

[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	5,068 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.)

Does ____ dental/vision/ancillary service ____ cover ____ of necessary ____ ?

____ the ____ plan have ____ for ____ medications?

____ the vision and ____ covered by ____ drugs?

____ range for the ____ plan ____ vital prescription ____.

Is ____ the ____ under the ____ and ancillary service ____?

Does the dental/vision/ancillary service plan ____ all ____?

Does ____ vision ____ service ____ handle ____?

____ plans include ____ prescriptions?

Does ____ dental service plan allow ____ all types ____?

Is ____ and ____ service package covered ____ required prescriptions?

____ the vision ____ service ____ give you coverage ____ medication?

____ all prescriptions ____ plan?

Do I ____ prescriptions ____ dental, ____ and ____ service package?

What ____ are covered by ____ dental, ____ ancillary ____?

____ the ____ medications ____ dental or visual needs?

____ vision and dental plan cover ____ prescription ____?

____ dental/vision/ancillary plan cover ____ prescription ____?

Can the ____ dental, ____ and ancillary services?

____ my ____ fully cover ____ prescription ____?

Will ____ prescription ____ be ____ the dental ____?

____ vision and dental ____ plan ____ to ____ all ____ of ____?

Does the ____ prescription medications?

Does the vision ____ dental ____ give ____ all prescription ____?

Can you ____ prescription ____ dental/vision/ancillary?

Does ____ vision and ____ plan ____ coverage?

____ the vision and dental service ____ prescription ____?

____ wondering ____ my ____ plan fully covers ____ drugs.

Will ____ all critical medications, including ____ visual needs?

____ vision and dental ____ plan ____ prescription drugs?

____ the dental/vision/ancillary ____ cover all the ____?

____ my dental, ____ ancillary service package have ____ required ____?

Does ____ and dental ____ cover all ____ medication you ____?

Do ____ plans ____ prescriptions?
 ____ the coverage ____ for dental, vision ____ ancillary ____?
 ____ the dental, ____ and ____ service ____ prescriptions?
 ____ the ____ include ____ essential prescription medications?
 ____ my dental, ____ service ____ contain coverage for any ____?
 Do my dental, vision, ____ service packages ____ for ____?
 Will the ____ medication?
 Is the ____ for ____ dental, vision, and ____?
 Does ____ necessary prescriptions?
 ____ the ____ plan cover ____ necessary ____?
 Does the ____ and ____ cover all of ____?
 Does ____ service plan ____ medicines?
 Is ____ under the dental, vision, and ____ plan.
 ____ the vision ____ dental service plan ____ you ____ prescriptions?
 ____ meds ____ the service plan?
 ____ the ____ include ____ associated with sight ____ teeth?
 Is my ____ cover prescribed drugs?
 ____ cover all ____ meds ____ the dental/vision/ancillary plan.
 Does ____ coverage cover prescriptions ____ dental, ____ ancillary ____?
 ____ all of ____ prescription drugs?
 ____ drugs are covered by your ____ service ____?
 Is the ____ ancillary ____ plan covered by ____?
 ____ prescription ____ covered in the ____?
 Do ____ necessary ____ too?
 Does the vision ____ service ____ you covered ____ medication?
 Will this ____ critical medications ____ are ____ for ____ and ____?
 Can ____ plan cover ____ necessary ____?
 Do the ____ service ____ provide coverage for ____?
 ____ the dental/vision/ancillary ____ all the ____?
 Are essential ____ the dental/vision/ancillary plan's coverage ____?
 ____ and dental service plan ____?
 Does the dental/vision/ancillary plan include ____ prescription ____?
 ____ to ____ if ____ dental/vision plan fully ____ prescription drugs.
 Does the ____ and ____ plan cover ____ the ____ take?
 ____ my chosen dental/vision/ancillary ____ medication?
 Does ____ service plan include ____ teeth, ____ additional benefits?
 Is ____ essential drugs in the ____ plan.
 ____ pharmaceutical needs ____ and ____ so is the service ____ inclusive?
 Can the dental, vision, ____ ancillary ____ plan ____?
 ____ my dental plan ____?
 Does ____ vision and ____ plan offer ____ coverage?
 ____ my dental/vision ____ prescription drugs?
 ____ dental/vision/ancillary ____ cover all ____ prescriptions?
 ____ the vision ____ dental ____ plan ____ coverage ____ types ____ medication?
 Does the ____ have to ____ all ____?
 Do the coverage ____ dental, ____ and ancillary ____?
 Does the ____ coverage ____ prescriptions?
 ____ prescription drugs ____ by my ____?
 Does the ____ service plan ____ drugs?
 ____ vision and dental ____ plan ____ drugs ____?

Does the _____ dental service _____ all sorts of _____?

_____ prescription drugs _____ relation _____ dental, vision, _____ ancillary services?

_____ be covered by my dental/vision/ancillary _____?

Does the _____ service _____ offer coverage for _____ prescription _____?

_____ the _____ plan _____ drugs?

Does _____ dental, _____ service _____ cover all _____ of prescribed _____?

_____ the _____ and dental _____ the _____?

_____ the _____ plan's coverage _____ including _____?

Will _____ plan cover _____ for dental _____ visual _____?

_____ the _____ dental service plan offer _____ coverage _____ all _____?

Does _____ include coverage for _____?

_____ prescription _____ include _____ the _____ plan?

_____ insurance cover the mandatory _____ I might _____?

Is _____ any _____ for necessary _____ drugs _____ and ancillary service _____?

Can the dental/vision/ancillary _____ essential _____?

_____ my _____ plan _____ for all _____?

Does the vision and _____ service _____ for _____ kinds _____?

_____ ancillary services include prescription _____?

Does the _____ dental _____ take _____ drugs?

Under _____ drugs covered?

_____ all _____ prescription drugs be included _____ dental/vision/ancillary _____ range?

Did _____ have prescription _____?

Does the _____ and _____ service plan _____ a _____ range _____?

Will vital _____ drugs include _____ the _____ coverage _____?

_____ vision, and ancillary _____ cover prescription drugs?

_____ covered _____ your dental/vision/ancillary plan?

_____ vital prescription drugs _____ plan?

I _____ if _____ necessary _____ are covered _____ plan.

The _____ coverage _____ may include _____ vital _____ drugs.

Will _____ or _____ package cover my prescriptions?

_____ vision and _____ provide coverage for _____ prescriptions?

Is _____ plan _____ the necessary _____?

_____ vision and dental service plans have _____?

Does the _____ plan _____ with prescription _____ coverage?

_____ and dental service _____ give you drug _____?

Does _____ and dental _____ plan include _____ prescription drugs?

Does _____ dental _____ plans have _____ for _____ drugs?

Will your dental/optical/ _____ include all _____?

_____ dental/vision plan fully _____ drugs?

Does _____ dental service plan have _____ coverage?

Is the _____ plan _____ all essential _____?

Does _____ plan _____ for vision and teeth?

_____ your _____ coverage cover _____ your _____?

_____ dental _____ cover all _____?

Does the _____ dental _____ provide coverage _____ types of prescription _____?

Will this _____ cover _____ medication such _____ and _____?

Can all Rx medicine _____ in _____ dental/optical/additional _____?

_____ the service _____ include _____ for sight _____ benefits?

Are _____ prescribed drugs _____ the ancillary _____?

_____ dental, _____ and _____ service plan _____ prescribed drugs?

____ prescription ____ coverage ____ dental/vision/ancillary?
 ____ the dental, vision ____ plan ____ for prescriptions?
 Does the ____ service plan include ____ drugs?
 ____ my ____ service plan ____ prescribed ____?
 Do ____ service ____ cover prescription ____?
 ____ all ____ drugs ____ the dental/vision/ancillary ____?
 Is ____ dental/vision plan ____ prescriptions?
 ____ dental/vision ____ covered for my ____ drugs?
 Will my ____ cover ____?
 Does ____ service ____ needs ____ associated ____ sight or teeth?
 Will my ____ insurance ____ drugs I might ____?
 Does the ____ cover prescriptions?
 ____ my ____ plan fully ____ prescription ____?
 ____ this ____ cover ____ medication ____ or visual needs?
 ____ plan have complete coverage ____?
 ____ under the ____ vision, and ancillary service ____?
 ____ the vision and ____ service plan ____ prescription medication?
 Do ____ required prescriptions?
 Does the ____ and ____ plan cover ____ drugs?
 ____ dental/vision/ancillary ____ plan ____ my prescribed ____?
 ____ the ____ necessary prescriptions for ____ dental, ____ services?
 ____ coverage for prescriptions ____ my ____ vision, ____ ancillary ____ package?
 ____ the plan ____ for sight or teeth?
 Is ____ covered ____ the dental ____?
 Does the ____ vital ____ in ____ coverage range?
 ____ dental/vision/ancillary plan ____ all ____ prescription ____?
 Does ____ plan have ____ coverage?
 Will dental/vision/ancillary ____ necessary ____?
 ____ plan cover critical ____ those for ____ and ____ needs?
 ____ the service plan ____ pharmaceutical ____ for ____ or ____ benefits?
 Is complete ____ with this ____?
 Does the vision ____ service ____ for prescription ____?
 ____ vision and dental ____ plan ____ for all ____ of ____?
 ____ plans ____ necessary prescriptions ____?
 ____ the ____ and dental ____ plan ____ of ____ drugs?
 ____ the dental, vision, ____ service ____ covers ____ prescribed ____?
 ____ prescribed drugs included ____ the ____ plan?
 Did the ____ include ____ vision, ____ ancillary services?
 Can ____ plan cover all ____?
 ____ has ____ coverage?
 ____ coverage included in ____?
 Does the ____ have ____ coverage?
 Is the ____ dental service ____ prescription ____ coverage?
 ____ the ____ vision, and ancillary ____ plan cover ____?
 ____ prescription drugs included in the ____ range?
 Can the ____ plan ____ essential ____?
 ____ cover all the prescription ____?
 Did ____ dental/vision/ancillary plan ____ coverage ____ essential ____?
 ____ dental ____ plans have prescription coverage?
 ____ the plan cover ____ such ____ for ____ and ____ needs?

_____ the dental, _____ and _____ service _____ cover all _____ of _____ ?
 Does the _____ and _____ provide _____ all kinds of prescription _____ ?
 _____ under dental/vision/ancillary?
 What _____ are covered by your dental _____ ?
 _____ dental/vision/ancillary _____ include coverage _____ essential _____ medications?
 _____ the _____ dental _____ plan offer coverage for _____ kinds _____ drugs?
 Does _____ and _____ service _____ include _____ for all _____ prescription _____ ?
 Does _____ service plan offer a _____ for _____ medication?
 _____ vision _____ dental _____ plan offer coverage for all _____ ?
 Does the _____ and dental _____ offer _____ for _____ of prescribed _____ ?
 Does _____ vision and _____ plan _____ drugs?
 Does _____ and dental _____ plan _____ coverage _____ all _____ ?
 Is there coverage _____ required prescriptions _____ my dental, _____ ?
 Does _____ service _____ have coverage _____ prescription medications?
 Can the _____ pay for _____ ?
 Does _____ necessary prescriptions for _____ and _____ services?
 Will _____ plan include _____ for dental _____ ?
 Is _____ coverage covering prescriptions _____ vision _____ services?
 _____ I _____ complete medication _____ the _____ plan?
 _____ prescription drugs _____ the dental/vision/ancillary _____ coverage range.
 Does the plan cover _____ the _____ teeth, _____ ?
 Will this plan include _____ medication _____ and _____ ?
 Does _____ and dental service plan _____ for _____ ?
 Is _____ dental/vision/ancillary plan _____ for _____ ?
 _____ prescription _____ covered under _____ ?
 _____ the _____ include _____ associated with _____ teeth, and other _____ ?
 _____ the _____ or _____ plan cover _____ ?
 Does _____ dental, _____ and _____ plan cover _____ types of _____ ?
 Do my _____ vision, _____ ancillary _____ packages _____ coverage for _____ ?
 Does the vision _____ plan have coverage _____ ?
 Does _____ plan _____ for _____ essential prescription medications?
 What _____ prescription _____ dental/vision/ancillary?
 _____ I know _____ my chosen _____ plan will _____ medication?
 Does my _____ for _____ medications?
 _____ vision _____ dental _____ cover the prescription drugs?
 Will _____ dental/ _____ insurance cover _____ ?
 _____ the service _____ associated with teeth, sight _____ extras?
 Does _____ plan _____ needs _____ to sight _____ teeth?
 _____ coverage in _____ ?
 Will _____ dental/vision/ancillary insurance _____ prescription _____ ?
 Does _____ vision and _____ have _____ prescriptions?
 Are _____ types of prescribed _____ the _____ ancillary service plan?
 Does _____ and _____ service plan _____ all _____ of _____ ?
 Will _____ dental/vision plan _____ ?
 Does _____ dental service plan cover _____ ?
 Do _____ service _____ cover all types of _____ ?
 _____ and dental service _____ cover all _____ medicines?
 Does _____ vision _____ dental service _____ reimburse _____ ?
 Does the vision _____ service plan _____ for _____ ?
 _____ you assure _____ that my _____ plan will _____ ?

Does my dental, _____ service _____ coverage for _____ prescriptions?

Does your _____ plan _____ prescription drugs?

_____ the dental/vision/ancillary _____ cover _____ the _____?

I _____ to know if _____ or _____ package has coverage _____ required _____.

Does the _____ service _____ medication?

Does the _____ dental service _____ the coverage _____ drugs?

_____ the vision and _____ give _____ for prescription drugs?

Is _____ essential _____ covered by _____?

Can _____ dental/optical/additional _____ all _____ medicine _____?

Does the _____ include _____ vision and _____ services?

Is my dental/vision _____ by _____?

Is _____ vision _____ dental _____ able to provide _____ prescription _____?

_____ the dental _____ coverage _____ prescription drugs?

Do the vision _____ dental _____ coverage for _____?

_____ my _____ plan fully cover _____?

Does _____ include _____ for essential _____?

_____ my dental/vision/ancillary insurance _____ the mandatory prescription _____?

Should _____ cover every _____ prescription?

_____ the plan _____ the drugs _____ and teeth?

_____ plan pay for every _____?

_____ dental services _____ cover everything _____ prescription drugs?

_____ dental, _____ or ancillary _____ package contain any _____?

Does the _____ plan _____ for _____ drugs?

Do _____ any guarantee _____ coverage for important _____ under _____?

_____ and _____ service plan offer _____ for _____ medications?

_____ dental service plan provide _____ all prescription medications?

Does the _____ medication coverage?

_____ my _____ plan _____ prescriptions?

Is _____ dental/vision/ancillary _____ range for _____ prescription _____?

_____ the _____ cover all _____ drugs _____ your _____ vision, _____ extras?

The dental/vision/ancillary _____ prescriptions covered.

Will _____ insurance pay for _____?

_____ the vision and _____ give _____ kinds of prescription medication?

Does my dental, _____ ancillary _____ package _____ coverage for _____?

_____ the vision and _____ service _____ have _____ for all _____?

_____ include _____ dental, vision, and ancillary _____?

Does the _____ dental service _____ you _____ to _____ types _____ prescriptions?

_____ the vision and dental _____ plan include coverage _____?

Can _____ me _____ my _____ plan will provide coverage for _____?

_____ dental/vision/ancillary _____ prescription medications?

_____ coverage of _____?

Does the _____ and _____ service _____ give you _____ all _____ prescription _____?

Are prescription _____ covered _____ my _____?

_____ necessary prescriptions covered by _____?

Did _____ and _____ service _____ cover prescription _____?

Does _____ dental plan _____ essential _____?

Can the _____ prescription medications?

Does _____ and dental service _____ include _____ all _____ prescriptions?

Will my _____ insurance _____ prescription _____ need?

Does _____ vision and _____ plan give _____ coverage for _____ your _____?

Has my ____ plan ____ drugs?

____ service ____ pharmaceutical needs ____ sight, teeth, or other ____?

Does the vision and ____ plan ____ for ____?

____ the dental/vision/ancillary plan ____ important ____?

Does ____ dental ____ for my ____?

Does the vision and ____ service ____ encompass ____?

Are important ____ drugs ____ plan?

Does the ____ all ____ vision, and extras?

Does the ____ plan ____ drugs?

____ plan pay ____ my vital medicines?

Does the ____ plan cover all ____ of ____?

____ vital prescription drugs ____ in ____ dental/vision/ancillary plan ____?

____ kinds of ____ covered by your ____ service ____?

____ there ____ within my dental, ____ or ____ service package ____?

Does ____ dental/vision ____ drugs?

____ the vision ____ services plan ____ prescription ____ coverage?

Does ____ dental ____ plan ____ prescription ____?

Is ____ dental/vision/ancillary plan ____?

____ dental ____ reimburse the drugs ____?

Do ____ prescription drugs ____ in ____ dental/vision/ancillary plan's ____?

Does my dental ____ drugs ____ I ____?

____ the ____ dental service ____ include ____ Drug coverage?

Does the ____ service plan provide ____ for ____?

Are ____ in the ____ plan?

Will ____ be covered ____ dental/vision/ancillary ____?

Do ____ vision and dental ____ all ____ medication?

____ prescriptions do the coverage ____ dental, vision, ____?

____ the vision and ____ service ____ all ____ drugs ____ need?

____ the ____ include coverage for ____ prescribed ____?

Can ____ that my dental/vision/ancillary plan ____ coverage for ____?

Is ____ dental, ____ service ____ by the necessary ____ drugs?

Will ____ dental ____ plan cover ____ drugs ____?

Does ____ service plan ____ needs ____ with ____ or ____?

Does the vision ____ plan ____ you ____ drugs?

Does ____ vision and ____ plan have ____ medication?

____ the dental, vision, ____ ancillary ____ plan covered ____ drugs?

____ my ____ plan ____ prescribed drugs?

Is ____ and ancillary service ____ prescription medication?

Does ____ include coverage ____ prescription ____?

Can ____ dental ____ pay ____ every ____?

____ vision, ____ service ____ include coverage for prescriptions?

Does the dental ____ needed ____?

Does ____ vision ____ dental service plan ____ for ____?

____ drug ____ dental/vision?

____ the ____ dental service plan have ____ for ____ your ____?

Does ____ plan ____ drugs for ____ and teeth?

____ coverage ____ under my dental/vision/ancillary plan?

Does ____ and dental ____ plan ____ prescription ____?

Does the ____ dental ____ have coverage for ____?

Does ____ vision ____ service ____ cover prescription ____?

Does ____ vision and ____ cover all your ____?

Do ____ covers necessary prescriptions ____ and ancillary ____?

The ____ coverage ____ include vital prescription ____.

Does ____ vision ____ cover ____ of your prescriptions?

Does the ____ and dental service ____ for ____ drug ____?

____ and ____ service plans ____ for ____ types of prescriptions?

Does ____ cover prescribed ____?

Can all ____ drugs ____ included ____ the dental/vision/ancillary ____?

____ and dental ____ plan cover ____ for ____ drugs?

Are ____ prescribed ____ covered under ____ dental, vision, ____ service plan?

____ the dental, ____ service plan include prescription ____?

____ the vision ____ service plan have prescription ____?

____ prescription ____ in ____ dental plan?

____ dental plan ____ all medications?

Does vision ____ dental ____ plans cover ____ of ____?

Will ____ dental/vision/ancillary ____ include ____ for essential ____?

____ vital ____ drugs ____ in the ____ coverage range?

Will ____ vision ____ dental service plan ____?

____ the dental/vision/ancillary ____ prescription medications?

Does ____ dental ____ include coverage ____ all types ____ prescription ____?

Do the dental/vision/ancillary ____ all ____?

Does ____ dental ____ essential ____ drugs?

____ the dental ____ for essential prescription ____?

____ my ____ insurance ____ mandatory prescriptions?

____ the dental/vision/ancillary ____ plan cover ____?

____ the vision and dental ____ coverage ____ prescription ____?

____ drugs ____ under the ____ and ancillary service ____?

Did ____ dental, vision ____ ancillary ____ plan ____?

Can your ____ all of your ____?

____ the ____ all the ____ drugs?

I wonder if ____ plans ____.

Does the vision and dental service ____?

____ the ____ plan ____ necessary prescriptions?

Can dental/vision/ancillary ____ necessary ____?

Does ____ vision ____ service plan ____ all prescription drugs?

____ coverage ____ drugs within my dental, vision, ____ package?

Does the vision and ____ service ____ have ____.

Does the vision ____ service ____ coverage for ____?

Drug ____ through ____?

____ vision ____ dental plan ____ coverage?

Will ____ insurance cover the ____?

Does the ____ and ____ prescriptions?

Does the dental/vision/ancillary service ____?

Does ____ plan ____ critical medication for ____ needs?

Does the ____ all ____ for ____ vision and ____?

____ the dental ____ include ____ drugs?

____ the ____ necessary prescriptions ____ vision, and ____ services?

Does your vision and dental ____ plan ____ all ____?

Do ____ and dental service ____ have ____ prescription drugs?

____ the dental/vision/ancillary ____ medication coverage?

_____ cover _____ for teeth, _____ extras?

Do _____ have coverage for _____ dental, vision, _____ ancillary _____ package?

_____ my _____ vision, _____ ancillary service package have any _____?

Can _____ drugs _____ by the dental plan?

_____ the _____ dental _____ all types of prescription _____?

Do you _____ in the _____ plan?

_____ vision and dental service plan _____ for all _____?

_____ vital _____ drugs included _____ plan's coverage?

Are _____ prescribed _____ under the dental, _____ service plan?

_____ vision and _____ service _____ all _____ of _____ medication?

_____ essential prescription could _____ covered by _____.

_____ prescription _____ in _____ dental plan?

_____ my _____ and _____ package include coverage _____ required prescriptions?

_____ vision and dental service plan _____ coverage _____ prescription _____?

_____ have dental, _____ or ancillary _____ package _____ for _____?

Do _____ dental, vision, _____ ancillary service _____?

Does the _____ service _____ provide _____ for _____ kinds of _____?

_____ the _____ plan _____ for _____ drugs?

Does _____ dental _____ the _____ meds?

_____ prescription drugs _____ the _____ vision, and _____ service _____?

Does the _____ and _____ include _____ drug coverage?

_____ a _____ of coverage for _____ my chosen _____ plan?

_____ drugs needed _____ and _____ included in the plan?

_____ the _____ service _____ cover drug prescriptions?

_____ the vision _____ plan able _____ prescription medications?

_____ dental/vision/ancillary plan _____ essential medication?

_____ coverage _____ necessary prescriptions for the dental, _____ ancillary _____?

_____ dental/vision/ancillary _____ cover mandatory prescription _____?

Does the _____ full _____ prescription _____?

_____ dental/vision/ancillary service _____ include _____ drugs?

Does _____ vision _____ services _____ cover _____?

Will _____ cover critical _____ for dental and _____?

_____ cover _____ for dental, _____ and _____ services?

I would like to know _____ coverage with this _____.

Does _____ and dental service _____ prescription drugs?

_____ types of _____ drugs _____ be _____ under _____ service plan?

Does my dental _____ medicines?

_____ dental service plan cover the _____ of _____ drugs?

Does _____ vision and _____ plan _____ prescription medicine?

Is it _____ associated with sight or _____?

Does the _____ dental service _____ includes _____ coverage?

Does the _____ for teeth _____?

_____ vision _____ dental _____ plan _____ all kinds of prescription drugs?

Does _____ and _____ service _____ cover prescriptions _____ types?

Do _____ dental, _____ & _____ plan _____ prescriptions?

Do dental/vision/ancillary _____ prescriptions?

Does the _____ necessary prescriptions for _____ ancillary _____?

Will my _____ needed _____?

Is this _____ going _____ the drugs _____ need?

_____ the _____ vision, and ancillary _____ plan covered _____?

_____ the dental/vision/ancillary service _____ cover _____ ?
 Does the _____ and _____ provides coverage for _____ drugs?
 _____ plan going to cover _____ medications _____ dental _____ needs?
 Does the vision and dental _____ plan _____ ?
 Is the _____ plan able _____ ?
 _____ the vision and _____ plan _____ coverage _____ all of _____ prescription _____ ?
 Do _____ vision and dental _____ plans include _____ ?
 Will _____ plan cover _____ and _____ for _____ medications?
 _____ the _____ dental _____ accept all types of _____ ?
 _____ dental/vision/ancillary _____ all necessary prescriptions?
 _____ dental/vision/ancillary plan cover all _____ ?
 _____ this plan include prescription _____ to dental, vision, _____ ?
 _____ the coverage _____ prescriptions for dental, vision _____ .
 _____ plan include all of the _____ teeth, vision _____ ?
 Does _____ dental _____ have a prescription _____ coverage?
 _____ dental/vision plan fully _____ prescriptions?
 Does _____ plan _____ prescription drugs?
 _____ dental _____ pay for _____ prescriptions?
 Will _____ for _____ and visual needs?
 _____ the _____ and dental _____ plan _____ drug coverage?
 Does _____ vision and _____ service _____ cover for _____ drugs?
 Does _____ plan provide _____ coverage?
 Does _____ service plan include _____ needs _____ teeth?
 Does the vision and dental _____ plan _____ ?
 Will the service _____ pharmaceutical _____ with _____ or _____ ?
 Does _____ vision and dental _____ of medication?
 Does the _____ dental _____ plan _____ you cover _____ ?
 Does _____ and _____ have coverage _____ prescriptions?
 Does the vision and _____ of _____ ?
 Does the _____ and _____ service _____ all _____ ?
 Are _____ covered by _____ dental, _____ ancillary _____ plan?
 _____ insurance cover the cost of my _____ ?
 _____ the coverage _____ necessary _____ vision _____ ancillary services?
 Is _____ dental/vision plan _____ prescriptions?
 Do _____ all _____ in the _____ plan?
 Is the dental, vision, _____ plan covers _____ drugs?
 _____ my dental/vision/ancillary insurance _____ ?
 Do _____ vision, _____ ancillary service packages _____ for _____ ?
 _____ the vision and _____ plan include _____ cover _____ ?
 _____ vision _____ dental service plan _____ all prescription _____ ?
 Does the _____ plan _____ for _____ prescription medications?
 _____ the plan cover _____ dental and sight _____ ?
 Should prescription drugs be _____ ?
 _____ plans include necessary _____ ?
 _____ vision _____ plan _____ all the _____ drugs you need?
 _____ your _____ additional coverage _____ all your _____ ?
 Does _____ dental service _____ you _____ all types of prescription _____ ?
 Does _____ pharmaceutical needs _____ with sight or dental _____ ?
 _____ the vision _____ cover all kinds _____ prescription medications?
 Is all necessary prescribed _____ the _____ and _____ service _____ ?

_____ the vision and _____ service _____ the prescribed _____?
 _____ the dental, vision, _____ service plan _____ drugs?
 Is _____ plan going _____ prescribed _____?
 _____ dental/vision/ancillary _____ encompass necessary _____?
 Will dental/vision/ancillary _____ prescriptions?
 Does the _____ and _____ service plan _____ drugs?
 _____ vision and dental service _____ provide coverage _____?
 Does _____ plan include _____ the necessary prescription _____?
 Does _____ plan _____ drugs for _____ vision, and _____?
 _____ vision and _____ prescriptions?
 _____ the _____ and _____ plan _____ coverage for all _____?
 Does the _____ and _____ plan _____ a _____ for _____ drugs?
 Does _____ plan _____ prescriptions?
 Are prescription _____ the dental, vision _____ service _____?
 _____ plan cover drugs for _____ extras?
 _____ vision _____ service plans have _____ prescription medication?
 Is _____ by dental/vision/ancillary?
 _____ the _____ service plan give _____ for drugs?
 _____ my dental, _____ or _____ service package _____ prescriptions?
 _____ vital prescription drugs _____ in _____ dental/ _____ plan?
 _____ prescription drugs _____ in relation to _____ ancillary _____ included?
 _____ I have complete _____ coverage _____ the _____?
 _____ plan include _____ the prescription drugs?
 Does _____ dental _____ plan give _____ cover for prescription _____?
 _____ the dental/vision/ancillary _____ pay for _____?
 Can _____ covered under the _____?
 _____ dental plan _____ to pay _____ meds?
 Does the _____ be covered _____ the _____ plan?
 _____ vision and dental _____ apply to _____ drugs?
 _____ the _____ cover crucial prescription _____?
 _____ the _____ service plan provide _____ for all types of _____?
 Can the _____ cover all _____?
 Does _____ dental and vision?
 Does the _____ plan have coverage _____ essential _____?
 _____ vision _____ dental _____ you coverage for _____ of your medication?
 Does the _____ and _____ service _____ have _____?
 _____ the dental, vision, and ancillary _____ drugs?
 _____ the _____ cover _____ essential _____ medications?
 Does _____ vision _____ plan cover _____ Prescription Drugs?
 Does _____ and _____ service plan _____ for all types of _____?
 Does _____ include the needed _____ dental, vision, _____ ancillary _____?
 _____ and _____ service plans _____ all _____?
 Should I have _____ with _____ dental/vision/ancillary _____?
 Do _____ plans include _____ prescriptions?
 Can you _____ if my dental/vision/ancillary _____ cover _____?
 _____ there _____ vision and dental service _____ prescriptions?
 Does _____ vision and dental service plan _____?
 _____ the _____ service plan _____ prescriptions?
 _____ the dental _____ have _____ prescriptions?
 Does _____ includes _____ for dental, vision, _____ ancillary _____?

Can _____ prescription be _____ dental/vision/ancillary plan?

Do _____ vision _____ dental service _____ cover _____ drugs?

_____ dental, vision, _____ ancillary service _____ cover all _____ prescribed _____.

Will _____ plan cover _____ for dental _____ needs?

_____ the dental plan _____ the _____ drugs?

_____ the vision _____ dental _____ cover you _____ medication?

Are all _____ necessary _____ covered _____ plan?

_____ and dental service plans _____ coverage _____ all _____?

_____ the vision _____ service _____ for prescription drugs?

_____ dental/vision/ancillary _____ for my _____ medication?

Will _____ the pills?

Does _____ dental/vision/ancillary service plan _____ necessary _____?

_____ the dental/vision/ancillary service plan _____ all _____ medications?

Does the vision _____ service _____ allow _____ of _____ medication?

_____ dental _____ cover the necessary _____?

_____ dental/vision/ancillary _____ include needed _____?

_____ the vision and dental _____ plan allow _____ medication?

Some _____ prescription _____ dental/vision/ancillary plan's coverage range.

_____ the _____ plan _____ coverage for all _____ medications?

_____ include necessary _____ for dental, _____ ancillary services?

Is _____ prescription _____ included _____ plan's coverage range?

Does _____ dental, vision _____ plan include _____ medication?

What types _____ drugs are covered _____ your _____?

_____ the vision and _____ service plan _____ the _____?

Does _____ dental/vision/ancillary service plan _____ the _____ medication?

_____ coverage _____ prescriptions for dental, _____ ancillary services?

_____ the _____ prescriptions _____ by _____ dental/vision/ancillary _____?

Is vision _____ service _____ by prescription drug _____?

Can you _____ me a guarantee about _____ my _____ plan?

_____ dental _____ plan cover the medication?

Is _____ plan inclusive of _____ to _____ or _____?

Does the _____ dental service plan _____ prescription _____?

Does _____ plan _____ complete _____ coverage?

_____ the _____ plan _____ pharmaceutical needs _____ and teeth?

_____ the _____ able _____ cover every _____ prescription?

Is _____ guarantee _____ my dental/vision/ancillary _____ cover _____ medication?

_____ my _____ plan pay for _____?

_____ and _____ service plan pay for _____?

Are _____ the dental/ vision/ancillary plan?

_____ dental/vision/ancillary _____ complete medication coverage?

Will the _____ every _____?

Does _____ service plan pay _____ of your prescriptions?

_____ the _____ dental service plan _____ coverage for _____ of _____?

Will the service _____ include _____ teeth, _____ or _____ benefits?

Does _____ plan _____ for all _____?

_____ the dentist _____ drugs _____ need?

_____ dental/vision/ancillary _____ cover _____ medication?

Does it cover necessary prescriptions for _____?

Does _____ dental _____ vital _____ drugs?

_____ the _____ vision, _____ ancillary service plan _____ the _____ drugs?

Is _____ medication _____ the dental/vision/ancillary _____?

_____ the _____ plan cover _____ prescription _____?

Will this plan _____ and _____?

Do the _____ and _____ service plan _____ prescription _____?

Does _____ and _____ service _____ coverage of prescriptions?

What prescription _____ in _____ dental/vision/ancillary _____ plan?

Is the _____ and _____ service _____ covered _____ the _____ drugs?

_____ covered by this dental plan?

_____ vision _____ dental _____ plan offer a _____ drugs?

_____ dental, vision, and _____ plan _____ prescriptions?

Does _____ vision _____ service _____ kinds of prescription medicine?

_____ covered _____ vision and ancillary service plan?

Does vision _____ dental _____ cover _____?

Does _____ dental _____ all of my _____?

_____ the _____ prescriptions for dental, vision and _____

_____ drugs can be covered _____ your dental _____?

_____ coverage include prescriptions _____ vision _____ ancillary services?

_____ the _____ coverage for all the prescription _____?

Dental/vision/ancillary _____ drug _____?

Does the vision and dental _____ all _____?

Is all vital prescription _____ included _____?

Does _____ vision and dental service _____ for all _____ prescriptions _____?

Does _____ vision _____ dental service plan _____ drug _____.

_____ service plans cover prescribed _____?

Does the dental/vision/ancillary _____ prescription medications?

Is _____ any _____ for _____ prescriptions within my dental, _____ service _____?

_____ coverage under _____ dental, vision, and _____ service _____ is _____.

Is _____ service plan _____ of _____ pharmaceutical needs _____ and _____?

Coverage _____ medication _____ chosen dental/vision/ancillary _____?

_____ plan _____ of the prescription?

_____ the vision and dental _____ prescription drugs.

Does the vision _____ service plan _____?

Does _____ plan _____ full _____ medication?

_____ get _____ for prescriptions _____ my dental, _____ or _____ package?

_____ dental/vision/ancillary plan _____ prescriptions?

Does the _____ and _____ have prescription _____ coverage?

_____ my dental/vision _____ prescriptions?

_____ dental/vision/ancillary _____ prescription _____?

Does the _____ and _____ service _____ pay _____ prescription drugs?

_____ plan cover _____ the _____ teeth, _____ and extras?

_____ my prescription _____ fully _____ dental/vision plan?

_____ the vision and dental service plan _____ of _____?

_____ vision and _____ service plan _____ everything _____ drugs?

_____ the coverage give _____ dental, _____ ancillary services?

_____ included in _____ plans?

Does _____ vision _____ dental service _____ cover _____ types _____ prescribed _____?

Do my _____ vision, _____ ancillary _____ packages _____ required prescriptions?

_____ and dental service _____ coverage for _____ kinds _____ medication?

Is _____ drugs _____ for _____ ancillary _____ included in _____ plan?

_____ don't know _____ or _____ service package has _____ for required _____.

Does _____ plan cover _____ vital _____?

_____ and _____ service _____ offer coverage for _____ of medication?

Does _____ vision _____ give _____ for all prescription drugs?

Do you know _____ prescription _____ included in the _____ coverage _____?

Does _____ vision _____ dental _____ drug coverage?

_____ the vision _____ give coverage for all _____ of _____?

_____ include coverage for _____ prescription drugs?

Does _____ and dental _____ all _____ of prescriptions?

_____ prescription drugs _____ included in the dental/vision/ancillary _____?

_____ service plan cover _____ necessary _____?

_____ dental/vision/ancillary service plan _____ medications?

_____ drug coverage?

Does _____ dental/vision/ancillary service _____ prescription _____?

Are prescription _____ by _____ plan?

_____ and dental _____ plans pay _____ prescription _____?

_____ the _____ necessary prescriptions _____ dental, vision, _____ services?

_____ necessary _____ covered _____ the dental/vision/ancillary plan?

_____ of _____ covered by your dental/vision/ancillary _____ plan?

_____ the vision and _____ service plan good _____ types _____?

Does vision _____ dental service _____ prescription _____?

Does _____ plan have _____ for all essential _____?

Can the _____ the prescriptions?

Does the _____ include _____ prescription medication _____?

_____ dental _____ vision _____ include _____ prescriptions?

_____ all Rx medicine _____ your dental/optical/additional _____?

Is all prescribed _____ the dental, vision _____ service _____?

_____ my _____ plan pay _____ my _____?

Does this _____ drugs I _____?

_____ dental service _____ covering prescriptions?

Does my dental _____ for _____?

Can _____ cover _____ of the _____?

_____ drugs included _____ the dental _____?

Does _____ vision and _____ service plan _____ coverage for _____?

_____ the _____ covered _____ dental/vision/ancillary plan?

_____ plan _____ all your _____?

Are _____ needed _____ dental, _____ and _____ included in _____ plan?

Are _____ covered by _____?

_____ dental/vision/ancillary plan _____ all of the _____ prescription _____?

Does _____ provide coverage _____ drugs?

Is prescription _____ included _____ the _____ vision, _____ service _____?

_____ the dental _____ include coverage _____ essential _____ medications?

Are all _____ under the _____?

Does the dental/vision/ancillary service _____ all _____ medications?

_____ types of drugs _____ covered under _____ service _____?

Does the vision _____ all Prescription drugs?

_____ and dental _____ plan give _____ coverage _____ drugs?

Does the dental _____ cover _____?

Does the _____ service plan _____ necessary prescription _____?

Does _____ plan include coverage for all _____?

_____ vision _____ dental service _____ give you coverage for _____ of _____?

Does _____ and dental service plan _____ Prescription _____?

_____ the service plan include pharmaceutical needs _____ with _____?

Does _____ dental service plan provide _____ for _____.

_____ plan _____ all critical medication _____ dental _____ visual _____?

_____ the vision _____ dental service _____ any _____ all prescription _____?

Will my _____ my _____ insurance?

Does the _____ service _____ have a _____ coverage?

_____ vital prescription _____ in the _____ plan's _____ range?

Should all _____ covered under _____?

Does the vision and _____ plan _____ all types _____.

_____ vital prescription _____ included _____ the dental _____ coverage _____?

Is all _____ drugs _____ dental/vision/ancillary plan's _____ range?

_____ the vision _____ service _____ to prescriptions?

Does _____ dental _____ give you a cover for _____?

_____ the coverage _____ drugs for dental, _____ and _____?

Does _____ and dental _____ plan include _____ drug _____?

The dental, _____ and _____ service _____ have _____ drugs _____.

_____ the dental/vision/ancillary _____ coverage _____ all _____ prescription medications?

_____ dental service plan _____ types of prescription _____?

_____ dental/vision/ancillary plan _____ all essential _____ medication?

_____ plan cover essential _____ for _____ visual needs?

Will this plan _____ and _____ needs, _____ as critical _____?

_____ dental service plan _____ prescriptions?

Does the _____ and _____ plan allow _____ prescription _____?

_____ the service plan include _____ needs _____ sight or _____?

_____ the dental/vision/ancillary plan able _____?

_____ coverage cover _____ for dental, vision, _____?

_____ vision _____ dental service _____ cover _____?

Are _____ prescription _____ the _____ plan?

_____ all essential _____ covered _____ plan?

_____ there a way _____ cover all _____ dental/vision/ancillary plan?

Does _____ include necessary _____?

Does _____ plan _____ complete _____ coverage?

_____ this _____ cover all the medications for _____?

Does _____ and dental _____ provide coverage for _____ drugs.

_____ the _____ dental services _____ drug coverage?

Does the _____ plan _____?

_____ my dental/vision/ancillary insurance _____ prescription _____?

Are _____ included _____ the dental _____?

_____ include the _____ prescriptions?

_____ cover _____ of your medicine expenses?

_____ service plan cover prescribed _____?

Does the _____ dental _____ plan cover _____ sorts of _____?

Does _____ plan _____ the _____ your _____ and vision?

_____ the plan include all _____ teeth, _____ extras?

Is there a _____ important medication _____ chosen dental/vision/ancillary _____?

Does the _____ and _____ service _____ covers _____ prescriptions?

_____ the dental _____ the necessary _____?

_____ the vision or _____ plan cover _____?

Does the _____ dental service plan _____?

_____ and _____ service _____ cover all the medication _____ take?

Does _____ dental/vision/ancillary _____ prescription drugs?

_____ my _____ vision, _____ service package include _____ for my _____?

_____ plan _____ all prescription drugs for _____ vision, _____?

Does _____ service plan cover _____ types _____ prescriptions?

Does _____ cover _____ essential prescription?

Does _____ necessary prescriptions?

Every essential prescription _____ dental/vision/ancillary plan?

I _____ I _____ coverage with the dental/vision/ancillary plan.

_____ the _____ plan _____ pharmaceutical needs _____ and teeth?

Does _____ include pharmaceutical _____ associated _____ or teeth?

_____ the _____ service plan _____ a _____ for prescriptions?

Does _____ dental/vision/ancillary _____ plan provide _____ prescription _____?

_____ the _____ include _____ dental, _____ and ancillary services?

Is all _____ in _____ dental, vision, _____ ancillary _____ plan?

_____ want to know if _____ coverage _____ medication under _____ plan.

_____ plan _____ covered by prescription _____?

_____ be covered under _____ plan?

_____ my dental, _____ ancillary service packages _____?

_____ coverage under dental/vision/ancillary?

_____ my _____ plan _____ drugs?

_____ service _____ pharmaceutical needs associated _____ sight, _____ or additional _____?

_____ any _____ for any _____ prescriptions within _____ dental, _____ or ancillary _____?

Does _____ vision and _____ service _____ have _____ for _____?

Are prescriptions covered _____ ancillary service plan?

_____ drug coverage _____ the vision _____ service plan?

Does my _____ for all the _____?

Does _____ cover the drugs _____?

Does my dental, _____ or _____ service _____ for _____?

Does the _____ service _____ all _____?

Does _____ service _____ provide coverage for _____ drugs?

Does _____ and dental service _____ all the medication _____?

Does _____ and _____ service package include any _____?

Does _____ dental/vision/ancillary plan cover _____ of _____ prescription _____?

_____ the _____ service plan cover _____ necessary _____?

_____ dental plan _____ for _____ meds?

_____ the _____ prescription coverage?

Does the _____ and dental _____ you _____ coverage?

_____ cover _____ I might need?

Does the _____ dental plan _____ prescribed medication?

_____ vision and dental service plan _____ for _____ prescriptions?

_____ dental/vision/ancillary plan have full _____?

_____ dental _____ plan cover _____ kinds of prescribed medication?

_____ the _____ plan _____ of pharma needs _____ with _____ teeth?

_____ dental plans include _____?

Is _____ prescription drugs _____ covered _____ plan?

_____ and dental _____ plans _____ coverage _____ prescription drugs?

_____ the vision and _____ your prescription?

_____ service plans _____ prescription drug coverage?

Is _____ drug _____ under _____?

Under _____ and ancillary _____ all necessary prescribed drugs _____?

Does the vision and _____ plan _____ for prescription _____?

_____ dental/vision/ancillary service plan _____ cover prescribed drugs.

_____ the _____ and _____ service plan give _____ all _____ of prescription _____?

_____ my _____ medication I need?

Does _____ and dental _____ plan _____?

_____ my dental plan _____ for all _____?

Does _____ vision/ancillary service _____ all _____?

_____ the _____ and dental plan give coverage _____?

_____ the vision and _____ able to _____ prescriptions?

_____ service plan include _____ needs associated _____ sight and _____?

_____ the vision _____ dental service plans cover _____?

Does _____ dental _____ include _____ all _____?

_____ the _____ and dental _____ plan _____ coverage for prescription _____?

_____ my dental, vision, _____ package _____ coverage _____ required prescriptions?

_____ the dental/vision/ancillary plan _____ coverage _____ essential prescription _____?

I want _____ if _____ plan _____ important medication.

_____ vision and _____ prescription drugs?

Does _____ dental service _____ have a _____ medication _____?

_____ the _____ dental service plan able _____ prescription _____?

_____ dental _____ all my medication?

Does the _____ dental service plan _____ for all of _____?

_____ the _____ of the prescription _____?

Will _____ plan include _____ dental _____ visual needs?

The dental/vision/ancillary plan _____ prescription.

_____ drugs covered in _____ plan?

_____ my _____ important medication?

_____ and dental service _____ include _____ for all _____?

Will _____ dental, _____ and ancillary service plan _____?

Does your _____ and dental _____ all _____?

_____ prescription drugs _____ included in the _____ coverage _____?

_____ my dental _____ pay _____ all of _____ medicine?

_____ coverage within _____ dental, vision, _____ service package _____ prescriptions?

Does _____ plan include _____ I _____?

_____ vision/ancillary coverage?

The dental/vision/ancillary _____ essential _____.

_____ vision and dental service plan _____ prescription drugs?

_____ the service plan include _____ sight _____ teeth?

Does vision and _____ cover all _____?

Does _____ vision _____ service _____ a _____ for prescription drugs.

Are the prescription _____ the _____?

_____ the coverage include _____ dental, vision _____ services?

_____ the _____ plan _____ essential prescription _____?

_____ the _____ dental service plan have _____ medications.

_____ the _____ plans _____ necessary _____?

_____ about prescription _____ coverage?

_____ the _____ and _____ service plan _____ the prescribed medications?

I _____ if dental/vision/ancillary _____ also _____.

Is the dental/vision/ancillary _____ to _____ all of _____?

_____ prescription drugs be included _____ the _____ range?

_____ vision and dental _____ plan _____ for _____ for _____ types _____ prescriptions?

_____ service _____ pharmaceutical needs associated _____ sight or _____.

Does _____ and dental _____ plan give _____ prescription drug _____?

_____ the _____ plan give you _____ drug coverage?

Do vital prescription drugs _____ plan's coverage _____?

_____ dental/vision/ancillary _____ cover all needed _____?

Does dental/vision/ancillary include _____?

Are _____ dental, _____ service plan _____ prescription drugs?

Is _____ coverage _____ necessary prescriptions for dental, _____?

_____ the _____ include _____ of _____ prescription _____?

_____ plan include essential _____ the _____ and vision _____?

Does _____ vision _____ dental _____ have a _____ for _____ medication?

Does the _____ plan cover _____?

_____ coverage includes prescriptions _____ dental, _____ ancillary services?

_____ plan cover all _____ for dental _____ visual _____?

Is _____ possible to _____ all essential _____ the _____?

Are prescription drugs _____ plan's _____ range?

_____ dental _____ plan have _____ for prescription drugs?

_____ the _____ and _____ plan covered by _____ drug _____?

Does _____ vision and dental service _____ prescribed _____?

_____ the _____ dental service plans _____ cover for _____ drugs?

Does _____ and _____ service plan _____ coverage for all _____ prescription _____?

_____ coverage _____ prescription _____?

Does _____ and dental service plan include _____?

Does the _____ and _____ encompass _____ types of _____?

_____ is _____ medication under my dental/vision/ancillary plan?

_____ the _____ and _____ have a covering for prescription _____?

_____ your _____ coverage cover _____ your _____?

_____ the vision and _____ service _____ include _____ prescription medication?

Did the _____ and dental service _____ give _____ all _____?

Does _____ vision and _____ plan _____ for all _____?

_____ the _____ plan cover _____ prescription _____?

_____ coverage for prescribed drugs _____ vision and ancillary _____ plan?

Will _____ dental/vision/ancillary insurance _____ prescriptions _____?

_____ vision _____ plans give coverage for _____ types _____ prescribed _____?

_____ I _____ coverage under the _____ plan?

Should _____ dental/vision/ancillary _____ all _____ prescriptions?

Does _____ cover _____ drugs for teeth, vision, _____?

_____ vision and _____ service _____ you _____ for all _____ of _____ medication?

Is the _____ ancillary _____ covered by prescriptions?

_____ my dental, _____ and ancillary _____ include _____ for any _____?

Does my _____ plan _____ all _____?

_____ pay for my _____ medicines?

_____ dental/vision/ancillary plan include all _____?

Does the vision and dental service plan _____ you _____?

_____ prescription _____ covered _____ the _____ plan?

Does the _____ and dental _____?

_____ under _____ coverage?

_____ the vision _____ plan _____ covered for prescription drugs?

_____ prescribed _____ be covered _____ my dental/vision/ancillary _____ plan?

_____ there _____ coverage under _____ or _____?
 _____ the dental, vision, _____ the prescribed drugs?
 _____ vital prescription drugs included _____ the dental/vision/ancillary _____?
 _____ plan _____ prescription drugs _____ vision, extras?
 Does _____ and _____ service _____ offer a _____ drug _____?
 _____ of _____ are included in your dental/vision/ancillary _____?
 _____ the _____ and _____ service _____ a covering for prescription _____?
 _____ my dental/vision/ancillary _____ the medication I _____?
 Will the plan _____ medications _____ dental _____ needs?
 _____ dental service plan feature prescription _____ coverage?
 Does my _____ plan _____ vital _____?
 Does _____ vision _____ ancillary service plan _____?
 Does _____ vision and _____ plan _____ for all _____ drugs?
 Does _____ plan _____ the pharmaceutical _____ for _____ teeth?
 Is my dental/vision _____ fully _____?
 _____ prescription drugs _____ the _____ plan's coverage?
 _____ the _____ and _____ plan cover their _____?
 _____ the _____ important prescription drugs?
 Does _____ plan cover all the _____ teeth, _____?
 Does _____ dental service plan cover prescriptions _____?
 Is _____ possible to cover _____ drugs _____ dental/vision/ancillary _____?
 Does _____ and _____ plans include coverage for all _____?
 _____ the _____ and dental service _____ for _____ medications?
 _____ dental/vision/ancillary service _____ all necessary _____ medications?
 Are prescriptions covered in _____ service plan?
 Does _____ and _____ plan give coverage _____ all types _____?
 Does _____ vision _____ dental service plan _____?
 _____ insurance cover mandatory _____ medication?
 _____ the drugs I _____ actually _____ by _____ plan?
 Does the dental/vision/ancillary _____ provide _____ for _____ drugs?
 Can your _____ all _____ expenses?
 _____ dental, vision, _____ service _____ cover _____?
 _____ the vision and dental service _____ prescription drugs?
 _____ the dental/vision/ancillary _____ cover prescription _____?
 Does the _____ plan _____ types of prescribed medication?
 Will _____ plan cover _____ prescription?
 Will _____ drugs be covered by _____?
 Does _____ plan cover prescribed _____?
 _____ this _____ cover dental _____ medications?
 Does _____ vision _____ service _____ coverage of drugs?
 Is the vision _____ cover prescription _____?
 Does _____ and _____ give coverage _____ all the _____ drugs?
 Does _____ service _____ cover _____ necessary _____ medication?
 _____ the _____ include drug _____?
 _____ the vision and dental _____ all _____ prescription _____?
 _____ the vision _____ give you coverage _____ all _____?
 _____ coverage _____ prescriptions for dental, vision _____ services?
 _____ the vision and _____ give _____ cover for _____?
 Can the _____ prescription?
 _____ service plan _____ a cover for _____ drugs?

Can I _____ coverage with _____ dental/vision/ancillary _____?

Will my _____ cover _____?

_____ the _____ include necessary _____ for _____ vision, and _____.

Does vision and _____ plans _____ a _____ for _____?

Is _____ plan going to _____ medication _____ and visual _____?

Can _____ include _____ associated with teeth, _____ or _____ benefits?

_____ the vision _____ dental service plan provide _____ for all _____?

Does _____ coverage cover prescriptions _____ vision, _____ ancillary _____?

Does vision _____ service _____ coverage _____ drugs?

_____ coverage for _____?

_____ covered under the dental _____?

_____ dental/vision/ancillary _____ cover all _____ medicines?

Do dental _____ necessary _____?

Do important _____ drugs _____ in the dental/vision/ancillary _____?

Is there _____ any _____ prescriptions _____ my _____ or ancillary service _____?

_____ dental _____ plan _____ a coverage for medication?

_____ crucial prescription drugs included _____?

Does _____ coverage include _____ prescriptions for _____ services?

_____ dental/vision/ancillary insurance cover _____?

_____ the vision _____ dental _____ plan offer _____ of prescription medication?

What's _____ guarantee _____ important _____ under _____ dental/vision/ancillary plan?

dental/vision/ancillary coverage _____?

_____ vision _____ service plan offer prescription _____?

_____ the _____ full coverage _____ meds?

_____ the _____ dental _____ plan have _____ for _____ prescribed medication?

_____ vision and _____ service plans _____ drug coverage?

_____ the dental _____ for prescriptions?

Will _____ and _____ be covered _____ this plan?

Does _____ include _____ needs _____ sight and teeth?

_____ the _____ cover _____ medications like _____ and _____ needs?

Drug coverage _____ vision/ancillary?

_____ all prescribed _____ covered _____ the dental, _____ and _____ service _____?

_____ the vision and _____ plan include _____ prescription _____?

Prescription _____ coverage in _____?

_____ plan cover critical medications _____ dental _____ care?

_____ the dental/vision/ancillary plan _____ for _____ prescription _____?

_____ a _____ and dental _____ prescriptions?

_____ vision and dental _____ include everything for _____?

Is _____ prescription _____ coverage _____ vision?

The dental/vision/ancillary _____ cover _____ prescriptions.

_____ plan cover every _____ prescription?

_____ drugs under _____ vision/ancillary?

_____ plan pay _____ your prescriptions?

Does the _____ plan _____ the _____ need?

Does _____ vision and dental _____ coverage _____ types of _____ medication?

_____ vision, _____ service plan _____ prescribed drugs covered?

Do you have any guarantees regarding coverage _____?

_____ vision _____ service _____ have coverage _____ prescription drug?

Do _____ get _____ medication _____ with _____ dental _____?

_____ the _____ and dental _____ plan _____ all forms of _____?

Does _____ give coverage _____ all _____ drugs?
Is _____ the prescriptions _____ under _____?
Does _____ service _____ reimburse you _____ all prescriptions?
_____ vision _____ dental _____ plan _____ a _____ for _____ medication?
Can _____ if I _____ coverage _____ important medication _____ my dental _____?
Does my _____ cover _____?
Can _____ coverage _____ prescriptions?
Did _____ dental/optical/ additional _____ medicine expenses?
Does _____ dental/vision/ancillary _____ necessary prescriptions?
_____ this _____ critical medication for _____ visual needs?
_____ my dental/vision/ancillary _____ cover _____ prescribed _____?
Does the vision _____ service _____ prescription _____?
Does _____ vision and dental _____ plan _____ medications?
Does _____ dental _____ drugs _____ need?
_____ vision and _____ plan _____ coverage for all _____?
_____ the vision _____ service plan _____ coverage _____ prescription medications?
_____ cover all the medicines?
_____ dental/vision/ancillary plan cover _____?