

**CITY OF CORPUS CHRISTI  
UNUM LONG TERM CARE PLAN  
Policy 568961**

## Connecticut Rates

<b>BASE PLAN:</b>		<b>OPTIONS:</b>	
Facility Monthly Benefit	1,000	Home Care Level	Total
Home Monthly Benefit	500		
Facility Benefit Duration	3 Years		
Home Benefit	50%		
Lifetime Maximum	36,000		
Elimination Period	90 Days		
Home Care Level	Professional		

### Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option
<b>18-30</b>	3.50	5.30
<b>31</b>	3.50	5.30
<b>32</b>	3.50	5.50
<b>33</b>	3.60	5.60
<b>34</b>	3.80	5.70
<b>35</b>	3.90	5.90
<b>36</b>	3.90	6.00
<b>37</b>	4.20	6.20
<b>38</b>	4.30	6.60
<b>39</b>	4.60	6.90
<b>40</b>	4.70	7.20
<b>41</b>	4.90	7.40
<b>42</b>	5.20	7.80
<b>43</b>	5.30	8.10
<b>44</b>	5.60	8.50
<b>45</b>	6.00	8.80
<b>46</b>	6.20	9.40
<b>47</b>	6.50	9.80
<b>48</b>	6.90	10.40
<b>49</b>	7.20	10.90
<b>50</b>	7.50	11.60
<b>51</b>	8.10	12.40
<b>52</b>	8.50	13.10
<b>53</b>	9.00	13.90
<b>54</b>	9.50	14.70
<b>55</b>	10.10	15.70
<b>56</b>	10.80	16.60
<b>57</b>	11.60	17.90
<b>58</b>	12.40	19.10
<b>59</b>	13.40	20.50
<b>60</b>	14.40	22.00
<b>61</b>	15.70	23.80
<b>62</b>	17.30	26.00
<b>63</b>	19.00	28.10
<b>64</b>	20.80	30.60

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Facility Monthly Benefit	1,000	Home Care Level	Total
Home Monthly Benefit	500		
Facility Benefit Duration	3 Years		
Home Benefit	50%		
Lifetime Maximum	36,000		
Elimination Period	90 Days		
Home Care Level	Professional		

### Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option
65	23.80	34.20
66	26.30	37.20
67	29.20	40.70
68	32.40	44.30
69	35.90	48.50
70	39.80	52.90
71	44.20	58.00
72	49.00	63.40
73	54.50	69.70
74	60.20	76.20
75	72.50	90.90
76	79.70	98.80
77	87.50	107.40
78	95.90	116.90
79	105.30	127.10
80	115.70	138.30

**UNUM LONG TERM CARE PLAN  
Policy 113509**

**Connecticut Rates**

**BASE PLAN:**

Facility Monthly Benefit	1,000
Home Monthly Benefit	500
Facility Benefit Duration	6 Years
Home Benefit	50%
Lifetime Maximum	72,000
Elimination Period	90 Days
Home Care Level	Professional

**OPTIONS:**

Home Care Level	Total
Inflation Protection	Compound Uncapped

**Monthly Rates**

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option	Plan 3 Base Plan with Compound Inflation Option	Plan 4 Base Plan with Compound Inflation and Total Home Care Option
<b>18-30</b>	3.10	4.90	10.00	14.20
<b>31</b>	3.20	4.90	10.30	14.60
<b>32</b>	3.20	5.10	10.50	14.80
<b>33</b>	3.40	5.20	10.80	15.20
<b>34</b>	3.40	5.30	11.00	15.60
<b>35</b>	3.50	5.50	11.40	16.00
<b>36</b>	3.60	5.70	11.70	16.40
<b>37</b>	3.80	5.90	12.00	16.90
<b>38</b>	4.00	6.10	12.40	17.40
<b>39</b>	4.20	6.40	12.70	17.80
<b>40</b>	4.30	6.60	13.10	18.30
<b>41</b>	4.40	6.90	13.40	18.80
<b>42</b>	4.70	7.20	13.90	19.50
<b>43</b>	4.90	7.50	14.30	20.00
<b>44</b>	5.20	7.80	14.80	20.70
<b>45</b>	5.50	8.30	15.20	21.30
<b>46</b>	5.70	8.70	15.70	22.10
<b>47</b>	6.00	9.20	16.10	22.80
<b>48</b>	6.40	9.80	16.60	23.50
<b>49</b>	6.50	10.30	17.20	24.40
<b>50</b>	6.90	10.80	17.60	25.20
<b>51</b>	7.30	11.40	18.20	26.10
<b>52</b>	7.70	12.20	18.80	27.20
<b>53</b>	8.20	13.00	19.50	28.30
<b>54</b>	8.60	13.80	20.20	29.40
<b>55</b>	9.20	14.70	20.90	30.30
<b>56</b>	9.80	15.60	21.80	31.60
<b>57</b>	10.40	16.80	22.80	33.20
<b>58</b>	11.20	17.90	23.90	34.80
<b>59</b>	12.00	19.20	25.00	36.40
<b>60</b>	12.90	20.50	26.10	38.20
<b>61</b>	14.20	22.40	28.10	41.00
<b>62</b>	15.50	24.30	30.30	43.90
<b>63</b>	16.90	26.50	32.20	46.70
<b>64</b>	18.60	28.90	34.60	49.90

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**Connecticut Rates**

**BASE PLAN:**

Facility Monthly Benefit	1,000
Home Monthly Benefit	500
Facility Benefit Duration	6 Years
Home Benefit	50%
Lifetime Maximum	72,000
Elimination Period	90 Days
Home Care Level	Professional

**OPTIONS:**

Home Care Level	Total
Inflation Protection	Compound Uncapped

**Monthly Rates**

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option	Plan 3 Base Plan with Compound Inflation Option	Plan 4 Base Plan with Compound Inflation and Total Home Care Option
65	21.10	32.20	38.40	54.90
66	23.30	35.20	41.60	58.80
67	25.90	38.50	45.20	63.30
68	28.60	42.00	48.80	67.60
69	31.60	45.80	52.60	72.50
70	35.00	50.10	56.70	77.50
71	38.90	55.00	62.00	84.00
72	43.00	60.20	67.30	90.50
73	47.40	65.90	72.70	97.40
74	52.50	72.20	78.90	104.80
75	63.20	86.10	93.10	122.70
76	69.40	93.60	100.90	132.20
77	76.00	101.90	108.60	141.30
78	83.50	110.90	117.30	151.50
79	91.40	120.60	126.00	162.20
80	100.20	131.20	136.20	174.30

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**Connecticut Rates**

**BASE PLAN:**

Facility Monthly Benefit	<b>1,000</b>
Home Monthly Benefit	<b>500</b>
Facility Benefit Duration	<b>Unlimited</b>
Home Benefit	<b>50%</b>
Lifetime Maximum	<b>Unlimited</b>
Elimination Period	<b>90 Days</b>
Home Care Level	<b>Professional</b>

**OPTIONS:**

Home Care Level	<b>Total</b>
Inflation Protection	<b>Compound Uncapped</b>

**Monthly Rates**

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option	Plan 3 Base Plan with Compound Inflation Option	Plan 4 Base Plan with Compound Inflation and Total Home Care Option
<b>18-30</b>	4.30	7.00	13.40	19.80
<b>31</b>	4.30	7.00	13.60	20.20
<b>32</b>	4.60	7.30	14.00	20.70
<b>33</b>	4.60	7.40	14.40	21.20
<b>34</b>	4.70	7.50	14.70	21.40
<b>35</b>	4.80	7.80	15.10	22.10
<b>36</b>	4.90	7.90	15.50	22.60
<b>37</b>	5.20	8.30	16.00	23.30
<b>38</b>	5.30	8.60	16.40	23.80
<b>39</b>	5.60	8.80	16.90	24.60
<b>40</b>	5.70	9.20	17.30	25.20
<b>41</b>	6.10	9.60	17.80	26.00
<b>42</b>	6.20	10.00	18.30	26.60
<b>43</b>	6.60	10.50	18.80	27.40
<b>44</b>	6.90	10.90	19.50	28.30
<b>45</b>	7.30	11.60	20.00	29.10
<b>46</b>	7.70	12.10	20.70	30.20
<b>47</b>	7.90	12.90	21.20	31.20
<b>48</b>	8.30	13.50	22.00	32.40
<b>49</b>	8.70	14.30	22.40	33.40
<b>50</b>	9.20	15.20	23.10	34.70
<b>51</b>	9.80	16.10	23.80	36.00
<b>52</b>	10.30	17.00	24.60	37.40
<b>53</b>	10.80	18.20	25.50	39.00
<b>54</b>	11.40	19.20	26.30	40.40
<b>55</b>	12.00	20.30	27.00	41.50
<b>56</b>	12.70	21.80	28.20	43.30
<b>57</b>	13.60	23.30	29.50	45.50
<b>58</b>	14.60	25.00	30.70	47.70
<b>59</b>	15.60	26.80	32.10	50.10
<b>60</b>	16.60	28.70	33.50	52.50
<b>61</b>	18.20	31.20	35.90	56.20
<b>62</b>	19.90	34.10	38.40	60.20
<b>63</b>	21.70	37.10	40.80	64.00
<b>64</b>	23.70	40.30	43.60	68.40

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Facility Monthly Benefit	1,000
Home Monthly Benefit	500
Facility Benefit Duration	Unlimited
Home Benefit	50%
Lifetime Maximum	Unlimited
Elimination Period	90 Days
Home Care Level	Professional

**OPTIONS:**

Home Care Level	Total
Inflation Protection	Compound Uncapped

**Monthly Rates**

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option	Plan 3 Base Plan with Compound Inflation Option	Plan 4 Base Plan with Compound Inflation and Total Home Care Option
<b>65</b>	26.60	45.00	48.20	75.10
<b>66</b>	29.60	49.10	52.30	80.60
<b>67</b>	32.80	53.70	56.70	86.80
<b>68</b>	36.10	58.60	61.10	92.70
<b>69</b>	39.90	63.80	66.00	99.40
<b>70</b>	44.20	69.70	71.10	106.50
<b>71</b>	49.00	76.30	77.50	115.00
<b>72</b>	54.10	83.30	84.10	123.80
<b>73</b>	59.50	91.00	90.60	132.90
<b>74</b>	65.50	99.20	98.00	142.50
<b>75</b>	78.60	118.00	115.30	166.50
<b>76</b>	86.40	128.40	125.10	179.30
<b>77</b>	94.80	139.60	134.60	191.50
<b>78</b>	103.60	151.70	145.10	205.10
<b>79</b>	113.40	164.70	155.60	219.30
<b>80</b>	124.00	178.80	168.10	235.30