

A high-quality plan designed for employees residing in California who cover dependents that reside out of state or in Northern California.

This plan offers access to Keck Medicine of USC and other select Anthem providers throughout Southern California. Plus, dependents who reside out of state or in Northern California will have access to select Anthem Prudent Buyer/BlueCard providers.



There's no out-of-network provider coverage (except for urgent care and emergencies).

You also have access to Lyra Health for mental and emotional care, and to Livongo for diabetes management.



Learn more at employees.usc.edu/epoplus.

Eligible dependent provider access area

Save up to \$480 annually



Complete online questionnaire



Complete in-person health screening

Visit employees.usc.edu/wellness-benefit to participate in our Vitality health assessment incentive and save \$40 each month on your medical plan premium.

Plan service providers



anthem.com/ca
800-227-3771



hconline.healthcomp.com/usc
855-727-5267



livehealthonline.com
888-548-3432



Member Support
800-945-4355



lyrahealth.com
844-495-7094



navitus.com
855-673-6504

Other benefits available to you



deltadentalins.com
888-335-8227



gympass.com
866-642-7917



ucci.com
800-937-6432



vsp.com
800-877-7195

2023 monthly employee contribution

Employee	without incentive	with incentive
Salary \$61,000 or less	N/A	N/A
\$61,000.01-\$120,000	N/A	N/A
\$120,000.01-\$180,000	N/A	N/A
\$180,000.01-\$250,000	N/A	N/A
More than \$250,000	N/A	N/A

Employee + Adult*	without incentive	with incentive
Salary \$61,000 or less	\$524	\$484
\$61,000.01-\$120,000	\$532	\$492
\$120,000.01-\$180,000	\$552	\$512
\$180,000.01-\$250,000	\$564	\$524
More than \$250,000	\$572	\$532

Employee + Child(ren)	without incentive	with incentive
Salary \$61,000 or less	\$419	\$379
\$61,000.01-\$120,000	\$425	\$385
\$120,000.01-\$180,000	\$441	\$401
\$180,000.01-\$250,000	\$451	\$411
More than \$250,000	\$458	\$418

Employee + Adult + Child(ren)*	without incentive	with incentive
Salary \$61,000 or less	\$684	\$644
\$61,000.01-\$120,000	\$694	\$654
\$120,000.01-\$180,000	\$721	\$681
\$180,000.01-\$250,000	\$736	\$696
More than \$250,000	\$747	\$707

*Spousal Surcharge may apply

Medical coverage

Primary care physician (PCP) required?	No, but you can save by designating one
Out-of-network coverage?	Urgent care and emergency only
Preventive care cost	\$0
Primary care visit cost	\$20 copay (\$10 copay with designated PCP)
Deductible (individual/family)	\$100/\$300
Out-of-pocket maximum (individual/family)	\$1,000/\$3,000

Retail prescription drug coverage

(30 day supply)	
Generic	\$5 copay
Brand (no generic available)	\$25 copay
Brand (generic available)	\$70 copay

