

Monthly 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	\$149	\$150	\$110
	Employee + Adult*	\$311	\$343	\$303
	Employee + Child(ren)	\$255	\$273	\$233
	Employee + Adult + Child(ren)*	\$396	\$449	\$409
USC EPO Plus Plan	Employee	N/A	N/A	N/A
	Employee + Adult*	N/A	\$482	\$442
	Employee + Child(ren)	N/A	\$385	\$345
	Employee + Adult + Child(ren)*	N/A	\$629	\$589
USC PPO	Employee	\$280	\$282	\$242
	Employee + Adult*	\$609	\$629	\$589
	Employee + Child(ren)	\$490	\$504	\$464
	Employee + Adult + Child(ren)*	\$788	\$820	\$780
Anthem HMO	Employee	\$134	\$102	\$62
	Employee + Adult*	\$375	\$376	\$336
	Employee + Child(ren)	\$335	\$334	\$294
	Employee + Adult + Child(ren)*	\$491	\$497	\$457
Kaiser HMO	Employee	\$191	\$182	\$142
	Employee + Adult*	\$418	\$419	\$379
	Employee + Child(ren)	\$380	\$380	\$340
	Employee + Adult + Child(ren)*	\$571	\$577	\$537

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.