

Biweekly Medical Plan Costs | If you make **\$156,000.01 but less than \$250,000** annually

Plan Type	Insured	2020	2021 without Incentive	2021 with Incentive
USC Trojan Care EPO	Employee	\$74.50	\$75	\$55
	Employee + Adult*	\$155.50	\$171.50	\$151.50
	Employee + Child(ren)	\$127.50	\$136.50	\$116.50
	Employee + Adult + Child(ren)*	\$198	\$224.50	\$204.50
USC EPO Plus Plan	Employee	N/A	N/A	N/A
	Employee + Adult*	N/A	\$241	\$221
	Employee + Child(ren)	N/A	\$192.50	\$172.50
	Employee + Adult + Child(ren)*	N/A	\$314.50	\$294.50
USC PPO	Employee	\$140	\$141	\$121
	Employee + Adult*	\$304.50	\$314.50	\$294.50
	Employee + Child(ren)	\$245	\$252	\$232
	Employee + Adult + Child(ren)*	\$394	\$410	\$390
Anthem HMO	Employee	\$67	\$51	\$31
	Employee + Adult*	\$187.50	\$188	\$168
	Employee + Child(ren)	\$167.50	\$167	\$147
	Employee + Adult + Child(ren)*	\$245.50	\$248.50	\$228.50
Kaiser HMO	Employee	\$95.50	\$91	\$71
	Employee + Adult*	\$209	\$209.50	\$189.50
	Employee + Child(ren)	\$190	\$190	\$170
	Employee + Adult + Child(ren)*	\$285.50	\$288.50	\$268.50

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](mailto:uschr@usc.edu) or (213) 821-8100.

\*Spousal surcharge may apply.