

Monthly 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	\$144	\$143	\$103
	Employee + Adult*	\$300	\$326	\$286
	Employee + Child(ren)	\$247	\$260	\$220
	Employee + Adult + Child(ren)*	\$382	\$427	\$387
USC EPO Plus Plan	Employee	N/A	N/A	N/A
	Employee + Adult*	N/A	\$465	\$425
	Employee + Child(ren)	N/A	\$372	\$332
	Employee + Adult + Child(ren)*	N/A	\$607	\$567
USC PPO	Employee	\$267	\$269	\$229
	Employee + Adult*	\$579	\$599	\$559
	Employee + Child(ren)	\$466	\$479	\$439
	Employee + Adult + Child(ren)*	\$750	\$780	\$740
Anthem HMO	Employee	\$127	\$97	\$57
	Employee + Adult*	\$357	\$358	\$318
	Employee + Child(ren)	\$319	\$318	\$278
	Employee + Adult + Child(ren)*	\$467	\$473	\$433
Kaiser HMO	Employee	\$181	\$173	\$133
	Employee + Adult*	\$398	\$399	\$359
	Employee + Child(ren)	\$362	\$362	\$322
	Employee + Adult + Child(ren)*	\$543	\$549	\$509

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.