

If you make **\$68,000.01 to \$133,000** annually

Plan Type	Insured	2024	2025
USC Trojan Care EPO	Employee	\$95	\$101.50
	Employee + Adult*	\$215	\$228
	Employee + Child(ren)	\$171	\$182.50
	Employee + Adult + Child(ren)*	\$280.50	\$297.50
USC PPO	Employee	\$167	\$177
	Employee + Adult*	\$370	\$392.50
	Employee + Child(ren)	\$296.50	\$314
	Employee + Adult + Child(ren)*	\$481	\$510
Anthem HMO	Employee	\$58	\$61.50
	Employee + Adult*	\$222	\$233.50
	Employee + Child(ren)	\$197.50	\$207.50
	Employee + Adult + Child(ren)*	\$294	\$308.50
Kaiser HMO	Employee	\$115	\$123.50
	Employee + Adult*	\$262	\$280
	Employee + Child(ren)	\$237.50	\$254
	Employee + Adult + Child(ren)*	\$360	\$384.50

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.