

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

Plan Type	Insured	2024	2025
USC Trojan Care EPO	Employee	\$93	\$98.50
	Employee + Adult*	\$210.50	\$222.50
	Employee + Child(ren)	\$167.50	\$177.50
	Employee + Adult + Child(ren)*	\$274.50	\$290
USC PPO	Employee	\$163.50	\$172.50
	Employee + Adult*	\$362.50	\$382
	Employee + Child(ren)	\$290	\$306
	Employee + Adult + Child(ren)*	\$471	\$497
Anthem HMO	Employee	\$50.50	\$56.50
	Employee + Adult*	\$217.50	\$227.50
	Employee + Child(ren)	\$193.50	\$202
	Employee + Adult + Child(ren)*	\$288	\$300.50
Kaiser HMO	Employee	\$112.50	\$120.50
	Employee + Adult*	\$256.50	\$272.50
	Employee + Child(ren)	\$233	\$247
	Employee + Adult + Child(ren)*	\$352.50	\$374.50

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.

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

Plan Type	Insured	2024	2025
USC Trojan Care EPO	Employee	\$95	\$101.50
	Employee + Adult*	\$215	\$228
	Employee + Child(ren)	\$171	\$182.50
	Employee + Adult + Child(ren)*	\$280.50	\$297.50
USC PPO	Employee	\$167	\$177
	Employee + Adult*	\$370	\$392.50
	Employee + Child(ren)	\$296.50	\$314
	Employee + Adult + Child(ren)*	\$481	\$510
Anthem HMO	Employee	\$58	\$61.50
	Employee + Adult*	\$222	\$233.50
	Employee + Child(ren)	\$197.50	\$207.50
	Employee + Adult + Child(ren)*	\$294	\$308.50
Kaiser HMO	Employee	\$115	\$123.50
	Employee + Adult*	\$262	\$280
	Employee + Child(ren)	\$237.50	\$254
	Employee + Adult + Child(ren)*	\$360	\$384.50

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

Plan Type	Insured	2024	2025
USC Trojan Care EPO	Employee	\$100	\$108
	Employee + Adult*	\$226	\$243.50
	Employee + Child(ren)	\$180	\$194.50
	Employee + Adult + Child(ren)*	\$295	\$318
USC PPO	Employee	\$175.50	\$189
	Employee + Adult*	\$389	\$418.50
	Employee + Child(ren)	\$311.50	\$335.50
	Employee + Adult + Child(ren)*	\$506	\$544.50
Anthem HMO	Employee	\$61	\$65.50
	Employee + Adult*	\$233.50	\$249.50
	Employee + Child(ren)	\$207.50	\$221.50
	Employee + Adult + Child(ren)*	\$309	\$329
Kaiser HMO	Employee	\$121	\$132
	Employee + Adult*	\$275.50	\$298.50
	Employee + Child(ren)	\$250	\$271
	Employee + Adult + Child(ren)*	\$378.50	\$410.50

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

Plan Type	Insured	2024	2025
USC Trojan Care EPO	Employee	\$104	\$112.50
	Employee + Adult*	\$235	\$253
	Employee + Child(ren)	\$187	\$202
	Employee + Adult + Child(ren)*	\$306.50	\$330
USC PPO	Employee	\$182.50	\$196.50
	Employee + Adult*	\$404.50	\$435
	Employee + Child(ren)	\$324	\$348.50
	Employee + Adult + Child(ren)*	\$526	\$565.50
Anthem HMO	Employee	\$63.50	\$68
	Employee + Adult*	\$242.50	\$259
	Employee + Child(ren)	\$215.50	\$230
	Employee + Adult + Child(ren)*	\$321	\$342
Kaiser HMO	Employee	\$125.50	\$137
	Employee + Adult*	\$286	\$310.50
	Employee + Child(ren)	\$259.50	\$281.50
	Employee + Adult + Child(ren)*	\$393.50	\$426.50

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If you make more than **\$250,000** annually

Plan Type	Insured	2024	2025
USC Trojan Care EPO	Employee	\$106	\$114.50
	Employee + Adult*	\$239	\$258
	Employee + Child(ren)	\$190.50	\$206
	Employee + Adult + Child(ren)*	\$312	\$336.50
USC PPO	Employee	\$186	\$200
	Employee + Adult*	\$412	\$443
	Employee + Child(ren)	\$330	\$355
	Employee + Adult + Child(ren)*	\$535.50	\$576
Anthem HMO	Employee	\$65	\$69
	Employee + Adult*	\$247.50	\$264
	Employee + Child(ren)	\$220	\$234.50
	Employee + Adult + Child(ren)*	\$327	\$348.50
Kaiser HMO	Employee	\$128	\$139.50
	Employee + Adult*	\$291.50	\$316
	Employee + Child(ren)	\$264.50	\$286.50
	Employee + Adult + Child(ren)*	\$400.50	\$434.50

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