

**UNUM LONG TERM CARE PLAN
Policy 522828**

Connecticut Rates

| | | | |
|---------------------------|---------|----------------------|--|
| BASE PLAN: | | OPTIONS: | |
| Facility Monthly Benefit | 1,000 | Home Monthly | 500 |
| Facility Benefit Duration | 3 Years | Home Benefit | 50% |
| Lifetime Maximum | 36,000 | Home Care Level | Home, Community-Based and Immediate Family Member Care |
| Elimination Period | 90 Days | | |
| | | Inflation Protection | Simple Capped |

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|---------------|-----------|--|--|--|
| | Base Plan | Base Plan with Home, Community- Based and Immediate Family Member Care Option | Base Plan with Simple Inflation Option | Base Plan with Simple Inflation and Home, Community- Based and Immediate Family Member Care Option |
| 18-30 | 1.30 | 2.50 | 4.30 | 7.70 |
| 31 | 1.40 | 2.60 | 4.70 | 8.20 |
| 32 | 1.40 | 2.60 | 4.80 | 8.30 |
| 33 | 1.60 | 3.00 | 5.10 | 8.80 |
| 34 | 1.70 | 3.30 | 5.30 | 9.40 |
| 35 | 1.80 | 3.30 | 5.50 | 9.60 |
| 36 | 2.00 | 3.50 | 5.90 | 10.40 |
| 37 | 2.10 | 3.80 | 6.10 | 10.80 |
| 38 | 2.20 | 4.20 | 6.50 | 11.40 |
| 39 | 2.30 | 4.40 | 6.90 | 12.10 |
| 40 | 2.50 | 4.60 | 7.20 | 12.60 |
| 41 | 2.60 | 4.90 | 7.50 | 13.30 |
| 42 | 2.90 | 5.20 | 8.10 | 14.20 |
| 43 | 3.00 | 5.50 | 8.60 | 15.00 |
| 44 | 3.30 | 6.10 | 9.10 | 15.90 |
| 45 | 3.40 | 6.40 | 9.60 | 16.80 |
| 46 | 3.80 | 6.90 | 10.30 | 17.80 |
| 47 | 4.00 | 7.40 | 10.90 | 19.00 |
| 48 | 4.30 | 8.10 | 11.60 | 20.00 |
| 49 | 4.70 | 8.60 | 12.40 | 21.10 |
| 50 | 4.90 | 9.10 | 13.10 | 22.40 |
| 51 | 5.50 | 9.90 | 14.00 | 23.80 |
| 52 | 5.90 | 10.90 | 15.10 | 25.60 |
| 53 | 6.40 | 11.70 | 16.10 | 27.00 |
| 54 | 7.00 | 12.90 | 17.30 | 29.00 |
| 55 | 7.50 | 13.70 | 18.50 | 30.70 |
| 56 | 8.50 | 15.30 | 20.20 | 33.30 |
| 57 | 9.50 | 17.00 | 22.00 | 36.10 |
| 58 | 10.40 | 18.70 | 23.80 | 38.90 |
| 59 | 11.70 | 20.80 | 26.00 | 42.00 |
| 60 | 13.00 | 23.00 | 28.20 | 45.20 |

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BASE PLAN:

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|---------------------------|---------|
| Facility Monthly Benefit | 1,000 |
| Facility Benefit Duration | 3 Years |
| Lifetime Maximum | 36,000 |
| Elimination Period | 90 Days |

OPTIONS:

| | |
|-----------------|--|
| Home Monthly | 500 |
| Home Benefit | 50% |
| Home Care Level | Home, Community-Based and Immediate Family Member Care |

Inflation Protection

Simple Capped

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|---------------|-----------|--|------------------------------------|--|
| | Base Plan | Base Plan with Home, Community- Based and Immediate Family Member Care | Base Plan with Simple Inflation | Base Plan with Simple Inflation and Home, Community- Based and Immediate Family Member Care |
| 61 | 14.70 | 25.90 | 30.80 | 49.10 |
| 62 | 16.60 | 28.70 | 33.50 | 53.20 |
| 63 | 18.60 | 31.90 | 36.50 | 57.30 |
| 64 | 21.10 | 35.50 | 39.80 | 61.90 |
| 65 | 24.70 | 41.60 | 44.70 | 69.30 |
| 66 | 27.70 | 45.60 | 48.40 | 74.10 |
| 67 | 30.90 | 50.30 | 52.30 | 79.30 |
| 68 | 34.60 | 55.40 | 56.70 | 84.90 |
| 69 | 38.70 | 61.20 | 61.40 | 91.40 |
| 70 | 43.00 | 66.70 | 66.60 | 97.40 |
| 71 | 50.40 | 77.20 | 75.30 | 109.10 |
| 72 | 57.70 | 87.20 | 84.00 | 120.60 |
| 73 | 65.30 | 97.10 | 92.70 | 131.70 |
| 74 | 72.70 | 106.20 | 101.50 | 142.00 |
| 75 | 80.10 | 116.20 | 110.40 | 153.10 |
| 76 | 88.70 | 126.00 | 120.00 | 163.70 |
| 77 | 98.40 | 137.70 | 130.70 | 176.20 |
| 78 | 109.20 | 150.80 | 142.70 | 190.30 |
| 79 | 120.80 | 165.40 | 155.40 | 205.70 |
| 80 | 133.40 | 179.90 | 169.10 | 221.10 |
| 81 | 147.30 | 195.80 | 184.10 | 237.80 |
| 82 | 162.50 | 212.80 | 200.30 | 255.20 |
| 83 | 179.70 | 233.60 | 218.80 | 276.90 |
| 84 | 196.80 | 251.80 | 237.30 | 296.40 |
| 85 | 220.50 | 280.00 | 262.30 | 325.80 |
| 86 | 243.90 | 307.30 | 287.30 | 354.30 |
| 87 | 267.40 | 331.50 | 312.40 | 379.60 |
| 88 | 290.80 | 357.60 | 337.40 | 407.00 |
| 89 | 314.30 | 386.60 | 362.40 | 437.20 |