

Biweekly Medical Plan Costs | If you make **\$53,000.01 to \$104,000** annually

Plan Type	Insured	2020	2021 without Incentive	2021 with Incentive
USC Trojan Care EPO	Employee	\$72	\$71.50	\$51.50
	Employee + Adult*	\$150	\$163	\$143
	Employee + Child(ren)	\$123.50	\$130	\$110
	Employee + Adult + Child(ren)*	\$191	\$213.50	\$193.50
USC EPO Plus Plan	Employee	N/A	N/A	N/A
	Employee + Adult*	N/A	\$232.50	\$212.50
	Employee + Child(ren)	N/A	\$186	\$166
	Employee + Adult + Child(ren)*	N/A	\$303.50	\$283.50
USC PPO	Employee	\$133.50	\$134.50	\$114.50
	Employee + Adult*	\$289.50	\$299.50	\$279.50
	Employee + Child(ren)	\$233	\$239.50	\$219.50
	Employee + Adult + Child(ren)*	\$375	\$390	\$370
Anthem HMO	Employee	\$63.50	\$48.50	\$28.50
	Employee + Adult*	\$178.50	\$179	\$159
	Employee + Child(ren)	\$159.50	\$159	\$139
	Employee + Adult + Child(ren)*	\$233.50	\$236.50	\$216.50
Kaiser HMO	Employee	\$90.50	\$86.50	\$66.50
	Employee + Adult*	\$199	\$199.50	\$179.50
	Employee + Child(ren)	\$181	\$181	\$161
	Employee + Adult + Child(ren)*	\$271.50	\$274.50	\$254.50

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.