

If you make **\$133,000.01 to \$200,000** annually

Plan Type	Insured	2024	2025
USC Trojan Care EPO	Employee	\$100	\$108
	Employee + Adult*	\$226	\$243.50
	Employee + Child(ren)	\$180	\$194.50
	Employee + Adult + Child(ren)*	\$295	\$318
USC PPO	Employee	\$175.50	\$189
	Employee + Adult*	\$389	\$418.50
	Employee + Child(ren)	\$311.50	\$335.50
	Employee + Adult + Child(ren)*	\$506	\$544.50
Anthem HMO	Employee	\$61	\$65.50
	Employee + Adult*	\$233.50	\$249.50
	Employee + Child(ren)	\$207.50	\$221.50
	Employee + Adult + Child(ren)*	\$309	\$329
Kaiser HMO	Employee	\$121	\$132
	Employee + Adult*	\$275.50	\$298.50
	Employee + Child(ren)	\$250	\$271
	Employee + Adult + Child(ren)*	\$378.50	\$410.50

Rates do not include Health Assessment Incentive credit.

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.