

MONTHLY MEDICAL PLAN COSTS

If you make **\$120,000.01 to \$180,000** annually

Plan Type	Insured	2022 without incentive	2023 without incentive	2023 with incentive
USC Trojan Care EPO	Employee	\$167	\$183	\$143
	Employee + Adult*	\$380	\$413	\$373
	Employee + Child(ren)	\$303	\$329	\$289
	Employee + Adult + Child(ren)*	\$498	\$540	\$500
USC EPO Plus	Employee	N/A	N/A	N/A
	Employee + Adult*	\$508	\$552	\$512
	Employee + Child(ren)	\$406	\$441	\$401
	Employee + Adult + Child(ren)*	\$664	\$721	\$681
USC PPO	Employee	\$288	\$313	\$273
	Employee + Adult*	\$642	\$697	\$657
	Employee + Child(ren)	\$513	\$558	\$518
	Employee + Adult + Child(ren)*	\$835	\$908	\$868
Anthem HMO	Employee	\$108	\$110	\$70
	Employee + Adult*	\$391	\$424	\$384
	Employee + Child(ren)	\$347	\$376	\$336
	Employee + Adult + Child(ren)*	\$517	\$561	\$521
Kaiser HMO	Employee	\$196	\$204	\$164
	Employee + Adult*	\$450	\$467	\$427
	Employee + Child(ren)	\$408	\$423	\$383
	Employee + Adult + Child(ren)*	\$619	\$643	\$603

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.