

# BIWEEKLY MEDICAL PLAN COSTS

If you make **\$133,000.01 to \$200,000** annually

Plan Type	Insured	2023 without incentive	2024 without incentive	2024 with incentive
USC Trojan Care EPO	Employee	\$91.50	\$100	\$80
	Employee + Adult*	\$206.50	\$226	\$206
	Employee + Child(ren)	\$164.50	\$180	\$160
	Employee + Adult + Child(ren)*	\$270	\$295	\$275
USC PPO	Employee	\$156.50	\$175.50	\$155.50
	Employee + Adult*	\$348.50	\$389	\$369
	Employee + Child(ren)	\$279	\$311.50	\$291.50
	Employee + Adult + Child(ren)*	\$454	\$506	\$486
Anthem HMO	Employee	\$55	\$61	\$41
	Employee + Adult*	\$212	\$233.50	\$213.50
	Employee + Child(ren)	\$188	\$207.50	\$187.50
	Employee + Adult + Child(ren)*	\$280.50	\$309	\$289
Kaiser HMO	Employee	\$102	\$121	\$101
	Employee + Adult*	\$233.50	\$275.50	\$255.50
	Employee + Child(ren)	\$211.50	\$250	\$230
	Employee + Adult + Child(ren)*	\$321.50	\$378.50	\$358.50

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.