

If you make **\$200,000.01 to \$250,000** annually

Plan Type	Insured	2023 without incentive	2024 without incentive	2024 with incentive
USC Trojan Care EPO	Employee	\$94	\$104	\$84
	Employee + Adult*	\$212.50	\$235	\$215
	Employee + Child(ren)	\$169.50	\$187	\$167
	Employee + Adult + Child(ren)*	\$277.50	\$306.50	\$286.50
USC PPO	Employee	\$161	\$182.50	\$162.50
	Employee + Adult*	\$358.50	\$404.50	\$384.50
	Employee + Child(ren)	\$287	\$324	\$304
	Employee + Adult + Child(ren)*	\$467.50	\$526	\$506
Anthem HMO	Employee	\$56.50	\$63.50	\$43.50
	Employee + Adult*	\$218.50	\$242.50	\$222.50
	Employee + Child(ren)	\$193.50	\$215.50	\$195.50
	Employee + Adult + Child(ren)*	\$289	\$321	\$301
Kaiser HMO	Employee	\$105	\$125.50	\$105.50
	Employee + Adult*	\$240.50	\$286	\$266
	Employee + Child(ren)	\$218	\$259.50	\$239.50
	Employee + Adult + Child(ren)*	\$331	\$393.50	\$373.50

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 or 213-821-8100.
*Spousal surcharge may apply.