

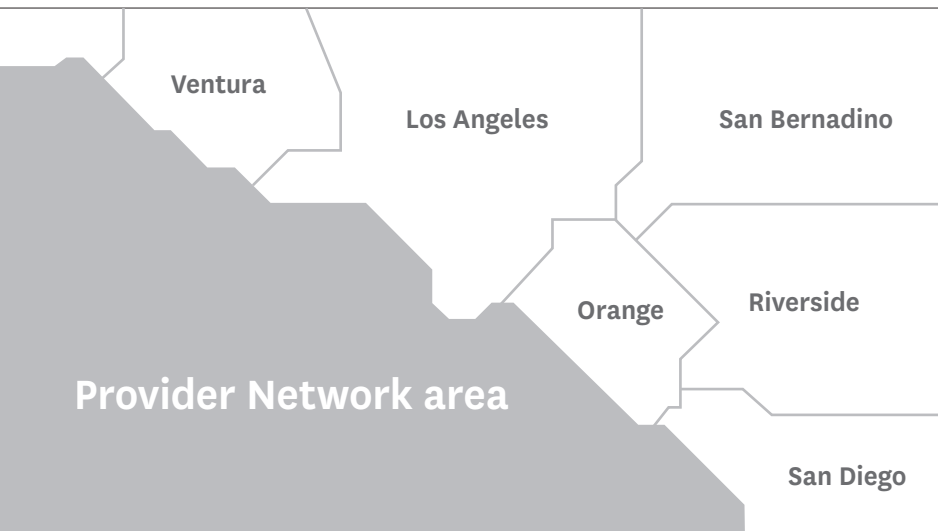
A high-quality medical plan designed for USC employees.

This plan offers access to Keck Medicine of USC and other select Anthem providers throughout Southern California. Plus, dependents who reside out of state or in Northern California have access to select Anthem Prudent Buyer/BlueCard providers in their area of residence.

There's no out-of-network provider coverage (except for urgent care and emergencies). Examples of out-of-network providers include, but are not limited to, UCLA Health hospitals, their physicians and any of its affiliates and Cedars-Sinai Medical Center, their physicians and any of its affiliates.

You also have access to Lyra Health for mental and emotional care and to Livongo for diabetes management.

Learn more at employees.usc.edu/epo.



2025 monthly employee contribution

Employee	
Salary \$68,000 or less	\$197
\$68,000.01-\$133,000	\$203
\$133,000.01-\$200,000	\$216
\$200,000.01-\$250,000	\$225
More than \$250,000	\$229

Employee + Adult*	
Salary \$68,000 or less	\$445
\$68,000.01-\$133,000	\$456
\$133,000.01-\$200,000	\$487
\$200,000.01-\$250,000	\$506
More than \$250,000	\$516

Employee + Child(ren)	
Salary \$68,000 or less	\$355
\$68,000.01-\$133,000	\$365
\$133,000.01-\$200,000	\$389
\$200,000.01-\$250,000	\$404
More than \$250,000	\$412

Employee + Adult + Child(ren)*	
Salary \$68,000 or less	\$580
\$68,000.01-\$133,000	\$595
\$133,000.01-\$200,000	\$636
\$200,000.01-\$250,000	\$660
More than \$250,000	\$673

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

Plan service providers



anthem.com/ca
800-227-3771



livehealthonline.com
888-548-3432



join.livongo.com/usctrojans/hi
Member Support
800-945-4355



lyrahealth.com
844-495-7094



coming 1/1/25



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

Medical coverage

Primary care physician (PCP) required?	No, but you can save by designating one
Out-of-network coverage?	Urgent care and emergency only
Preventive care cost	\$0
Primary care visit cost	\$25 copay (\$15 copay with designated PCP)
Deductible (individual/family)	\$125/\$375
Out-of-pocket maximum (individual/family)	\$1,500/\$4,500

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

Other benefits available to you



deltadentalins.com
888-335-8227



uccicom
800-937-6432



vsp.com
800-877-7195

