

Monthly 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	\$149	\$153	\$113
	Employee + Adult*	\$312	\$350	\$310
	Employee + Child(ren)	\$256	\$278	\$238
	Employee + Adult + Child(ren)*	\$398	\$458	\$418
USC EPO Plus Plan	Employee	N/A	N/A	N/A
	Employee + Adult*	N/A	\$489	\$449
	Employee + Child(ren)	N/A	\$390	\$350
	Employee + Adult + Child(ren)*	N/A	\$638	\$598
USC PPO	Employee	\$286	\$288	\$248
	Employee + Adult*	\$621	\$642	\$602
	Employee + Child(ren)	\$500	\$513	\$473
	Employee + Adult + Child(ren)*	\$803	\$836	\$796
Anthem HMO	Employee	\$137	\$104	\$64
	Employee + Adult*	\$382	\$383	\$343
	Employee + Child(ren)	\$341	\$340	\$300
	Employee + Adult + Child(ren)*	\$501	\$507	\$467
Kaiser HMO	Employee	\$194	\$186	\$146
	Employee + Adult*	\$426	\$427	\$387
	Employee + Child(ren)	\$387	\$387	\$347
	Employee + Adult + Child(ren)*	\$582	\$588	\$548

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.