

**A high-quality medical plan offering the most provider choice for USC employees.**

The USC PPO offers access to three tiers of providers. You also have access to Lyra Health for mental and emotional care and to Livongo for diabetes management. Learn more at [employees.usc.edu/ppo](https://employees.usc.edu/ppo).

**Tier 1:** Keck Medicine of USC providers

Keck  
Medicine  
of USC

USC Norris  
Comprehensive  
Cancer Center  
Keck Medicine of USC

USC Arcadia Hospital  
Keck Medicine of USC

USC Verdugo  
Hills Hospital  
Keck Medicine of USC

**Tier 2:** Anthem Blue Cross Prudent Buyer/ BlueCard providers (nationwide and international providers)

**Anthem**   
Prudent Buyer PPO  
and International  
Coverage

**Tier 3:** Out-of-network

Non-contracted providers



**2025 monthly employee contribution**

Employee	
Salary \$68,000 or less	\$345
\$68,000.01-\$133,000	\$354
\$133,000.01-\$200,000	\$378
\$200,000.01-\$250,000	\$393
More than \$250,000	\$400

Employee + Adult*	
Salary \$68,000 or less	\$764
\$68,000.01-\$133,000	\$785
\$133,000.01-\$200,000	\$837
\$200,000.01-\$250,000	\$870
More than \$250,000	\$886

Employee + Child(ren)	
Salary \$68,000 or less	\$612
\$68,000.01-\$133,000	\$628
\$133,000.01-\$200,000	\$671
\$200,000.01-\$250,000	\$697
More than \$250,000	\$710

Employee + Adult + Child(ren)*	
Salary \$68,000 or less	\$994
\$68,000.01-\$133,000	\$1,020
\$133,000.01-\$200,000	\$1,089
\$200,000.01-\$250,000	\$1,131
More than \$250,000	\$1,152

Rates do not include Health Assessment Incentive credit  
\*Spousal Surcharge may apply

**Medical coverage**

Primary care physician (PCP) required?	<b>No, but you can save by designating one</b>
Out-of-network coverage?	<b>Yes</b>
Preventive care cost	<b>Tier 1: \$0 Tier 2: \$0 Tier 3: 50%+*</b>
Primary care visit cost	<b>Tier 1: \$25 (\$15 copay with designated PCP) Tier 2: \$40 copay (\$30 copay with designated PCP) Tier 3: 50%+*</b>
Deductible (individual/family)	<b>Tier 1: \$125/\$375 Tier 2: \$300/\$900 Tier 3: \$750/\$2,250</b>
Out-of-pocket maximum (individual/family)	<b>Tier 1: \$1,500/\$4,500 Tier 2: \$3,000/\$9,000 Tier 3: \$12,500/\$37,500</b>

\*If you use a Tier 3 (out-of-network) provider, you pay deductible and all charges above 50% of "usual and customary" fees.

**Retail prescription drug coverage (30-day supply)**

Generic	<b>\$5 copay</b>
Brand (no generic available)	<b>\$25 copay</b>
Brand (generic available)	<b>\$70 copay</b>
Specialty drug	<b>\$125 copay</b>

**Service plan providers**

**Anthem**   
anthem.com/ca  
800-227-3771

**LiveHealth**  
ONLINE  
livehealthonline.com  
888-548-3432

**Livongo**  
by Teladoc Health  
join.livongo.com/usctrojans/hi  
Member Support  
800-945-4355

**lyra**  
lyrahealth.com  
844-495-7094

**Optum Rx**  
welcome.optumrx.com/usc  
855-205-3931

**~personify**  
HEALTH  
(Formerly known as HealthComp)  
hconline.healthcomp.com/usc  
855-727-5267

**Other benefits available to you**

**DELTA DENTAL**  
deltadentalins.com  
888-335-8227

**UNITED CONCORDIA**  
DENTAL  
ucci.com  
800-937-6432

**vsp**  
vision care  
vsp.com  
800-877-7195

