

Biweekly Medical Plan Costs | If you make **\$104,000.01 to \$156,000** annually

Plan Type	Insured	2020	2021 without Incentive	2021 with Incentive
USC Trojan Care EPO	Employee	\$73.50	\$73.50	\$53.50
	Employee + Adult*	\$154	\$168	\$148
	Employee + Child(ren)	\$126.50	\$134	\$114
	Employee + Adult + Child(ren)*	\$196	\$220	\$200
USC EPO Plus Plan	Employee	N/A	N/A	N/A
	Employee + Adult*	N/A	\$237.50	\$217.50
	Employee + Child(ren)	N/A	\$190	\$170
	Employee + Adult + Child(ren)*	N/A	\$310	\$290
USC PPO	Employee	\$137.50	\$138.50	\$118.50
	Employee + Adult*	\$298.50	\$308.50	\$288.50
	Employee + Child(ren)	\$240.50	\$247	\$227
	Employee + Adult + Child(ren)*	\$386.50	\$402	\$382
Anthem HMO	Employee	\$65.50	\$50	\$30
	Employee + Adult*	\$184	\$184.50	\$164.50
	Employee + Child(ren)	\$164	\$163.50	\$143.50
	Employee + Adult + Child(ren)*	\$241	\$244	\$224
Kaiser HMO	Employee	\$93.50	\$89.50	\$69.50
	Employee + Adult*	\$205	\$205.50	\$185.50
	Employee + Child(ren)	\$186.50	\$186.50	\$166.50
	Employee + Adult + Child(ren)*	\$280	\$283	\$263

This is a summary only and does not include all the details, exclusions, or limitations about covered services. For more details about coverage or costs, contact the HR Service Center at uschr@usc.edu or (213) 821-8100.

*Spousal surcharge may apply.