

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"> • Transplants • Left Ventricular Assist Device • Expensive pharmaceuticals and therapies
Category 3	Excluded Services	<ul style="list-style-type: none"> • 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.