

# BIWEEKLY MEDICAL PLAN COSTS

If you make **\$68,000.01 to \$133,000** annually

Plan Type	Insured	2023 without incentive	2024 without incentive	2024 with incentive
USC Trojan Care EPO	Employee	\$87	\$95	\$75
	Employee + Adult*	\$196.50	\$215	\$195
	Employee + Child(ren)	\$156.50	\$171	\$151
	Employee + Adult + Child(ren)*	\$256.50	\$280.50	\$260.50
USC PPO	Employee	\$149	\$167	\$147
	Employee + Adult*	\$331.50	\$370	\$350
	Employee + Child(ren)	\$265.50	\$296.50	\$276.50
	Employee + Adult + Child(ren)*	\$431.50	\$481	\$461
Anthem HMO	Employee	\$52.50	\$58	\$38
	Employee + Adult*	\$202	\$222	\$202
	Employee + Child(ren)	\$179	\$197.50	\$177.50
	Employee + Adult + Child(ren)*	\$267	\$294	\$274
Kaiser HMO	Employee	\$97	\$115	\$95
	Employee + Adult*	\$222	\$262	\$242
	Employee + Child(ren)	\$201.50	\$237.50	\$217.50
	Employee + Adult + Child(ren)*	\$305.50	\$360	\$340

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](mailto:uschr@usc.edu) or 213-821-8100.

\*Spousal surcharge may apply.