



# WILLIAMSON COUNTY GOVERNMENT

*Rates Shown are for \$1,000 Facility Monthly Benefit  
(You may choose from \$1,000 - \$6,000 in Facility Monthly Benefit)*

Monthly Rates	<b>Plan 1</b>		<b>Plan 2</b>	
	Long Term Care Facility Prof Home-Comm Care 50% 3 Year SBP		Long Term Care Facility Prof Home-Comm Care 50% Compound Inflation 3 Year SBP	
<i>Benefit Duration</i>	3 YR	6 YR	3 YR	6 YR
AGE				
18 - 30	3.00	3.90	22.30	30.10
31	3.20	4.10	23.00	31.00
32	3.30	4.30	23.70	32.00
33	3.50	4.50	24.50	33.00
34	3.60	4.70	25.20	34.10
35	3.80	4.90	26.10	35.20
36	4.00	5.20	26.90	36.30
37	4.20	5.40	27.80	37.50
38	4.40	5.70	28.70	38.70
39	4.70	6.00	29.70	40.00
40	4.90	6.30	30.70	41.30
41	5.10	6.50	31.40	42.20
42	5.30	6.80	32.10	43.00
43	5.50	7.00	32.90	44.10
44	5.80	7.30	33.80	45.20
45	6.10	7.60	34.70	46.30
46	6.30	8.00	35.60	47.40
47	6.60	8.30	36.30	48.20
48	7.10	8.80	38.10	50.50
49	7.60	9.40	40.10	53.10
50	8.10	10.10	42.20	55.70
51	8.70	10.90	44.70	59.00
52	9.40	11.80	47.40	62.40
53	10.00	12.50	49.10	64.50
54	10.60	13.30	50.90	66.80
55	11.40	14.20	52.90	69.30
56	12.10	15.10	54.90	71.80
57	12.80	16.10	56.90	74.20
58	13.80	17.40	59.80	77.90
59	15.00	18.80	63.20	82.20
60	16.30	20.50	67.00	87.00
61	17.80	22.30	71.90	93.70
62	19.30	24.30	77.10	100.80
63	20.90	26.20	81.30	106.60
64	22.40	28.20	85.60	112.70
65	24.80	31.10	88.90	117.20
66	26.60	33.30	93.90	124.20
67	29.50	36.90	102.80	136.50
68	32.00	40.00	110.00	146.50
69	34.60	43.20	117.30	156.80
70	37.60	46.90	126.00	169.00
71	41.30	51.50	134.20	179.80
72	45.80	57.00	144.50	193.40
73	50.60	63.00	154.90	207.20
74	56.00	69.70	166.40	222.30
75	63.40	78.60	174.50	232.60
76	70.90	87.90	189.80	252.90
77	79.80	98.90	207.90	276.80
78	88.20	109.20	223.70	297.50
79	97.70	120.80	240.70	320.00
80	107.50	132.90	257.70	342.30