to _____ aids _____ my vision plan _____?

_____ plan restrict _____ use of covered hearing _____?

Does _____ any limitations on hearing _____?

_____ any restriction _____ types of hearing aids _____ in my _____?

_____ vision plan _____ types _____ hearing devices.

It is _____ don't allow certain _____ of hearing aids.

There are _____ hearing _____ that _____ may not _____ by _____ vision insurance.

Is _____ possible that _____ of hearing aids that are covered _____ are not _____ from _____?

There are _____ covered _____ options _____ my vision plan.

I _____ if my vision plan can _____ types.

What is the _____ the _____ aids included in _____?

It is possible _____ aids covered _____ vision plan _____.

The _____ that are _____ vision plan might be restricted.

_____ possible _____ some _____ aids _____ subject to _____ in the _____ plan?

_____ it possible _____ limit the types _____ covered by _____ insurance?

I want to know _____ limitations _____ hearing aids _____ vision plan.

Which _____ aids my _____ accept?

_____ vision _____ limit the _____ aids?

_____ there a _____ number of hearing _____ in my vision _____?

_____ it _____ the type of _____ under my vision plan are not always _____?

_____ there _____ restrictions _____ hearing aids included _____ my _____ plan?

Is _____ any constraints on _____ hearing _____ in _____ plan.

_____ possible that _____ of hearing _____ by _____ vision _____ are restricted?

_____ my _____ limit _____ hearing aids _____ buy?

_____ my vision plan not cover certain _____?

_____ plan limiting covered _____ types?

There could _____ on _____ types _____ covered by my _____ insurance.

_____ I _____ to worry _____ specific types _____ aids or my _____?

Is there any restrictions _____ how _____ aids _____ used _____ vision _____?

_____ my vision plan _____ certain _____ aiding _____?

Does my _____ benefits package _____ restrictions _____ hearing _____?

_____ plan include restrictions _____ types of hearing _____ I _____ use?

_____ my vision _____ cause _____ aids?

Does _____ plan have _____ hearing _____?

Is _____ limit to how _____ the vision _____ covers?

_____ my vision _____ limited _____ covered hearing _____?

What are the _____ vision _____ hearing aids?

_____ be restrictions _____ types of hearing _____ covered _____ vision plan.

_____ that _____ covered in the _____ plan are _____.

Are _____ going _____ restrict the _____ aids _____ by the _____?

_____ vision _____ may provide _____ types of hearing _____.

The types _____ under the _____ plan could _____ restricted.

_____ could be some _____ on _____ types _____ hearing aids _____ plan _____.

Is _____ to the _____ hearing _____ that my vision _____?

Will there _____ any _____ for _____ aids _____ my _____?

Is _____ that the _____ of hearing aids _____ plan _____ restricted?

Is there _____ limit _____ hearing aids that my vision _____?

There are any constraints in _____ on _____ hearing _____.

_____ of hearing _____ that _____ covered _____ plan could be restricted.

I _____ if _____ could be _____ my vision _____.

Can _____ apply to _____ aids?

Is it _____ that _____ under the _____ plan.

It's possible _____ the _____ of _____ aids _____ under _____ are limited.

Does the _____ policy _____ limitations on covered _____?

Is the vision _____ covers _____ of _____?

_____ is a _____ that the _____ hearing aids covered _____ the _____ restricted.

The types of hearing aids _____ is _____ to _____.

Is the _____ included _____ vision coverage limited?
_____ be restrictions on _____ aid _____ in _____ vision _____.

Does _____ vision plan have _____ aids?

Are there limitations on hearing _____ in _____?

There could _____ the _____ aids covered by my _____ plan.

What restrictions affect _____ coverage?
_____ it _____ that hearing _____ of _____ vision plan aren't allowed?
_____ there any constraints _____ aid _____ my vision plan?

Can _____ be _____ regarding hearing aid _____ in _____?

_____ rules for hearing _____ in my vision _____.

There _____ on the types _____ covered by my vision _____.

There _____ types _____ hearing aids _____ are _____ my _____ plan.

What _____ the restrictions on _____ hearing _____ in _____ plan?

Is there _____ constraints _____ hearing _____ vision plan?

Will there be any limits on hearing _____?

Can _____ covered under my _____ plan _____?

Is hearing _____ covered under _____ vision _____ restricted?

What exactly are _____ which hearing _____ are _____ by _____ vision _____?

_____ wonder if there _____ limitations on _____ hearable _____ my vision _____.

_____ my vision plan _____ use of covered _____?

There _____ limits _____ in the vision plan.

_____ you _____ restrict hearing _____ covered by _____ vision plan?

Is _____ hearing _____ covered _____ the vision _____ subject _____?

_____ if there _____ auditory device within my _____ benefits package.

Does the _____ limit _____ of _____ aids that _____ covered?

Is the _____ covered under my vision _____?

Is there _____ limit _____ kind _____ hearing aids _____ my vision _____?

I have _____ vision _____ wondered _____ there _____ any hearing aids _____ used.

_____ possible that the _____ of _____ covered _____ the vision plan are _____?

_____ there any restriction _____ hearing _____ are covered by _____?

_____ my vision plan _____ any _____ the types _____ aids?

Does _____ insurance _____ hearing _____?

My vision plan will _____ but _____ the _____ for _____?

Is _____ a _____ to the hearing _____ vision _____?

_____ which hearing aids the vision _____ covers?

Does my vision _____ have _____ what _____ of _____ aids _____?

Is it possible _____ types _____ hearing aids _____ my _____ limited?

_____ any _____ apply to hearable _____ visual insurance?

Does the _____ benefits _____ any restrictions _____ auditory _____?

I'm wondering _____ are any _____ hearable types in _____ vision _____.

_____ kinds of _____ are _____ in my _____ plan?

Which types _____ hearing aids _____ my _____ plan?

Is it possible _____ hearing aids _____ the _____ limited?

Is there _____ specific auditory _____ benefits package?

_____ possible _____ vision plan limit hearing _____?

Is _____ possibility that _____ hearing _____ covered under my _____ are _____?

Is _____ that some of the _____ aids _____ under _____ are _____?

_____ the _____ hearing aids _____ my vision plan.

Does my vision _____ types of _____?

_____ vision insurance _____ hearing _____?

What are ____ limitations ____ vision ____ hearing aids?
 ____ possible ____ there ____ restrictions ____ the types ____ hearing aids ____ vision _____.
 Does my ____ plan ____ the types ____ that ____ use?
 My ____ allows ____ certain ____ hearing aids.
 Is the ____ hearing aids that are covered ____?
 Do I have any restrictions ____ what ____ aids ____ covers?
 Is ____ restriction ____ what ____ of ____ aids ____ allowed ____ my ____ plan?
 There ____ regarding hearing aid ____ vision plan?
 ____ there ____ to ____ types of hearing ____ the vision plan ____?
 Does ____ vision plan restrict ____ hearing ____?
 So, ____ are ____ hearing aids in ____ plan?
 In my ____ constraints ____ covered ____ aid options?
 Is ____ a ____ hearing aids ____ vision plan covers.
 ____ are the ____ on ____ is ____ my vision plan?
 What ____ are the restrictions on ____ vision ____?
 Does ____ package ____ any restrictions on auditory ____?
 ____ my ____ plan include ____ on ____ hearing aids are allowed?
 ____ any ____ hearing ____ coverage in my vision ____?
 ____ my ____ plan ____ hearing devices?
 ____ there ____ limit ____ the ____ aids ____ included in vision ____?
 ____ types of hearing aids ____ are ____ under ____ plan ____ restricted?
 Does ____ plan ____ for hearing ____?
 ____ types of ____ aids ____ for coverage under my ____?
 There is ____ possibility ____ hearing ____ allowed ____ the ____ plan.
 Do you ____ restrict the hearing ____ by my vision ____?
 Can ____ any ____ hearing aid coverage in ____ plan?
 Is ____ to ____ type of hearing aids covered ____ the ____?
 ____ it ____ for ____ vision ____ to limit covered ____ aid ____?
 Does ____ plan ____ restrictions ____ hearing ____?
 Are ____ to restrict hearing ____ by the ____?
 Is ____ covered ____ aid options in my vision ____?
 ____ vision ____ may not cover ____ types.
 It's ____ aids covered by my ____ plan ____ always free from restrictions.
 ____ the ____ hearing ____ covered ____ my vision ____ restricted?
 ____ vision plan and ____ if ____ could use hearing aids _____.
 What ____ my vision ____ of ____?
 What ____ covered hearable ____ policy?
 ____ there ____ to ____ much hearing aids my ____ plan ____?
 ____ vision plan affect ____ of ____?
 ____ put ____ on hearing aids?
 ____ wonder if there are any ____ on ____ hearable ____ policy.
 ____ there ____ hearing aids that my ____ plan ____ pay for?
 Is ____ any ____ hearing aids ____ by ____ vision plan?
 ____ there any ____ hearable ____ in ____ vision policy?
 ____ hearing ____ covered by ____ vision plan going to ____?
 ____ there ____ rules regarding ____ aids ____ my vision ____?
 ____ vision plan ____ to limits ____ types?
 ____ there ____ limit ____ that can be used in vision ____?
 ____ my vision plan include ____ aids?
 ____ this ____ plan of my, what are ____ which ____ it ____?

_____ there _____ about hearing aids _____ the _____ plan?
 Can there _____ to the _____ hearing aids included _____ coverage?
 Does my _____ any limitations on covered _____?
 _____ my _____ plan not cover _____ aid _____?
 _____ my vision _____ make _____ hearing aids?
 _____ vision _____ hearing devices?
 _____ you think _____ aids _____ in my vision _____ be _____?
 I _____ plan, so _____ wondered _____ any hearing aids covered _____ be used.
 Does _____ vision _____ covered hearable types?
 _____ it possible _____ vision _____ excludes certain types _____ hearing _____?
 _____ it _____ that you are going _____ hearing aids _____ by _____ plan?
 Is _____ hearing aids covered under my vision _____ not _____?
 _____ there a limit _____ the _____ hearing aids _____ plan includes?
 Does _____ plan _____ any _____ on _____ aids?
 Does my _____ what hearing _____?
 _____ hearing _____ included in _____ insurance have _____ restrictions?
 _____ on covered _____ types _____ the vision policy?
 Does _____ vision _____ for _____ on hearing aids?
 _____ there _____ rules _____ in my vision plan?
 Is _____ on what hearing _____ by my vision _____?
 _____ there any limits _____ options _____ vision plan?
 _____ my vision _____ aid use?
 _____ that my _____ insurance will _____?
 Is it _____ some _____ aids covered under _____ to restrictions?
 I have _____ plan, and _____ aids would _____ in it.
 _____ it possible that _____ types of _____ that are covered by my _____ plan _____ from _____?
 _____ would _____ to know if _____ are _____ on _____ hearable types _____ policy.
 _____ plan limit _____ ears?
 _____ my _____ plan able _____ covered hearing _____?
 _____ it possible _____ the _____ plan _____ certain types of _____?
 _____ my vision _____ of hearing aids?
 Can _____ be _____ on the types _____ hearing _____ vision _____?
 There may be _____ on the _____ aid coverage _____.
 _____ possible that the _____ plan _____ don't allow certain _____.
 Is _____ a _____ to _____ hearing aids in _____.
 _____ plan _____ the aiding of _____?
 _____ there _____ rules about _____ in _____ vision plan?
 _____ the limit _____ aids _____ my vision _____ pay?
 Does _____ plan _____ certain types of _____?
 _____ constraints are _____ on covered hearing aids _____?
 _____ types can be limited _____ my _____.
 _____ it possible that the types _____ vision _____ covers aren't _____.
 _____ it _____ hearing _____ covered in my _____ plan _____ always _____ restrictions?
 _____ there _____ limit to the amount of _____ aids _____?
 _____ of hearing _____ the _____ plan covers might be _____ some _____.
 _____ the vision plan _____ covered _____?
 _____ my _____ plan _____ specific _____ of _____ devices?
 _____ vision plan _____ the _____ aids I can use?
 What are _____ on _____ by this vision plan?
 _____ any limit to the hearing _____ that _____ covers.

_____ there _____ any constraints regarding _____ aid _____ vision plan?
 _____ the types _____ aids covered under my _____ any _____?
 The _____ plan _____ for hearing aids, but what _____ for _____?
 _____ constraints for _____ in my vision plan?
 Do you think you'll _____ aids _____ my _____?
 _____ any _____ on covered _____ types _____ vision policy?
 Are _____ limits on _____ coverage in my _____?
 Is it _____ that _____ vision _____ of hearing aids?
 What restrictions _____ are _____ vision plan?
 _____ there any _____ hearing aids _____ vision plan?
 Is there any limit _____ of _____ vision _____ covers?
 Is _____ a _____ the _____ of hearing aids my _____?
 _____ you _____ the hearing _____ be restricted under my _____?
 Does _____ vision plan _____ any limit to _____ type _____?
 Are _____ going _____ restrict the hearing _____ that _____ my _____ plan?
 _____ anything limits _____ aids _____ my vision plan?
 _____ wondered if any hearing aids were covered.
 _____ the _____ hearing aids that the _____ plan _____ pay _____?
 _____ possible that the _____ doesn't allow the types _____ hearing _____?
 _____ plan, any constraints on covered _____ options?
 _____ vision plan will _____ aids, _____ their limit?
 _____ there a limit _____ types _____ hearing aids _____ covers?
 _____ plan _____ wondered if _____ aids in that _____ could be used.
 Does _____ plan _____ any limitations to _____?
 _____ the _____ which hearing _____ are covered _____ my _____ plan?
 There are _____ types of _____ vision insurance.
 Is there _____ on _____ aid _____ in my _____ plan?
 _____ it _____ that _____ hearing aids _____ vision _____ covers _____ restricted?
 What _____ hearing aids _____ included _____ vision plan?
 _____ the vision _____ limitations _____ covered _____ types?
 _____ there _____ limit to _____ kind of _____ aids _____ plan _____?
 _____ have a _____ and I _____ covered in it _____ be used.
 _____ constraints _____ covered _____ in the vision plan?
 _____ my _____ limits on _____ devices?
 What hearing _____ vision _____ cover?
 Is it _____ the _____ may _____ restrictions on _____ types _____ aids?
 _____ vision _____ and _____ hearing aids could be _____ in it.
 Does _____ vision plan contain _____ regarding _____?
 limits _____ aids _____ my _____ plan?
 Do _____ the hearing aids _____ by the _____ will _____?
 _____ it possible _____ have _____ on the types of _____ aids?
 _____ ask about _____ types of hearing _____ covered _____ insurance.
 What _____ hearing aid _____ my vision plan?
 I _____ to _____ vision plan _____ any kind of _____ aids.
 _____ hearing _____ covered _____ my vision _____ are restricted?
 _____ is the limit for _____ will cover?
 _____ any restrictions on _____ hearing _____ are covered under _____?
 _____ my vision _____ any limits on the _____?
 What types _____ hearing aids _____ accepted under _____?
 _____ on the hearing aid options _____ vision _____?

_____ it _____ possibility _____ types of hearing _____ covered _____ vision _____ are restricted?

_____ that the types _____ covered _____ the vision plan _____ restricted.

Is _____ aid coverage _____ my vision plan?

_____ my vision _____ hearing aids?

Does my vision _____ have _____ restrictions _____ the _____?

_____ it _____ the types of _____ the vision _____ are not _____?

Do you _____ restrict the _____ aids that _____ my _____ plan?

You _____ restrict _____ aids that are _____ by _____ vision _____.

_____ have _____ plan and wondered _____ there were _____ aids _____ it.

_____ if _____ vision plan limits hearing _____.

_____ that _____ types _____ hearing aids are not included _____ plan?

_____ plan might _____ on _____ aids.

There _____ be _____ on the _____ hearing _____ covered _____ the _____ plan.

Any constraints on _____ aid options _____ my _____?

Hearing _____ can _____ my _____ plan.

Is _____ possible _____ the types of _____ plan covers are _____ some _____?

Do _____ restrict _____ covered by my vision _____?