2023 COMPARING YOUR HEALTH PLAN OPTIONS

	USC TROJAN CARE EPO	USC EPO PLUS	USC PPO			ANTHEM HMO	KAISER HMO
BENEFIT	EPO Network	EPO Plus Network*	Tier 1: Keck Medicine	Tier 2: Anthem Prudent Buyer	Tier 3: Out-of-Network	Anthem CaliforniaCare Network	Kaiser Network
Is a referral required to see a specialist?	No	No	No	No	No	Yes	Yes
MEDICAL DEDUCTIBLES (CALENDAR YEAR)							
Individual	$100	$100	$125	$275	$600	$0	$0
Family (3+ members)	$300	$300	$375	$825	$1,800	$0	$0
			Tier 1–2 deductibles cross accumulate (count toward one another)				
MEDICAL OUT-OF-POCKET MAXIMUM (CALENDAR YEAR)							
Employee only	$1,000**	$1,000**	$1,500**	$2,500**	$12,500***	$1,500**	$3,000**
Employee plus adult	$2,000**	$2,000**	$3,000**	$5,000**	$25,500***	$3,000**	$6,000**
Employee plus child							
Employee plus children	$3,000**	$3,000**	$4,500**	$7,500**	$37,500***	$4,500**	$6,000**
Employee plus family	$3,000**	$3,000**	$4,500**	$7,500**	$37,500***	$4,500**	$6,000**
PRESCRIPTION OUT-OF-POCKET MAXIMUM (CALENDAR YEAR)							
Employee only	$2,000**	$2,000**	$4,850**		No out-of-pocket max	Combined with medical	Combined with medical
Employee plus adult/ child(ren) family	$4,000**	$4,000**	$7,200** *(two or more people)*		No out-of-pocket max	Combined with medical	Combined with medical

* For dependents residing in Northern California or out of state, the provider network consists of the EPO network plus the Anthem Blue Cross Prudent Buyer/BlueCard® networks.

** 100% thereafter.

*** 100% of the Usual, Customary and Reasonable (UCR) rate. UCR generally refers to the rate charged for a specific service by providers in the same geographic area.

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.

USC University of Southern California

2023 COMPARING YOUR HEALTH PLAN OPTIONS

	USC TROJAN CARE EPO	USC EPO PLUS	USC PPO			ANTHEM HMO	KAISER HMO
BENEFIT	EPO Network	EPO Plus Network*	Tier 1: Keck Medicine	Tier 2: Anthem Prudent Buyer	Tier 3: Out-of-Network	Anthem CaliforniaCare Network	Kaiser Network
MEDICAL BENEFITS							
PCP office visit (including maternity)	Plan pays 100% after member pays $20 copay ($10 copay with designated PCP)	Plan pays 100% after member pays $20 copay ($10 copay with designated PCP)	Plan pays 100% after member pays $25 ($15 copay with designated PCP)	Plan pays 100% after member pays $40 ($30 copay with designated PCP)	Plan pays 50% of UCR** after deductible/member pays deductible plus balance of charges	Plan pays 100% after member pays $20	Plan pays 100% after member pays $25
SCP office visit	Plan pays 100% after member pays $20	Plan pays 100% after member pays $20	Plan pays 100% after member pays $25	Plan pays 100% after member pays $40		Plan pays 100% after member pays $20	Plan pays 100% after member pays $50
Preventive care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 50% of UCR** after deductible/member pays deductible plus balance of charges	Plan pays 100%	Plan pays 100%
Urgent care centers	Member pays $35	Member pays $35	Not Available	Member pays $35	Plan pays 50% of UCR** after deductible/member pays deductible plus balance of charges	Member pays $30	Member pays $25
Emergency care (waived if admitted)	Member pays $150 copay	Member pays $150 copay	Member pays $200 copay (available at USC Arcadia Hospital and USC Verdugo Hills Hospital)	Member pays $200 copay	Member pays $200 copay	Member pays $150 copay	Member pays $200 copay
PRESCRIPTION COST SHARING							
Generic	$5 copay	$5 copay	$5 copay		If filled at a non-Network pharmacy, the Plan will reimburse you 50% of the Plan's Navitus' contracted rate (not of cost); Reimbursement request must be received within 60 days of fill	$10 copay	$15 copay
Brand (no generic available)	$25 copay	$25 copay	$25 copay			Brand/formulary: 20% of cost, with a minimum $30 copay; $125 max copay	$35 copay (formulary only)
Brand (generic available)	$70 copay	$70 copay	$70 copay			Brand/non-formulary: 45% of cost (min $50, max $250)	Not covered
Specialty drug	$125 copay	$125 copay	$125 copay			Same as above, except self-administered injectable drugs $200 (does not apply to insulin)	$35 copay (formulary only)

* For dependents residing in Northern California or out of state, the provider network consists of the EPO network plus the Anthem Blue Cross Prudent Buyer/BlueCard® networks.

** 100% of the Usual, Customary and Reasonable (UCR) rate. UCR generally refers to the rate charged for a specific service by providers in the same geographic area.

2023 COMPARING YOUR HEALTH PLAN OPTIONS

	USC TROJAN CARE EPO	USC EPO PLUS	USC PPO			ANTHEM HMO	KAISER HMO
BENEFIT	EPO Network	EPO Plus Network*	Tier 1: Keck Medicine	Tier 2: Anthem Prudent Buyer	Tier 3: Out-of-Network	Anthem CaliforniaCare Network	Kaiser Network
AMBULANCE							
Emergency ground transportation (non-emergency transport requires prior authorization)	Plan pays 100%	Plan pays 100%	Not available	Plan pays 80% after deductible; member pays 20% after deductible	Plan pays 80% of billed charges after deductible. You pay 20% of billed charges after deductible	Plan pays 100%	$50 per trip
INPATIENT HOSPITAL SERVICES (ALL HOSPITAL ADMISSIONS ARE SUBJECT TO PRIOR AUTHORIZATION)							
Facility	Plan pays 100% after member pays $100 copay/ admission	Plan pays 100% after member pays $100 copay/ admission	Plan pays 100% (not subject to deductible) Maternity delivery available at USC Arcadia Hospital and USC Verdugo Hills Hospital	Plan pays 100% after member pays $300 copay/ admission Maternity delivery: $100 copay/admission only at Good Samaritan Hospital when delivery is done by a USC Care Medical Group Obstetrician	Plan pays 50% of UCR** after copay. You pay a $600 copay per admission plus all charges above 50% of UCR**	Plan pays 100% after member pays $250 copay/ admission	Plan pays 100% after member pays $250 copay/ admission
Surgery/doctor visits	Plan pays 90% after deductible; member pays deductible and 10% of allowed amount	Plan pays 90% after deductible; member pays deductible and 10% of allowed amount	Plan pays 90% after deductible; member pays deductible and 10% of allowed amount	Plan pays 80% after deductible; member pays deductible and 20% of allowed amount	Plan pays 50% of UCR** after deductible; member pays deductible plus remainder of charges	Plan pays 100%	Plan pays 100%
AMBULATORY SURGERY							
Facility	Plan pays 100% after member $200 copay/ admission	Plan pays 100% after member $200 copay/ admission	Plan pays 100%	Plan pays 100% after member pays $200 copay/ admission	Plan pays 50% of UCR** not to exceed $2,700 after member pays $600 copay/ admission plus remainder of charges	Plan pays 100% after member $250 copay/ admission	Plan pays 100% after member $250 copay/ admission
Physician	Plan pays 90% after deductible; member pays deductible and 10% of allowed amount	Plan pays 90% after deductible; member pays deductible and 10% of allowed amount	Plan pays 90% after deductible; member pays deductible and 10% of allowed amount	Plan pays 80% after deductible; member pays deductible and 20% of allowed amount	Plan pays 50% of UCR** after deductible; member pays deductible plus remainder of charges	Plan pays 100%	Plan pays 100%

* For dependents residing in Northern California or out of state, the provider network consists of the EPO network plus the Anthem Blue Cross Prudent Buyer/BlueCard® networks.

** 100% of the Usual, Customary and Reasonable (UCR) rate. UCR generally refers to the rate charged for a specific service by providers in the same geographic area.

2023 COMPARING YOUR HEALTH PLAN OPTIONS

	USC TROJAN CARE EPO	USC EPO PLUS	USC PPO			ANTHEM HMO	KAISER HMO
BENEFIT	EPO Network	EPO Plus Network*	Tier 1: Keck Medicine	Tier 2: Anthem Prudent Buyer	Tier 3: Out-of-Network	Anthem CaliforniaCare Network	Kaiser Network
BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER SERVICES							
Authorization	Inpatient, partial hospitalization, and residential treatment center require prior authorization	Inpatient, partial hospitalization, residential treatment center require prior authorization	Inpatient, partial hospitalization, and residential treatment center require prior authorization			Inpatient, partial hospitalization and residential treatment require prior authorization	Inpatient, partial hospitalization and residential treatment require prior authorization
Inpatient - facility	Plan pays 100% after member pays $100 copay/admission	Plan pays 100% after member pays $100 copay/admission	Plan pays 100%	Plan pays 100% after member pays $300 copay/admission	Plan pays 50% of UCR.** Member pays $600 copay/ admission plus balance of charges	Plan pays 100% after member $250 copay/admission	Plan pays 100% after member pays $250 copay/admission
Inpatient - physician	Plan pays 90% after deductible; member pays deductible and 10% of allowed amount	Plan pays 90% after deductible; member pays deductible and 10% of allowed amount	Plan pays 90% after deductible; member pays deductible and 10% of allowed amount	Plan pays 80% after deductible; member pays deductible and 20% of allowed amount	Plan pays 50% of UCR** after deductible; member pays deductible and balance of charges	Plan pays 100%	Plan pays 100%
Partial hospitalization	Plan pays 90% after deductible; member pays deductible and 10% of allowed amount	Plan pays 90% after deductible; member pays deductible and 10% of allowed amount	Plan pays 90% after deductible; member pays deductible and 10% of allowed amount	Plan pays 80% after deductible; member pays deductible and 20% of allowed amount	Plan pays 50% of UCR** after deductible; member pays deductible and balance of charges	Plan pays 100%	Plan pays 100%
Residential treatment	Plan pays 100% after member pays $100 copay/admission	Plan pays 100% after member pays $100 copay/admission	Plan pays 100%	Plan pays 100% after member pays $300 copay/admission	Plan pays 50% of UCR.** Member pays $600 copay/ admission plus balance of charges	Plan pays 100% after member $250 copay/admission	Plan pays 100%
Outpatient - facility	Plan pays 100% after member pays $200 copay/admission	Plan pays 100% after member pays $200 copay/admission	Plan pays 100%	Plan pays 100% after member pays $200 copay/admission	Plan pays 50% of UCR** not to exceed $2,700 after member pays $600 copay/admission plus remainder of all charges	Plan pays 100%	Plan pays 100%
Outpatient - professional	Plan pays 100% after member pays $20 copay ($10 copay with designated PCP)	Plan pays 100% after member pays $20 copay ($10 copay with designated PCP)	Plan pays 100% after member pays $25 copay/visit ($15 copay with designated PCP)	Plan pays 100% after member pays $40 copay/visit ($30 copay with designated PCP)	Plan pays 50% of UCR** after deductible; member pays deductible and balance of charges	Plan pays 100% after member pays $20 copay/admission	Plan pays 100% after member pays $25 copay/admission
OTHER HEALTH SERVICES							
Coverage in foreign countries	Emergency only	Emergency only	No	Yes	Yes	Emergency only	Emergency only
Hearing aid services	Plan pays 90% after deductible, up to a maximum of $2,000 every 36 months; member pays deductible and remainder of all charges. Limited to one (1) hearing aid per ear, every 36 months	Plan pays 90% after deductible, up to a maximum of $2,000 every 36 months; member pays deductible and remainder of all charges. Limited to one (1) hearing aid per ear, every 36 months	Plan pays 90% after deductible, up to a maximum of $2,000 every 36 months; member pays deductible and remainder of all charges. Limited to one (1) hearing aid per ear, every 36 months	Plan pays 80% after deductible, up to a maximum of $2,000 every 36 months; member pays deductible and remainder of all charges. Limited to one (1) hearing aid per ear, every 36 months	Plan pays 50% of UCR*** after deductible, up to a maximum of $2,000 every 36 months; member pays deductible and remainder of all charges. Limited to one (1) hearing aid per ear, every 36 months	Plan pays 100% per hearing aid every 3 years	Not covered
Infertility services	Medical services: Plan pays 90% after deductible, up to a lifetime maximum of $10,000; member pays deductible and 10% of allowed amount. Rx drugs: Plan covers formulary drugs, up to a lifetime maximum of $15,000. Member drug copays apply	Medical services: Plan pays 90% after deductible, up to a lifetime maximum of $10,000; member pays deductible and 10% of allowed amount. Rx drugs: Plan covers formulary drugs, up to a lifetime maximum of $15,000. Member drug copays apply	Medical services: Plan pays 90% after deductible, up to a lifetime maximum of $10,000; member pays deductible and 10% of allowed amount. Rx drugs: Plan covers formulary drugs, up to a lifetime maximum of $15,000. Member drug copays apply	Medical services: Plan pays 80% after deductible, up to a lifetime maximum of $10,000; member pays deductible and 10% of allowed amount. Rx drugs: Plan covers formulary drugs, up to a lifetime maximum of $15,000. Member drug copays apply	Medical services: Plan pays 50% of UCR*** after deductible, up to a lifetime maximum of $10,000; member pays deductible and balance of charges. Rx drugs: Plan covers formulary drugs, up to a lifetime maximum of $15,000. Member drug copays apply	Plan covers services for testing and diagnosis of infertility. Member pays 50%	Plan covers services for testing and diagnosis of infertility, artificial insemination, and prescription drugs. Member copays apply to covered services and prescription drugs

* For dependents residing in Northern California or out of state, the provider network consists of the EPO network plus the Anthem Blue Cross Prudent Buyer/BlueCard® networks.

** 100% of the Usual, Customary and Reasonable (UCR) rate. UCR generally refers to the rate charged for a specific service by providers in the same geographic area.

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.

USC University of Southern California

2023 FINANCIAL INCENTIVES/SURCHARGES TO MEDICAL PLANS

		EMPLOYEE COST IMPACT	
INCENTIVE/SURCHARGE DESCRIPTION	AFFECTED PLAN	MONTHLY	ANNUAL
Health assessment credit	All medical plans, except Anthem MyChoice	Subtract $40	Subtract $480
PCP designation discount	USC Trojan Care EPO, USC EPO Plus and USC PPO Plans only	$10 off PCP office visit copay	Not applicable
Working spouse surcharge	All medical plans, except Anthem MyChoice	Add $100	Add $1,200

2023 VISION

	VSP CHOICE PLAN		
BENEFIT	IN-NETWORK USC ROSKI PROVIDER	IN-NETWORK VSP PROVIDER	OUT-OF-NETWORK PROVIDER
Well vision exam (one exam/year)	$0 copay	$15 copay	$15 copay up to $45
Frames	$25 copay* up to $170 (every other calendar year)	$25 copay* up to $170 (every other calendar year)	$25 copay* up to $55 (every other calendar year)
LENSES			
Single vision, lined bifocal, lined trifocal, lenticular	$25 copay* (every calendar year)	$25 copay* (every calendar year)	$25 copay* up to $45-$125 (every calendar year)
Progressive	$55–$175 copay (every calendar year)	$55–$175 copay (every calendar year)	$25 copay up to $85 allowance (every calendar year)
Contacts (in lieu of glasses)	Up to $150 allowance (every calendar year)	Up to $150 allowance (every calendar year)	Up to $150 allowance (every calendar year)

* Only one copay applies when lenses and frames are purchased.

	DELTA DENTAL PPO PLAN			UNITED CONCORDIA DHMO PLAN
BENEFIT	**Services at the USC School of Dentistry**	**In-Network**	**Out-of-Network**	**Primary Dental Office (PDO)**
MAXIMUM PLAN BENEFIT (CALENDAR YEAR)				
Maximum benefit (combined dentist networks)	$2,000 per person per year, regardless of which dentist network is accessed			Not applicable
DEDUCTIBLE (CALENDAR YEAR)				
Individual	$50	$50	$75	$0
Per family	$150	$150	$225	$0
PREVENTIVE AND DIAGNOSTIC				
Cleaning, exams, x-ray	100%, no deductible	90%, no deductible	80%, after deductible	$0 copay
BASIC SERVICES				
Routine extractions, fillings, root canal therapy, osseous surgery, oral surgery	100%, after deductible	80%, after deductible	70%, after deductible	$0–$140 copay
MAJOR SERVICES				
Crowns, bridges, dentures	100%, after deductible	60%, after deductible	50%, after deductible	Crowns: $25–$75 copay* Bridges: $70–$90 copay* Dentures: $100–$120 copay
ORTHODONTIA				
Comprehensive orthodontic treatment	50%	50%	50%	$1,500–$2,000 copay
Lifetime maximum	$1,500 per person, regardless of which dentist network is accessed			Not applicable. Orthodontic benefits are available once per lifetime per member.
Eligibility for orthodontia	Covers both children and adults	Covers both children and adults	Covers both children and adults	Covers both children and adults
IMPLANTS				
Implant	50%	50%	50%	Not covered
Implant maximum	$1,500 per person per year, regardless of which dentist network is accessed			Not applicable

* Charges for the use of precious (high noble) or semiprecious (noble) metal are not included in the copayment for crowns, bridges, pontics, inlays and onlays. The decision to use these materials is a cooperative effort between the provider and the patient, based on the professional advice of the provider. Providers are expected to charge no more than an additional $125 for these materials.