

MONTHLY 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 | \$174 | \$190 | \$150 |
| | Employee + Adult* | \$393 | \$430 | \$390 |
| | Employee + Child(ren) | \$313 | \$342 | \$302 |
| | Employee + Adult + Child(ren)* | \$513 | \$561 | \$521 |
| USC PPO | Employee | \$298 | \$334 | \$294 |
| | Employee + Adult* | \$663 | \$740 | \$700 |
| | Employee + Child(ren) | \$531 | \$593 | \$553 |
| | Employee + Adult + Child(ren)* | \$863 | \$962 | \$922 |
| Anthem HMO | Employee | \$105 | \$116 | \$76 |
| | Employee + Adult* | \$404 | \$444 | \$404 |
| | Employee + Child(ren) | \$358 | \$395 | \$355 |
| | Employee + Adult + Child(ren)* | \$534 | \$588 | \$548 |
| Kaiser HMO | Employee | \$194 | \$230 | \$190 |
| | Employee + Adult* | \$444 | \$524 | \$484 |
| | Employee + Child(ren) | \$403 | \$475 | \$435 |
| | Employee + Adult + Child(ren)* | \$611 | \$720 | \$680 |

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.