



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	Plan 1 Long Term Care Facility Prof Home-Comm Care 50% 3 Year SBP		Plan 2 Long Term Care Facility Prof Home-Comm Care 50% Compound Inflation 3 Year SBP		
	Benefit Duration	3 YR	6 YR	3 YR	6 YR
AGE					
18 - 30		3.00	3.90	31.20	42.10
31		3.20	4.10	32.20	43.50
32		3.30	4.30	33.20	44.80
33		3.50	4.50	34.20	46.20
34		3.60	4.70	35.30	47.70
35		3.80	4.90	36.50	49.30
36		4.00	5.20	37.70	50.80
37		4.20	5.40	38.90	52.50
38		4.40	5.70	40.20	54.20
39		4.70	6.00	41.50	56.00
40		4.90	6.30	42.90	57.80
41		5.10	6.50	43.90	59.10
42		5.30	6.80	44.90	60.30
43		5.50	7.00	46.10	61.70
44		5.80	7.30	47.30	63.20
45		6.10	7.60	48.60	64.80
46		6.30	8.00	49.90	66.40
47		6.60	8.30	50.80	67.50
48		7.10	8.80	53.30	70.70
49		7.60	9.40	56.10	74.30
50		8.10	10.10	59.10	78.00
51		8.70	10.90	62.60	82.60
52		9.40	11.80	66.40	87.30
53		10.00	12.50	68.80	90.30
54		10.60	13.30	71.30	93.50
55		11.40	14.20	74.00	97.00
56		12.10	15.10	76.90	100.50
57		12.80	16.10	79.60	103.90
58		13.80	17.40	83.70	109.00
59		15.00	18.80	88.40	115.10
60		16.30	20.50	93.80	121.80
61		17.80	22.30	100.70	131.20
62		19.30	24.30	107.90	141.10
63		20.90	26.20	113.80	149.20
64		22.40	28.20	119.80	157.70
65		24.80	31.10	124.50	164.10
66		26.60	33.30	131.40	173.80
67		29.50	36.90	144.00	191.10
68		32.00	40.00	154.00	205.10
69		34.60	43.20	164.30	219.50
70		37.60	46.90	176.40	236.60
71		41.30	51.50	187.90	251.70
72		45.80	57.00	202.30	270.80
73		50.60	63.00	216.90	290.10
74		56.00	69.70	233.00	311.30
75		63.40	78.60	244.30	325.70
76		70.90	87.90	265.70	354.00
77		79.80	98.90	291.00	387.50
78		88.20	109.20	313.10	416.50
79		97.70	120.80	337.00	447.90
80		107.50	132.90	360.80	479.30