

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

Plan Type	Insured	2024	2025
USC Trojan Care EPO	Employee	\$106	\$114.50
	Employee + Adult*	\$239	\$258
	Employee + Child(ren)	\$190.50	\$206
	Employee + Adult + Child(ren)*	\$312	\$336.50
USC PPO	Employee	\$186	\$200
	Employee + Adult*	\$412	\$443
	Employee + Child(ren)	\$330	\$355
	Employee + Adult + Child(ren)*	\$535.50	\$576
Anthem HMO	Employee	\$65	\$69
	Employee + Adult*	\$247.50	\$264
	Employee + Child(ren)	\$220	\$234.50
	Employee + Adult + Child(ren)*	\$327	\$348.50
Kaiser HMO	Employee	\$128	\$139.50
	Employee + Adult*	\$291.50	\$316
	Employee + Child(ren)	\$264.50	\$286.50
	Employee + Adult + Child(ren)*	\$400.50	\$434.50

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.