

BIWEEKLY MEDICAL PLAN COSTS

If you make **\$120,000.01 to \$180,000** annually

Plan Type	Insured	2022 without incentive	2023 without incentive	2023 with incentive
USC Trojan Care EPO	Employee	\$83.50	\$91.50	\$71.50
	Employee + Adult*	\$190	\$206.50	\$186.50
	Employee + Child(ren)	\$151.50	\$164.50	\$144.50
	Employee + Adult + Child(ren)*	\$249	\$270	\$250
USC EPO Plus	Employee	N/A	N/A	N/A
	Employee + Adult*	\$254	\$276	\$256
	Employee + Child(ren)	\$203	\$220.50	\$200.50
	Employee + Adult + Child(ren)*	\$332	\$360.50	\$340.50
USC PPO	Employee	\$144	\$156.50	\$136.50
	Employee + Adult*	\$321	\$348.50	\$328.50
	Employee + Child(ren)	\$256.50	\$279	\$259
	Employee + Adult + Child(ren)*	\$417.50	\$454	\$434
Anthem HMO	Employee	\$54	\$55	\$35
	Employee + Adult*	\$195.50	\$212	\$192
	Employee + Child(ren)	\$173.50	\$188	\$168
	Employee + Adult + Child(ren)*	\$258.50	\$280.50	\$260.50
Kaiser HMO	Employee	\$98	\$102	\$82
	Employee + Adult*	\$225	\$233.50	\$213.50
	Employee + Child(ren)	\$204	\$211.50	\$191.50
	Employee + Adult + Child(ren)*	\$309.50	\$321.50	\$301.50

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.