

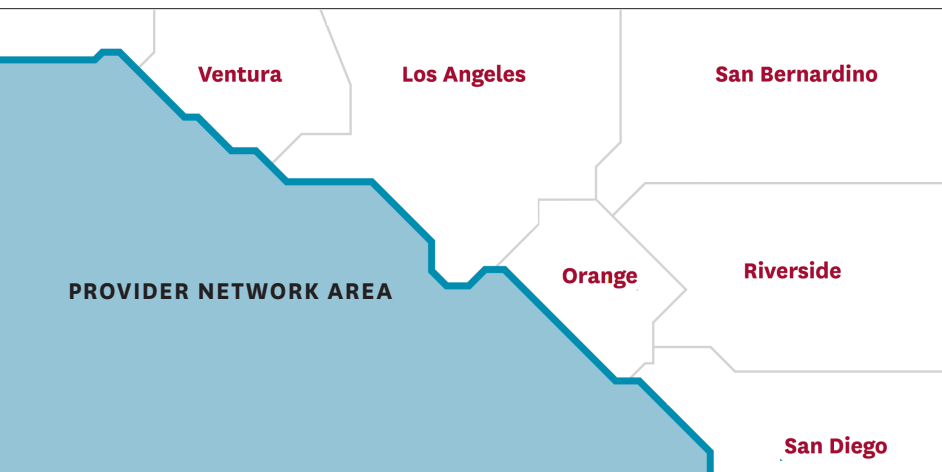
A high-quality medical plan designed for USC employees.

This plan offers access to Keck Medicine of USC and other select Anthem providers throughout Southern California.

There's no out-of-network provider coverage (except for urgent care and emergencies).

You also have access to Lyra Health for mental and emotional care, and to Livongo for diabetes management.

Learn more at employees.usc.edu/epo.



Save up to \$480 annually



Complete online
questionnaire



Complete in-person
health screening

Visit employees.usc.edu/wellness-benefit to participate in our Vitality health assessment incentive and save \$40 each month on your medical plan premium.

Plan service providers



anthem.com/ca
800-227-3771



hconline.healthcomp.com/usc
855-727-5267



livehealthonline.com
888-548-3432



Member Support
800-945-4355



lyrahealth.com
844-495-7094



navitus.com
855-673-6504

Other benefits available to you



deltadentalins.com
888-335-8227



gympass.com
866-642-7917



ucci.com
800-937-6432



vsp.com
800-877-7195

2023 monthly employee contribution

Employee	without incentive	with incentive
Salary \$61,000 or less	\$170	\$130
\$61,000.01-\$120,000	\$174	\$134
\$120,000.01-\$180,000	\$183	\$143
\$180,000.01-\$250,000	\$188	\$148
More than \$250,000	\$192	\$152

Employee + Adult*

Salary \$61,000 or less	\$385	\$345
\$61,000.01-\$120,000	\$393	\$353
\$120,000.01-\$180,000	\$413	\$373
\$180,000.01-\$250,000	\$425	\$385
More than \$250,000	\$433	\$393

Employee + Child(ren)

Salary \$61,000 or less	\$307	\$267
\$61,000.01-\$120,000	\$313	\$273
\$120,000.01-\$180,000	\$329	\$289
\$180,000.01-\$250,000	\$339	\$299
More than \$250,000	\$346	\$306

Employee + Adult + Child(ren)*

Salary \$61,000 or less	\$503	\$463
\$61,000.01-\$120,000	\$513	\$473
\$120,000.01-\$180,000	\$540	\$500
\$180,000.01-\$250,000	\$555	\$515
More than \$250,000	\$566	\$526

*Spousal Surcharge may apply

Medical coverage

Primary care physician (PCP) required?	No, but you can save by designating one
Out-of-network coverage?	Urgent care and emergency only
Preventive care cost	\$0
Primary care visit cost	\$20 copay (\$10 copay with designated PCP)
Deductible (individual/family)	\$100/\$300
Out-of-pocket maximum (individual/family)	\$1,000/\$3,000

Retail prescription drug coverage (30-day supply)

Generic	\$5 copay
Brand (no generic available)	\$25 copay
Brand (generic available)	\$70 copay
Specialty drug	\$125 copay

