

# MONTHLY MEDICAL PLAN COSTS

If you make **\$61,000.01 to \$120,000** annually

| Plan Type              | Insured                        | 2022<br>without<br>incentive | 2023<br>without<br>incentive | 2023<br>with<br>incentive |
|------------------------|--------------------------------|------------------------------|------------------------------|---------------------------|
| USC Trojan<br>Care EPO | Employee                       | \$159                        | \$174                        | \$134                     |
|                        | Employee + Adult*              | \$362                        | \$393                        | \$353                     |
|                        | Employee + Child(ren)          | \$288                        | \$313                        | \$273                     |
|                        | Employee + Adult + Child(ren)* | \$473                        | \$513                        | \$473                     |
| USC EPO<br>Plus        | Employee                       | N/A                          | N/A                          | N/A                       |
|                        | Employee + Adult*              | \$490                        | \$532                        | \$492                     |
|                        | Employee + Child(ren)          | \$391                        | \$425                        | \$385                     |
|                        | Employee + Adult + Child(ren)* | \$639                        | \$694                        | \$654                     |
| USC PPO                | Employee                       | \$274                        | \$298                        | \$258                     |
|                        | Employee + Adult*              | \$610                        | \$663                        | \$623                     |
|                        | Employee + Child(ren)          | \$488                        | \$531                        | \$491                     |
|                        | Employee + Adult + Child(ren)* | \$794                        | \$863                        | \$823                     |
| Anthem HMO             | Employee                       | \$103                        | \$105                        | \$65                      |
|                        | Employee + Adult*              | \$372                        | \$404                        | \$364                     |
|                        | Employee + Child(ren)          | \$330                        | \$358                        | \$318                     |
|                        | Employee + Adult + Child(ren)* | \$492                        | \$534                        | \$494                     |
| Kaiser HMO             | Employee                       | \$186                        | \$194                        | \$154                     |
|                        | Employee + Adult*              | \$428                        | \$444                        | \$404                     |
|                        | Employee + Child(ren)          | \$388                        | \$403                        | \$363                     |
|                        | Employee + Adult + Child(ren)* | \$589                        | \$611                        | \$571                     |

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.