

BIWEEKLY MEDICAL PLAN COSTS

If you make **\$180,000.01 to \$250,000** annually

Plan Type	Insured	2022 without incentive	2023 without incentive	2023 with incentive
USC Trojan Care EPO	Employee	\$85.50	\$94	\$74
	Employee + Adult*	\$194	\$212.50	\$192.50
	Employee + Child(ren)	\$154.50	\$169.50	\$149.50
	Employee + Adult + Child(ren)*	\$254	\$277.50	\$257.50
USC EPO Plus	Employee	N/A	N/A	N/A
	Employee + Adult*	\$258	\$282	\$262
	Employee + Child(ren)	\$206	\$225.50	\$205.50
	Employee + Adult + Child(ren)*	\$337	\$368	\$348
USC PPO	Employee	\$146.50	\$161	\$141
	Employee + Adult*	\$327	\$358.50	\$338.50
	Employee + Child(ren)	\$261.50	\$287	\$267
	Employee + Adult + Child(ren)*	\$426	\$467.50	\$447.50
Anthem HMO	Employee	\$55	\$56.50	\$36.50
	Employee + Adult*	\$199	\$218.50	\$198.50
	Employee + Child(ren)	\$177	\$193.50	\$173.50
	Employee + Adult + Child(ren)*	\$263.50	\$289	\$269
Kaiser HMO	Employee	\$100	\$105	\$85
	Employee + Adult*	\$229.50	\$240.50	\$220.50
	Employee + Child(ren)	\$208	\$218	\$198
	Employee + Adult + Child(ren)*	\$315.50	\$331	\$311

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.