

If you make more than **\$250,000** annually

Plan Type	Insured	2023 without incentive	2024 without incentive	2024 with incentive
USC Trojan Care EPO	Employee	\$96	\$106	\$86
	Employee + Adult*	\$216.50	\$239	\$219
	Employee + Child(ren)	\$173	\$190.50	\$170.50
	Employee + Adult + Child(ren)*	\$283	\$312	\$292
USC PPO	Employee	\$164	\$186	\$166
	Employee + Adult*	\$365.50	\$412	\$392
	Employee + Child(ren)	\$292.50	\$330	\$310
	Employee + Adult + Child(ren)*	\$476	\$535.50	\$515.50
Anthem HMO	Employee	\$58	\$65	\$45
	Employee + Adult*	\$222.50	\$247.50	\$227.50
	Employee + Child(ren)	\$197.50	\$220	\$200
	Employee + Adult + Child(ren)*	\$294.50	\$327	\$307
Kaiser HMO	Employee	\$107	\$128	\$108
	Employee + Adult*	\$245	\$291.50	\$271.50
	Employee + Child(ren)	\$222	\$264.50	\$244.50
	Employee + Adult + Child(ren)*	\$337	\$400.50	\$380.50

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](mailto:uschr@usc.edu) or 213-821-8100.  
\*Spousal surcharge may apply.