

MONTHLY MEDICAL PLAN COSTS

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	\$170	\$186	\$146
	Employee + Adult*	\$385	\$421	\$381
	Employee + Child(ren)	\$307	\$335	\$295
	Employee + Adult + Child(ren)*	\$503	\$549	\$509
USC PPO	Employee	\$292	\$327	\$287
	Employee + Adult*	\$649	\$725	\$685
	Employee + Child(ren)	\$520	\$580	\$540
	Employee + Adult + Child(ren)*	\$846	\$942	\$902
Anthem HMO	Employee	\$103	\$101	\$61
	Employee + Adult*	\$395	\$435	\$395
	Employee + Child(ren)	\$351	\$387	\$347
	Employee + Adult + Child(ren)*	\$523	\$576	\$536
Kaiser HMO	Employee	\$190	\$225	\$185
	Employee + Adult*	\$435	\$513	\$473
	Employee + Child(ren)	\$394	\$466	\$426
	Employee + Adult + Child(ren)*	\$599	\$705	\$665

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.