

Biweekly Medical Plan Costs | If you make more than **\$250,000** annually

Plan Type	Insured	2020	2021 without Incentive	2021 with Incentive
USC Trojan Care EPO	Employee	\$74.50	\$76.50	\$56.50
	Employee + Adult*	\$156	\$175	\$155
	Employee + Child(ren)	\$128	\$139	\$119
	Employee + Adult + Child(ren)*	\$199	\$229	\$209
USC EPO Plus Plan	Employee	N/A	N/A	N/A
	Employee + Adult*	N/A	\$244.50	\$224.50
	Employee + Child(ren)	N/A	\$195	\$175
	Employee + Adult + Child(ren)*	N/A	\$319	\$299
USC PPO	Employee	\$143	\$144	\$124
	Employee + Adult*	\$310.50	\$321	\$301
	Employee + Child(ren)	\$250	\$256.50	\$236.50
	Employee + Adult + Child(ren)*	\$401.50	\$418	\$398
Anthem HMO	Employee	\$68.50	\$52	\$32
	Employee + Adult*	\$191	\$191.50	\$171.50
	Employee + Child(ren)	\$170.50	\$170	\$150
	Employee + Adult + Child(ren)*	\$250.50	\$253.50	\$233.50
Kaiser HMO	Employee	\$97	\$93	\$73
	Employee + Adult*	\$213	\$213.50	\$193.50
	Employee + Child(ren)	\$193.50	\$193.50	\$173.50
	Employee + Adult + Child(ren)*	\$291	\$294	\$274

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.