

This plan offers the most provider choice, but highest cost.

TIER 1: Keck Medicine of USC providers

TIER 2: Anthem Blue Cross Prudent Buyer/BlueCard providers
(nationwide and international providers)

TIER 3: Out-of-network (non-contracted providers)

You have access to Lyra Health for mental/emotional care and the Livongo diabetes program.

Learn more at employees.usc.edu/ppo.

PROVIDER NETWORK

TIER 1

Keck
Medicine
of USC

USC Norris
Comprehensive
Cancer Center
Keck Medicine of USC

USC Verdugo
Hills Hospital
Keck Medicine of USC

TIER 2

Anthem
Prudent Buyer PPO
and International
Coverage

TIER 3

Non-contracted
providers



Participate in health assessment incentive and save \$480 annually on your medical plan premiums. Get started at employees.usc.edu/wellness-benefit.

EARN UP TO \$480 ANNUALLY



Complete online
questionnaire



Complete in-person
health screening



Annually (Excluding
Anthem MyChoice Plan)

PLAN SERVICE PROVIDERS



anthem.com/ca
800.227.3771



hconline.healthcomp.com/uscprovidersearch.aspx
855-727-5267



livehealthonline.com
888.548.3432



Member Support
800.945.4355



lyrahealth.com
844.495.7094



COMING 1/1/21

OTHER BENEFITS AVAILABLE TO YOU



deltadentalins.com
888.335.8227



gympass.com
866.642.7917



ucci.com
800.937.6432



vsp.com
800.877.7195

2021 - MONTHLY EMPLOYEE CONTRIBUTION

EMPLOYEE	without incentive	with incentive
Salary \$53,000 or less	\$266	\$226
\$53,000.01-\$104,000	\$269	\$229
\$104,000.01-\$156,000	\$277	\$237
\$156,000.01-\$250,000	\$282	\$242
More than \$250,000	\$288	\$248

EMPLOYEE + ADULT*	without incentive	with incentive
Salary \$53,000 or less	\$593	\$553
\$53,000.01-\$104,000	\$599	\$559
\$104,000.01-\$156,000	\$617	\$577
\$156,000.01-\$250,000	\$629	\$589
More than \$250,000	\$642	\$602

EMPLOYEE + CHILD(REN)	without incentive	with incentive
Salary \$53,000 or less	\$474	\$434
\$53,000.01-\$104,000	\$479	\$439
\$104,000.01-\$156,000	\$494	\$454
\$156,000.01-\$250,000	\$504	\$464
More than \$250,000	\$513	\$473

EMPLOYEE + ADULT + CHILD(REN)*	without incentive	with incentive
Salary \$53,000 or less	\$772	\$732
\$53,000.01-\$104,000	\$780	\$740
\$104,000.01-\$156,000	\$804	\$764
\$156,000.01-\$250,000	\$820	\$780
More than \$250,000	\$836	\$796

*Spousal Surcharge may apply

MEDICAL COVERAGE

Primary care physician (PCP) required?	No, but you can save by designating one
Out-of-network coverage?	Yes
Preventive care cost	Tier 1: \$0 Tier 2: \$0 Tier 3: 50%+*
Primary care visit cost	Tier 1: \$25 (\$15 copay with designated PCP) Tier 2: \$40 copay (\$30 copay with designated PCP) Tier 3: 50%+*
Deductible (individual/family)	Tier 1: \$125/\$375 Tier 2: \$275/\$825 Tier 3: \$600/\$1,800
Out-of-pocket maximum (individual/family)	Tier 1: \$1,500/\$4,500 Tier 2: \$2,500/\$7,500 Tier 3: \$12,500/\$37,500

*If you use a Tier 3 (out-of-network) provider, you pay deductible and all charges above 50% of "usual and customary" fees.

RETAIL PRESCRIPTION DRUG COVERAGE (30 DAY SUPPLY)

Generic	\$5 copay
Brand (no generic available)	\$25 copay
Brand (generic available)	\$70 copay
Specialty drug	\$125 copay

