### MONTHLY MEDICAL PLAN COSTS

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

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Insured</th>
<th>2023 without incentive</th>
<th>2024 without incentive</th>
<th>2024 with incentive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>USC Trojan Care EPO</strong></td>
<td>Employee</td>
<td>$192</td>
<td>$212</td>
<td>$172</td>
</tr>
<tr>
<td></td>
<td>Employee + Adult*</td>
<td>$433</td>
<td>$478</td>
<td>$438</td>
</tr>
<tr>
<td></td>
<td>Employee + Child(ren)</td>
<td>$346</td>
<td>$381</td>
<td>$341</td>
</tr>
<tr>
<td></td>
<td>Employee + Adult + Child(ren)*</td>
<td>$566</td>
<td>$624</td>
<td>$584</td>
</tr>
</tbody>
</table>

| **USC PPO**      | Employee                          | $328                   | $372                    | $332                |
|                 | Employee + Adult*                 | $731                   | $824                    | $784                |
|                 | Employee + Child(ren)             | $585                   | $660                    | $620                |
|                 | Employee + Adult + Child(ren)*    | $952                   | $1,071                  | $1,031              |

| **Anthem HMO**   | Employee                          | $116                   | $130                    | $90                 |
|                 | Employee + Adult*                 | $445                   | $495                    | $455                |
|                 | Employee + Child(ren)             | $395                   | $440                    | $400                |
|                 | Employee + Adult + Child(ren)*    | $589                   | $654                    | $614                |

| **Kaiser HMO**   | Employee                          | $214                   | $256                    | $216                |
|                 | Employee + Adult*                 | $490                   | $583                    | $543                |
|                 | Employee + Child(ren)             | $444                   | $529                    | $489                |
|                 | Employee + Adult + Child(ren)*    | $674                   | $801                    | $761                |

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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.*