

Biweekly Medical Plan Costs | If you **make \$53,000 or less** annually

Plan Type	Insured	2020	2021 without Incentive	2021 with Incentive
USC Trojan Care EPO	Employee	\$71	\$71	\$51
	Employee + Adult*	\$148.50	\$161.50	\$141.50
	Employee + Child(ren)	\$122	\$128.50	\$108.50
	Employee + Adult + Child(ren)*	\$189	\$211.50	\$191.50
USC EPO Plus Plan	Employee	N/A	N/A	N/A
	Employee + Adult*	N/A	\$231	\$211
	Employee + Child(ren)	N/A	\$184.50	\$164.50
	Employee + Adult + Child(ren)*	N/A	\$301.50	\$281.50
USC PPO	Employee	\$132	\$133	\$113
	Employee + Adult*	\$286.50	\$296.50	\$276.50
	Employee + Child(ren)	\$231	\$237	\$217
	Employee + Adult + Child(ren)*	\$371	\$386	\$366
Anthem HMO	Employee	\$63	\$48	\$28
	Employee + Adult*	\$176.50	\$177	\$157
	Employee + Child(ren)	\$157.50	\$157	\$137
	Employee + Adult + Child(ren)*	\$231.50	\$234.50	\$214.50
Kaiser HMO	Employee	\$89.50	\$86	\$66
	Employee + Adult*	\$197	\$197.50	\$177.50
	Employee + Child(ren)	\$179	\$179	\$159
	Employee + Adult + Child(ren)*	\$268.50	\$271.50	\$251.50

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 or (213) 821-8100.

*Spousal surcharge may apply.