

# MONTHLY MEDICAL PLAN COSTS

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

Plan Type	Insured	2024	2025
USC Trojan Care EPO	Employee	\$190	\$203
	Employee + Adult*	\$430	\$456
	Employee + Child(ren)	\$342	\$365
	Employee + Adult + Child(ren)*	\$561	\$595
USC PPO	Employee	\$334	\$354
	Employee + Adult*	\$740	\$785
	Employee + Child(ren)	\$593	\$628
	Employee + Adult + Child(ren)*	\$962	\$1,020
Anthem HMO	Employee	\$116	\$123
	Employee + Adult*	\$444	\$467
	Employee + Child(ren)	\$395	\$415
	Employee + Adult + Child(ren)*	\$588	\$617
Kaiser HMO	Employee	\$230	\$247
	Employee + Adult*	\$524	\$560
	Employee + Child(ren)	\$475	\$508
	Employee + Adult + Child(ren)*	\$720	\$769

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.