

MONTHLY MEDICAL PLAN COSTS

If you make **\$61,000 or less** annually

Plan Type	Insured	2022 without incentive	2023 without incentive	2023 with incentive
USC Trojan Care EPO	Employee	\$157	\$170	\$130
	Employee + Adult*	\$358	\$385	\$345
	Employee + Child(ren)	\$285	\$307	\$267
	Employee + Adult + Child(ren)*	\$468	\$503	\$463
USC EPO Plus	Employee	N/A	N/A	N/A
	Employee + Adult*	\$486	\$524	\$484
	Employee + Child(ren)	\$388	\$419	\$379
	Employee + Adult + Child(ren)*	\$634	\$684	\$644
USC PPO	Employee	\$271	\$292	\$252
	Employee + Adult*	\$604	\$649	\$609
	Employee + Child(ren)	\$483	\$520	\$480
	Employee + Adult + Child(ren)*	\$786	\$846	\$806
Anthem HMO	Employee	\$102	\$103	\$63
	Employee + Adult*	\$368	\$395	\$355
	Employee + Child(ren)	\$326	\$351	\$311
	Employee + Adult + Child(ren)*	\$487	\$523	\$483
Kaiser HMO	Employee	\$184	\$190	\$150
	Employee + Adult*	\$423	\$435	\$395
	Employee + Child(ren)	\$384	\$394	\$354
	Employee + Adult + Child(ren)*	\$583	\$599	\$559

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.