

If you make **\$68,000 or less** annually

Plan Type	Insured	2023 without incentive	2024 without incentive	2024 with incentive
USC Trojan Care EPO	Employee	\$85	\$93	\$73
	Employee + Adult*	\$192.50	\$210.50	\$190.50
	Employee + Child(ren)	\$153.50	\$167.50	\$147.50
	Employee + Adult + Child(ren)*	\$251.50	\$274.50	\$254.50
USC PPO	Employee	\$146	\$163.50	\$143.50
	Employee + Adult*	\$324.50	\$362.50	\$342.50
	Employee + Child(ren)	\$260	\$290	\$270
	Employee + Adult + Child(ren)*	\$423	\$471	\$451
Anthem HMO	Employee	\$51.50	\$50.50	\$30.50
	Employee + Adult*	\$197.50	\$217.50	\$197.50
	Employee + Child(ren)	\$175.50	\$193.50	\$173.50
	Employee + Adult + Child(ren)*	\$261.50	\$288	\$268
Kaiser HMO	Employee	\$95	\$112.50	\$92.50
	Employee + Adult*	\$217.50	\$256.50	\$236.50
	Employee + Child(ren)	\$197	\$233	\$213
	Employee + Adult + Child(ren)*	\$299.50	\$352.50	\$332.50

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.