

If you make **\$68,000 or less** annually

Plan Type	Insured	2024	2025
USC Trojan Care EPO	Employee	\$93	\$98.50
	Employee + Adult*	\$210.50	\$222.50
	Employee + Child(ren)	\$167.50	\$177.50
	Employee + Adult + Child(ren)*	\$274.50	\$290
USC PPO	Employee	\$163.50	\$172.50
	Employee + Adult*	\$362.50	\$382
	Employee + Child(ren)	\$290	\$306
	Employee + Adult + Child(ren)*	\$471	\$497
Anthem HMO	Employee	\$50.50	\$56.50
	Employee + Adult*	\$217.50	\$227.50
	Employee + Child(ren)	\$193.50	\$202
	Employee + Adult + Child(ren)*	\$288	\$300.50
Kaiser HMO	Employee	\$112.50	\$120.50
	Employee + Adult*	\$256.50	\$272.50
	Employee + Child(ren)	\$233	\$247
	Employee + Adult + Child(ren)*	\$352.50	\$374.50

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.