## FINANCIAL ASSISTANCE CATEGORIES OF SERVICE

<table>
<thead>
<tr>
<th>Category 1</th>
<th>Covered Services</th>
<th>Most Services</th>
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</thead>
</table>
| Category 2 | Covered Services requiring prepayment, if inadequate coverage exists for these services | • Transplants  
• Left Ventricular Assist Device  
• Expensive pharmaceuticals and therapies |
| Category 3 | Excluded Services | • Cosmetic Surgery/Procedures  
• In-vitro Fertilization  
• Reproductive Medicine  
• Contact Lenses or Exams  
• Optical Shop Products  
• Hearing Aids  
• Integrative Medicine Acupuncture, Massage  
• Investigational Items or Services  
• No Show Fees for Behavioral Health  
• Retail Pharmacy and other Retail Services  
• Non-covered Cochlear Implant  
• Prepackaged Services  
• Unauthorized services through a patient’s insurance that are not medically urgent  
• Services provided and billed by a non UW Health entity which may include lab or diagnostic testing,  
• Any other service or procedure determined by a licensed physician to be not medically necessary |

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.