

# MONTHLY MEDICAL PLAN COSTS

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	\$192	\$212	\$172
	Employee + Adult*	\$433	\$478	\$438
	Employee + Child(ren)	\$346	\$381	\$341
	Employee + Adult + Child(ren)*	\$566	\$624	\$584
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

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.