

# BIWEEKLY MEDICAL PLAN COSTS

If you make **\$61,000.01 to \$120,000** annually

Plan Type	Insured	2022 without incentive	2023 without incentive	2023 with incentive
USC Trojan Care EPO	Employee	\$79.50	\$87	\$67
	Employee + Adult*	\$181	\$196.50	\$176.50
	Employee + Child(ren)	\$144	\$156.50	\$136.50
	Employee + Adult + Child(ren)*	\$236.50	\$256.50	\$236.50
USC EPO Plus	Employee	N/A	N/A	N/A
	Employee + Adult*	\$245	\$266	\$246
	Employee + Child(ren)	\$195.50	\$212.50	\$192.50
	Employee + Adult + Child(ren)*	\$319.50	\$347	\$327
USC PPO	Employee	\$137	\$149	\$129
	Employee + Adult*	\$305	\$331.50	\$311.50
	Employee + Child(ren)	\$244	\$265.50	\$245.50
	Employee + Adult + Child(ren)*	\$397	\$431.50	\$411.50
Anthem HMO	Employee	\$51.50	\$52.50	\$32.50
	Employee + Adult*	\$186	\$202	\$182
	Employee + Child(ren)	\$165	\$179	\$159
	Employee + Adult + Child(ren)*	\$246	\$267	\$247
Kaiser HMO	Employee	\$93	\$97	\$77
	Employee + Adult*	\$214	\$222	\$202
	Employee + Child(ren)	\$194	\$201.50	\$181.50
	Employee + Adult + Child(ren)*	\$294.50	\$305.50	\$285.50

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](mailto:uschr@usc.edu) or (213) 821-8100. \*Spousal surcharge may apply.