Participate in health assessment incentive and save $480 annually on your medical plan premiums. Get started at employees.usc.edu/wellness-benefit.

This plan offers the most provider choice, but highest cost.

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

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

**TIER 3:** Out-of-network (non-contracted providers)

You have access to Lyra Health for mental/emotional care and the Livongo diabetes program.

Learn more at employees.usc.edu/ppo.

### PROVIDER NETWORK

**TIER 1**
- Keck Medicine of USC

**TIER 2**
- Anthem

**TIER 3**
- Non-contracted providers

### MEDICAL COVERAGE

**Primary care physician (PCP) required?** No, but you can save by designating one

**Out-of-network coverage?** Yes

**Preventive care cost**
- Tier 1: $0
- Tier 2: $0
- Tier 3: 50% +

**Primary care visit cost**
- Tier 1: $25 ($15 copay with designated PCP)
- Tier 2: $40 copay ($30 copay with designated PCP)
- Tier 3: 50% +

**Deductible (individual/family)**
- Tier 1: $1255/$375
- Tier 2: $2375/$825
- Tier 3: $600/$1,800

**Out-of-pocket maximum (individual/family)**
- Tier 1: $1,500/$4,500
- Tier 2: $2,500/$7,500
- Tier 3: $12,500/$37,500

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

### PLAN SERVICE PROVIDERS

- **Anthem**
  - anthem.com/ca
  - 800.227.3771
- **HealthComp**
  - honline.healthcomp.com/uscprovidersearch.aspx
  - 855-727-5267
- **LiveHealth Online**
  - livehealthonlin.com
  - 888.548.3432
- **Lyra Health**
  - lyrahealth.com
  - 844.495.7994
- **Navitus**
  - COMING 1/1/21

### OTHER BENEFITS AVAILABLE TO YOU

- **Delta Dental**
  - deltadentalins.com
  - 888.335.8227
- **Gympass**
  - gympass.com
  - 866.642.7917
- **United Concordia Dental**
  - ucci.com
  - 800.937.6432
- **VSP Vision Care**
  - vsp.com
  - 800.877.7195

### RETAIL PRESCRIPTION DRUG COVERAGE (30 DAY SUPPLY)

- **Generic**
  - $5 copay
- **Brand (no generic available)**
  - $25 copay
- **Brand (generic available)**
  - $70 copay
- **Specialty drug**
  - $125 copay

### 2021 - MONTHLY EMPLOYEE CONTRIBUTION

<table>
<thead>
<tr>
<th>EMPLOYEE</th>
<th>without incentive</th>
<th>with incentive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary $53,000 or less</td>
<td>$266</td>
<td>$226</td>
</tr>
<tr>
<td>$53,000.01-$104,000</td>
<td>$269</td>
<td>$229</td>
</tr>
<tr>
<td>$104,000.01-$156,000</td>
<td>$277</td>
<td>$237</td>
</tr>
<tr>
<td>$156,000.01-$250,000</td>
<td>$282</td>
<td>$242</td>
</tr>
<tr>
<td>More than $250,000</td>
<td>$288</td>
<td>$248</td>
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<table>
<thead>
<tr>
<th>EMPLOYEE + ADULT*</th>
<th>without incentive</th>
<th>with incentive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary $53,000 or less</td>
<td>$593</td>
<td>$553</td>
</tr>
<tr>
<td>$53,000.01-$104,000</td>
<td>$599</td>
<td>$559</td>
</tr>
<tr>
<td>$104,000.01-$156,000</td>
<td>$617</td>
<td>$577</td>
</tr>
<tr>
<td>$156,000.01-$250,000</td>
<td>$629</td>
<td>$589</td>
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<tr>
<td>More than $250,000</td>
<td>$642</td>
<td>$602</td>
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<table>
<thead>
<tr>
<th>EMPLOYEE + CHILD(REN)</th>
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<th>with incentive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary $53,000 or less</td>
<td>$474</td>
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</tr>
<tr>
<td>$53,000.01-$104,000</td>
<td>$479</td>
<td>$439</td>
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<tr>
<td>$104,000.01-$156,000</td>
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<td>$454</td>
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<tr>
<td>$156,000.01-$250,000</td>
<td>$504</td>
<td>$464</td>
</tr>
<tr>
<td>More than $250,000</td>
<td>$513</td>
<td>$473</td>
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</table>

<table>
<thead>
<tr>
<th>EMPLOYEE + ADULT + CHILD(REN)*</th>
<th>without incentive</th>
<th>with incentive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary $53,000 or less</td>
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<td>$732</td>
</tr>
<tr>
<td>$53,000.01-$104,000</td>
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<tr>
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<td>More than $250,000</td>
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<td>$796</td>
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*Spousal Surcharge may apply