

MONTHLY MEDICAL PLAN COSTS

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

Plan Type	Insured	2024	2025
USC Trojan Care EPO	Employee	\$208	\$225
	Employee + Adult*	\$470	\$506
	Employee + Child(ren)	\$374	\$404
	Employee + Adult + Child(ren)*	\$613	\$660
USC PPO	Employee	\$365	\$393
	Employee + Adult*	\$809	\$870
	Employee + Child(ren)	\$648	\$697
	Employee + Adult + Child(ren)*	\$1,052	\$1,131
Anthem HMO	Employee	\$127	\$136
	Employee + Adult*	\$485	\$518
	Employee + Child(ren)	\$431	\$460
	Employee + Adult + Child(ren)*	\$642	\$684
Kaiser HMO	Employee	\$251	\$274
	Employee + Adult*	\$572	\$621
	Employee + Child(ren)	\$519	\$563
	Employee + Adult + Child(ren)*	\$787	\$853

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.