

MONTHLY MEDICAL PLAN COSTS

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

Plan Type	Insured	2024	2025
USC Trojan Care EPO	Employee	\$212	\$229
	Employee + Adult*	\$478	\$516
	Employee + Child(ren)	\$381	\$412
	Employee + Adult + Child(ren)*	\$624	\$673
USC PPO	Employee	\$372	\$400
	Employee + Adult*	\$824	\$886
	Employee + Child(ren)	\$660	\$710
	Employee + Adult + Child(ren)*	\$1,071	\$1,152
Anthem HMO	Employee	\$130	\$138
	Employee + Adult*	\$495	\$528
	Employee + Child(ren)	\$440	\$469
	Employee + Adult + Child(ren)*	\$654	\$697
Kaiser HMO	Employee	\$256	\$279
	Employee + Adult*	\$583	\$632
	Employee + Child(ren)	\$529	\$573
	Employee + Adult + Child(ren)*	\$801	\$869

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.