

BIWEEKLY MEDICAL PLAN COSTS

If you make **\$61,000 or less** annually

Plan Type	Insured	2022 without incentive	2023 without incentive	2023 with incentive
USC Trojan Care EPO	Employee	\$78.50	\$85	\$65
	Employee + Adult*	\$179	\$192.50	\$172.50
	Employee + Child(ren)	\$142.50	\$153.50	\$133.50
	Employee + Adult + Child(ren)*	\$234	\$251.50	\$231.50
USC EPO Plus	Employee	N/A	N/A	N/A
	Employee + Adult*	\$243	\$262	\$242
	Employee + Child(ren)	\$194	\$209.50	\$189.50
	Employee + Adult + Child(ren)*	\$317	\$342	\$322
USC PPO	Employee	\$135.50	\$146	\$126
	Employee + Adult*	\$302	\$324.50	\$304.50
	Employee + Child(ren)	\$241.50	\$260	\$240
	Employee + Adult + Child(ren)*	\$393	\$423	\$403
Anthem HMO	Employee	\$51	\$51.50	\$31.50
	Employee + Adult*	\$184	\$197.50	\$177.50
	Employee + Child(ren)	\$163	\$175.50	\$155.50
	Employee + Adult + Child(ren)*	\$243.50	\$261.50	\$241.50
Kaiser HMO	Employee	\$92	\$95	\$75
	Employee + Adult*	\$211.50	\$217.50	\$197.50
	Employee + Child(ren)	\$192	\$197	\$177
	Employee + Adult + Child(ren)*	\$291.50	\$299.50	\$279.50

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.