

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.

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

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MONTHLY MEDICAL PLAN COSTS

If you make **\$133,000.01 to \$200,000** annually

Plan Type	Insured	2024	2025
USC Trojan Care EPO	Employee	\$200	\$216
	Employee + Adult*	\$452	\$487
	Employee + Child(ren)	\$360	\$389
	Employee + Adult + Child(ren)*	\$590	\$636
USC PPO	Employee	\$351	\$378
	Employee + Adult*	\$778	\$837
	Employee + Child(ren)	\$623	\$671
	Employee + Adult + Child(ren)*	\$1,012	\$1,089
Anthem HMO	Employee	\$122	\$131
	Employee + Adult*	\$467	\$499
	Employee + Child(ren)	\$415	\$443
	Employee + Adult + Child(ren)*	\$618	\$658
Kaiser HMO	Employee	\$242	\$264
	Employee + Adult*	\$551	\$597
	Employee + Child(ren)	\$500	\$542
	Employee + Adult + Child(ren)*	\$757	\$821

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MONTHLY MEDICAL PLAN COSTS

If you make **\$200,000.01 to \$250,000** annually

Plan Type	Insured	2024	2025
USC Trojan Care EPO	Employee	\$208	\$225
	Employee + Adult*	\$470	\$506
	Employee + Child(ren)	\$374	\$404
	Employee + Adult + Child(ren)*	\$613	\$660
USC PPO	Employee	\$365	\$393
	Employee + Adult*	\$809	\$870
	Employee + Child(ren)	\$648	\$697
	Employee + Adult + Child(ren)*	\$1,052	\$1,131
Anthem HMO	Employee	\$127	\$136
	Employee + Adult*	\$485	\$518
	Employee + Child(ren)	\$431	\$460
	Employee + Adult + Child(ren)*	\$642	\$684
Kaiser HMO	Employee	\$251	\$274
	Employee + Adult*	\$572	\$621
	Employee + Child(ren)	\$519	\$563
	Employee + Adult + Child(ren)*	\$787	\$853

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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

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