

If you make **\$200,000.01 to \$250,000** annually

Plan Type	Insured	2024	2025
USC Trojan Care EPO	Employee	\$104	\$112.50
	Employee + Adult*	\$235	\$253
	Employee + Child(ren)	\$187	\$202
	Employee + Adult + Child(ren)*	\$306.50	\$330
USC PPO	Employee	\$182.50	\$196.50
	Employee + Adult*	\$404.50	\$435
	Employee + Child(ren)	\$324	\$348.50
	Employee + Adult + Child(ren)*	\$526	\$565.50
Anthem HMO	Employee	\$63.50	\$68
	Employee + Adult*	\$242.50	\$259
	Employee + Child(ren)	\$215.50	\$230
	Employee + Adult + Child(ren)*	\$321	\$342
Kaiser HMO	Employee	\$125.50	\$137
	Employee + Adult*	\$286	\$310.50
	Employee + Child(ren)	\$259.50	\$281.50
	Employee + Adult + Child(ren)*	\$393.50	\$426.50

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 or 213-821-8100.

*Spousal surcharge may apply.