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| Policy Name: | Uninsured and Underinsured Patient Discount |
| Policy Number: | UCSDHP 750.5 |
| Authoring Department: | Admissions - Medical Center, Patient Revenue Cycle & Revenue Cycle Administration |
| Last Revised | May 26, 2026 |

APPLICABILITY

This policy is an institutional policy applicable to all parts of UC San Diego Health Sciences, which report to the Vice Chancellor of Health Sciences. UC San Diego Health Sciences includes UC San Diego School of Medicine, Skaggs School of Pharmacy and Pharmaceutical Sciences, and UC San Diego Health. The scope of this policy applies to any team member participating in business healthcare activities at UC San Diego Health Sciences.

PURPOSE

UC San Diego Health is committed to consistently providing a fair discount to individuals who are uninsured, underinsured (High Cost Medical Patient), or, in some cases, insured but without insurance coverage for certain medically necessary healthcare services offered by UC San Diego Health. This discount reflects a desire by UC San Diego Health to respond to the individual financial situations of its patients, while satisfying its not-for-profit and teaching missions, and meeting its strategic, operational, and financial goals.

POLICY

The purpose of this Policy is to define the eligibility criteria for discounts offered to patients who receive healthcare services at UC San Diego Health and who are uninsured or underinsured. In accordance with California Health & Safety Code § 127405(d), the hospital shall provide a Discount Payment Program for financially qualified patients with family income at or below 400 percent of the Federal Poverty Level (FPL).

Patients in this group shall not be charged more than the Expected Payment Limit, defined as the Amount Generally Billed (AGB). This discount program shall be made available to all eligible uninsured or underinsured patients receiving medically necessary care.

Physicians who provide services at UC San Diego Health, including emergency physicians, may bill separately from the hospital and may not be subject to this Financial Assistance Policy. Patients should contact the individual physician or provider regarding any billing questions.

PROCEDURE

Uninsured Patient Discount – Guidelines

Eligible Services

The Uninsured Patient Discount shall automatically be applied to medically necessary hospital and qualifying physician services provided at and by UC San Diego Health physicians.

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Services Not Eligible for Uninsured Patient Discount

Services that are generally not considered to be medically necessary and are therefore not eligible for the Uninsured Patient Discount. Examples includes, but not limited to:

1. Reproductive Endocrinology and Infertility services;
2. Cosmetic or plastic surgery services;
3. Vision correction services including LASEK, and intraocular contact lens; and
4. Hearing aid and listening assistive devices.

Exceptions:

1. In rare situations where a UC San Diego Health Physician considers one of these services to be medically necessary, such services may be eligible for the Uninsured Patient Discount upon review and approval by the Dean of Clinical Affairs or designee.
2. Second opinions are not considered to be medically necessary hospital or physician services and are therefore not eligible for the Uninsured Patient Discount.

Uninsured Patient Eligibility Requirements

1. UC San Diego Health shall provide the Uninsured Patient Discount to those individuals who meet the definition of an Uninsured Patient as defined below and who attest to their eligibility.
2. If a patient wishes to seek financial assistance greater than the current Uninsured Patient Discount, the patient is referred to the UC San Diego Health Financial Assistance/Charity Care Policy, and may complete a Financial Assistance Application pursuant to that Policy.

Information to Be Provided by the Patient for Eligibility Determination

1. UC San Diego Health shall determine eligibility for the Uninsured Patient Discount in accordance with this Policy.
2. UC San Diego Health expects a patient to cooperate fully in the information gathering

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process under this Policy, and failure to do so may affect UC San Diego Health’s ability to provide the Uninsured Patient Discount.

Underinsured Patient Discount (High Medical Costs) – Guidelines

Eligible Services

Applies to medically necessary hospital and qualifying physician services.

Services Not Eligible for Underinsured Discount

Services that are generally not considered to be medically necessary and are therefore not eligible for the Uninsured Patient Discount include but not limited to:

1. Reproductive Endocrinology and Infertility services;
2. Cosmetic or plastic surgery services;
3. Vision correction services including LASEK, and intraocular contact lens; and
4. Hearing aid and listening assistive devices.

Exceptions

1. In rare situations where a UC San Diego Health Physician considers one of these services to be medically necessary, such services may be eligible for the Uninsured Patient Discount upon review and approval by the Dean of Clinical Affairs or designee.
2. Second opinions are not considered to be medically necessary hospital or physician services and are therefore not eligible for the Uninsured Patient Discount

Underinsured Patient Eligibility Requirements

A patient may qualify for a High Medical Cost Discount Payment if all of the following criteria are met:

1. The patient has third-party coverage and a family income at or below 400 percent of the Federal Poverty Level (FPL);
2. The patient has high medical costs, defined as annual out-of-pocket hospital or medical expenses that exceed 10 percent of the patient’s current or prior-year family income; and

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3. The patient's third-party payer has paid an amount equal to or greater than the amount that would have been paid by a government program.

Additional Provisions

- A. This policy does not waive or alter contractual provisions or negotiated rates between UC San Diego Health and third-party payers.
- B. High Medical Cost patients shall be evaluated periodically to assess ongoing eligibility.
- C. Determination of patient financial liability may require adjudication of claims by the third-party payer.

Program Administration

- A. UC San Diego Health shall determine eligibility for the Underinsured Patient Discount in accordance with this Policy.
- B. Eligible patients shall not be charged more than the Amount Generally Billed (AGB) to insured patients for the same services and may receive a discount of up to 100 percent of the patient's financial responsibility, based on family income and FPL.
- C. UC San Diego Health expects a patient to cooperate fully in the information gathering process under this Policy, and failure to do so may affect UC San Diego Health's ability to provide the Uninsured Patient Discount.
- D. If a patient does not qualify for a High Medical Costs Discount, the hospital will offer a Reasonable Payment plan.

Public Notice

Public notice concerning the availability of Uninsured and Underinsured Patient Discounts under this Policy shall be by the following means:

1. Posted notices explaining that UC San Diego Health has a variety of options available including discounts and financial assistance to patients who are uninsured or underinsured.
2. Notices include a contact telephone number a patient can call to obtain more information about such discounts and financial assistance.

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3. Patients will be provided a written notice with their billing statements that contains information regarding availability of discounts and financial assistance.
4. Self-pay discount information will be posted on UC San Diego Health’s website.

DEFINITIONS

Medically Necessary Services

A medically necessary service or treatment is one that is absolutely necessary to treat or diagnose a patient and could adversely affect the patient’s condition, illness or injury if it were omitted, and is not considered an elective or cosmetic surgery or treatment.

Uninsured Patient:

A patient who:

1. Has no third-party coverage; OR
2. The patient has third-party coverage, but the patient has exceeded the benefit cap for such coverage prior to admission to UC San Diego Health; OR
3. The patient has third-party coverage but the third-party payer has either denied coverage or does not provide coverage for the particular healthcare services for which the patient is seeking treatment from UC San Diego Health; OR
4. No Medi-Cal/Medicaid coverage; or patients who qualify but who do not receive coverage for all services or for the entire stay; OR
5. No compensable injury for purposes of government programs, workers’ compensation, automobile insurance, other insurance, or third-party liability as determined and document by UC San Diego Health.

Uninsured Patient Discount

Under the Uninsured Patient Discount, UC San Diego Health shall limit the expected payment by an Uninsured Patient for medically necessary hospital and physician services, to no more than the Amount Generally Billed (AGB) to insured patients for the same services, in accordance with California Health & Safety Code § 127405(d). The Uninsured Patient Discount amount will be reviewed on an annual basis.

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High Medical Cost Patient

A patient with third-party coverage who:

1. Is not Self-Pay (has third-party coverage);
2. Has a family income at or below 400% of the Federal Poverty Level (FPL); and
3. Annual out-of-pocket costs including unreimbursed expenses like Medicare or Medi-Cal cost sharing incurred by the patient at the hospital that exceed the lesser of 10 percent of the patient’s current family income or family income in the prior 12 months; or
4. Annual out-of-pocket expenses that exceed the lesser of 10 percent of the patient’s current family income or family income in the prior 12 months, if the patient provides documentation of the patient’s medical expenses paid by the patient or the patient’s family in the prior 12 months.

Patient’s Family means the following:

1. For patients 18 years of age and older, the patient’s spouse, registered domestic partner, and dependent children under 21 years of age, including a dependent child of any age who is disabled.
2. For patients under 18 years of age, or for dependent children 18 to 20 years of age, “Patient’s Family” includes the patient’s parent(s), caretaker relatives, and any other children under 21 years of age of the parent(s) or caretaker relatives.

Discount Payment

A Discount Payment is as any charge for care that is reduced, from the full billed amount and does not constitute free care.

Reasonable Payment Plan

A Reasonable Payment Plan consists of monthly payments that do not exceed ten percent (10%) of a Patient’s Family monthly income, excluding essential living expenses.

For purposes of this section, “essential living expenses” include, but are not limited to:

1. Housing (rent or mortgage and maintenance)
2. Food and household supplies

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3. Clothing
4. Medical and dental payments and Insurance
5. School or child care
6. Child or spousal support
7. Transportation and auto expenses, including insurance, gas, and repairs
8. Other extraordinary expenses

Federal Poverty Level (FPL)

Poverty guidelines are updated periodically in the Federal Register by the U.S. Department of Health and Human Services: [U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs.](#)

FORMS

None.

REFERENCES/RESOURCES/RELATED DOCUMENTS

None.

ATTACHMENTS

Attachment A: UC SAN DIEGO HEALTH SELF-PAY AND HIGH MEDICAL PATIENT FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY 2025 GUIDELINES BY FEDERAL POVERTY LEVEL

RELATED POLICIES

UCSDHP [750.3](#), "Charity Care"

CONTACT(S)

1. Director, Admissions – Medical Center
2. System Director, Patient Revenue Cycle

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3. Executive Director, Revenue Cycle Administration

APPROVALS

UC San Diego Health Executive Governing Body (EGB)

REVISION HISTORY

ORIGINAL: August 22, 2017

UCSDHP 750.3, Charity Care Attachment A

**UC SAN DIEGO HEALTH SELF-PAY AND HIGH MEDICAL PATIENT FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY
2026 GUIDELINES BY FEDERAL POVERTY LEVEL**

| 2026 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA | | |
|--|----------------------------------|----------------------------------|
| Persons in family/household | Poverty Guidelines (100%) | Poverty Guidelines (400%) |
| 1 | \$0 - \$15,960 | \$63,840 |
| 2 | \$0 - \$21,640 | \$86,560 |
| 3 | \$0 - \$27,320 | \$109,280 |
| 4 | \$0 - \$33,000 | \$132,000 |
| 5 | \$0 - \$38,680 | \$154,720 |
| 6 | \$0 - \$44,360 | \$177,440 |
| 7 | \$0 - \$50,040 | \$200,160 |
| 8 | \$0 - \$55,720 | \$222,880 |

For families/households with more than 8 persons, add \$5,680 for each additional person.