

BIWEEKLY MEDICAL PLAN COSTS

If you make more than **\$250,000** annually

Plan Type	Insured	2022 without incentive	2023 without incentive	2023 with incentive
USC Trojan Care EPO	Employee	\$87	\$96	\$76
	Employee + Adult*	\$197.50	\$216.50	\$196.50
	Employee + Child(ren)	\$157.50	\$173	\$153
	Employee + Adult + Child(ren)*	\$258.50	\$283	\$263
USC EPO Plus	Employee	N/A	N/A	N/A
	Employee + Adult*	\$261.50	\$286	\$266
	Employee + Child(ren)	\$209	\$229	\$209
	Employee + Adult + Child(ren)*	\$341.50	\$373.50	\$353.50
USC PPO	Employee	\$149.50	\$164	\$144
	Employee + Adult*	\$333.50	\$365.50	\$345.50
	Employee + Child(ren)	\$266.50	\$292.50	\$272.50
	Employee + Adult + Child(ren)*	\$434	\$476	\$456
Anthem HMO	Employee	\$56	\$58	\$38
	Employee + Adult*	\$203	\$222.50	\$202.50
	Employee + Child(ren)	\$180	\$197.50	\$177.50
	Employee + Adult + Child(ren)*	\$268.50	\$294.50	\$274.50
Kaiser HMO	Employee	\$102	\$107	\$87
	Employee + Adult*	\$233.50	\$245	\$225
	Employee + Child(ren)	\$212	\$222	\$202
	Employee + Adult + Child(ren)*	\$321.50	\$337	\$317

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.