

# MONTHLY MEDICAL PLAN COSTS

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

Plan Type	Insured	2024	2025
USC Trojan Care EPO	Employee	\$200	\$216
	Employee + Adult*	\$452	\$487
	Employee + Child(ren)	\$360	\$389
	Employee + Adult + Child(ren)*	\$590	\$636
USC PPO	Employee	\$351	\$378
	Employee + Adult*	\$778	\$837
	Employee + Child(ren)	\$623	\$671
	Employee + Adult + Child(ren)*	\$1,012	\$1,089
Anthem HMO	Employee	\$122	\$131
	Employee + Adult*	\$467	\$499
	Employee + Child(ren)	\$415	\$443
	Employee + Adult + Child(ren)*	\$618	\$658
Kaiser HMO	Employee	\$242	\$264
	Employee + Adult*	\$551	\$597
	Employee + Child(ren)	\$500	\$542
	Employee + Adult + Child(ren)*	\$757	\$821

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.