

# MONTHLY MEDICAL PLAN COSTS

If you make more than **\$250,000** annually

Plan Type	Insured	2022 without incentive	2023 without incentive	2023 with incentive
USC Trojan Care EPO	Employee	\$174	\$192	\$152
	Employee + Adult*	\$395	\$433	\$393
	Employee + Child(ren)	\$315	\$346	\$306
	Employee + Adult + Child(ren)*	\$517	\$566	\$526
USC EPO Plus	Employee	N/A	N/A	N/A
	Employee + Adult*	\$523	\$572	\$532
	Employee + Child(ren)	\$418	\$458	\$418
	Employee + Adult + Child(ren)*	\$683	\$747	\$707
USC PPO	Employee	\$299	\$328	\$288
	Employee + Adult*	\$667	\$731	\$691
	Employee + Child(ren)	\$533	\$585	\$545
	Employee + Adult + Child(ren)*	\$868	\$952	\$912
Anthem HMO	Employee	\$112	\$116	\$76
	Employee + Adult*	\$406	\$445	\$405
	Employee + Child(ren)	\$360	\$395	\$355
	Employee + Adult + Child(ren)*	\$537	\$589	\$549
Kaiser HMO	Employee	\$204	\$214	\$174
	Employee + Adult*	\$467	\$490	\$450
	Employee + Child(ren)	\$424	\$444	\$404
	Employee + Adult + Child(ren)*	\$643	\$674	\$634

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.