

MONTHLY 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	\$183	\$200	\$160
	Employee + Adult*	\$413	\$452	\$412
	Employee + Child(ren)	\$329	\$360	\$320
	Employee + Adult + Child(ren)*	\$540	\$590	\$550
USC PPO	Employee	\$313	\$351	\$311
	Employee + Adult*	\$697	\$778	\$738
	Employee + Child(ren)	\$558	\$623	\$583
	Employee + Adult + Child(ren)*	\$908	\$1,012	\$972
Anthem HMO	Employee	\$110	\$122	\$82
	Employee + Adult*	\$424	\$467	\$427
	Employee + Child(ren)	\$376	\$415	\$375
	Employee + Adult + Child(ren)*	\$561	\$618	\$578
Kaiser HMO	Employee	\$204	\$242	\$202
	Employee + Adult*	\$467	\$551	\$511
	Employee + Child(ren)	\$423	\$500	\$460
	Employee + Adult + Child(ren)*	\$643	\$757	\$717

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.