

MONTHLY MEDICAL PLAN COSTS

If you make **\$180,000.01 to \$250,000** annually

Plan Type	Insured	2022 without incentive	2023 without incentive	2023 with incentive
USC Trojan Care EPO	Employee	\$171	\$188	\$148
	Employee + Adult*	\$388	\$425	\$385
	Employee + Child(ren)	\$309	\$339	\$299
	Employee + Adult + Child(ren)*	\$508	\$555	\$515
USC EPO Plus	Employee	N/A	N/A	N/A
	Employee + Adult*	\$516	\$564	\$524
	Employee + Child(ren)	\$412	\$451	\$411
	Employee + Adult + Child(ren)*	\$674	\$736	\$696
USC PPO	Employee	\$293	\$322	\$282
	Employee + Adult*	\$654	\$717	\$677
	Employee + Child(ren)	\$523	\$574	\$534
	Employee + Adult + Child(ren)*	\$852	\$935	\$895
Anthem HMO	Employee	\$110	\$113	\$73
	Employee + Adult*	\$398	\$437	\$397
	Employee + Child(ren)	\$354	\$387	\$347
	Employee + Adult + Child(ren)*	\$527	\$578	\$538
Kaiser HMO	Employee	\$200	\$210	\$170
	Employee + Adult*	\$459	\$481	\$441
	Employee + Child(ren)	\$416	\$436	\$396
	Employee + Adult + Child(ren)*	\$631	\$662	\$622

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.