

Category 1	Covered Services	Most Services
Category 2	Covered Services requiring prepayment, if inadequate coverage exists for these services	<ul style="list-style-type: none"> <li>• Transplants</li> <li>• Left Ventricular Assist Device</li> <li>• Expensive pharmaceuticals and therapies</li> </ul>
Category 3	Excluded Services	<ul style="list-style-type: none"> <li>• Cosmetic Surgery/Procedures</li> <li>• In-vitro Fertilization</li> <li>• Reproductive Medicine</li> <li>• Contact Lenses or Exams</li> <li>• Optical Shop Products</li> <li>• Hearing Aids</li> <li>• Integrative Medicine Acupuncture, Massage</li> <li>• Investigational Items or Services</li> <li>• No Show Fees for Behavioral Health</li> <li>• Retail Pharmacy and other Retail Services</li> <li>• Non-covered Cochlear Implant</li> <li>• Prepackaged Services</li> <li>• Unauthorized services through a patient's insurance that are not medically urgent</li> <li>• Services provided and billed by a non UW Health entity which may include lab or diagnostic testing,</li> <li>• Any other service or procedure determined by a licensed physician to be not medically necessary</li> </ul>

Category 1 Services/Items are eligible for consideration under the Financial Assistance program at the discounts reflected on Appendix D.

Category 2 Services/Items are discounted at the AGB for patients eligible for Financial Assistance. All Category 2 Services/Items must be prepaid before services are rendered. Transplant services after the transplantation global period are considered category 1 services.

Category 3 Services/Items are excluded from any adjustment under the Financial Assistance program.

The above list of services is not comprehensive and is subject to change.