

MONTHLY MEDICAL PLAN COSTS

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	\$188	\$208	\$168
	Employee + Adult*	\$425	\$470	\$430
	Employee + Child(ren)	\$339	\$374	\$334
	Employee + Adult + Child(ren)*	\$555	\$613	\$573
USC PPO	Employee	\$322	\$365	\$325
	Employee + Adult*	\$717	\$809	\$769
	Employee + Child(ren)	\$574	\$648	\$608
	Employee + Adult + Child(ren)*	\$935	\$1,052	\$1,012
Anthem HMO	Employee	\$113	\$127	\$87
	Employee + Adult*	\$437	\$485	\$445
	Employee + Child(ren)	\$387	\$431	\$391
	Employee + Adult + Child(ren)*	\$578	\$642	\$602
Kaiser HMO	Employee	\$210	\$251	\$211
	Employee + Adult*	\$481	\$572	\$532
	Employee + Child(ren)	\$436	\$519	\$479
	Employee + Adult + Child(ren)*	\$662	\$787	\$747

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.