

MONTHLY MEDICAL PLAN COSTS

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

Plan Type	Insured	2024	2025
USC Trojan Care EPO	Employee	\$186	\$197
	Employee + Adult*	\$421	\$445
	Employee + Child(ren)	\$335	\$355
	Employee + Adult + Child(ren)*	\$549	\$580
USC PPO	Employee	\$327	\$345
	Employee + Adult*	\$725	\$764
	Employee + Child(ren)	\$580	\$612
	Employee + Adult + Child(ren)*	\$942	\$994
Anthem HMO	Employee	\$101	\$113
	Employee + Adult*	\$435	\$455
	Employee + Child(ren)	\$387	\$404
	Employee + Adult + Child(ren)*	\$576	\$601
Kaiser HMO	Employee	\$225	\$241
	Employee + Adult*	\$513	\$545
	Employee + Child(ren)	\$466	\$494
	Employee + Adult + Child(ren)*	\$705	\$749

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.