

Monthly 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	\$142	\$142	\$102
	Employee + Adult*	\$297	\$323	\$283
	Employee + Child(ren)	\$244	\$257	\$217
	Employee + Adult + Child(ren)*	\$378	\$423	\$383
USC EPO Plus Plan	Employee	N/A	N/A	N/A
	Employee + Adult*	N/A	\$462	\$422
	Employee + Child(ren)	N/A	\$369	\$329
	Employee + Adult + Child(ren)*	N/A	\$603	\$563
USC PPO	Employee	\$264	\$266	\$226
	Employee + Adult*	\$573	\$593	\$553
	Employee + Child(ren)	\$462	\$474	\$434
	Employee + Adult + Child(ren)*	\$742	\$772	\$732
Anthem HMO	Employee	\$126	\$96	\$56
	Employee + Adult*	\$353	\$354	\$314
	Employee + Child(ren)	\$315	\$314	\$274
	Employee + Adult + Child(ren)*	\$463	\$469	\$429
Kaiser HMO	Employee	\$179	\$172	\$132
	Employee + Adult*	\$394	\$395	\$355
	Employee + Child(ren)	\$358	\$358	\$318
	Employee + Adult + Child(ren)*	\$537	\$543	\$503

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.