

**UNUM LONG TERM CARE PLAN  
Policy 029000**

## Connecticut Rates

**BASE PLAN:**

Facility Monthly Benefit	<b>1,000</b>
Home Monthly Benefit	<b>750</b>
Facility Benefit Duration	<b>2 Years</b>
Home Benefit	<b>75%</b>
Lifetime Maximum	<b>24,000</b>
Elimination Period	<b>90 Days</b>
Home Care Level	<b>Professional</b>

**OPTIONS:**

**Inflation Protection      Simple Capped**

### Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Simple Inflation Option
<b>18-30</b>	2.10	3.00
<b>31</b>	2.20	3.10
<b>32</b>	2.20	3.10
<b>33</b>	2.20	3.40
<b>34</b>	2.30	3.50
<b>35</b>	2.50	3.60
<b>36</b>	2.60	3.80
<b>37</b>	2.60	3.80
<b>38</b>	2.70	4.20
<b>39</b>	2.90	4.20
<b>40</b>	2.90	4.40
<b>41</b>	3.10	4.80
<b>42</b>	3.30	4.90
<b>43</b>	3.40	5.20
<b>44</b>	3.50	5.50
<b>45</b>	3.60	5.90
<b>46</b>	3.90	6.00
<b>47</b>	4.00	6.40
<b>48</b>	4.30	6.80
<b>49</b>	4.40	7.00
<b>50</b>	4.70	7.40
<b>51</b>	4.90	7.80
<b>52</b>	5.20	8.20
<b>53</b>	5.50	8.60
<b>54</b>	5.70	9.10
<b>55</b>	6.10	9.50
<b>56</b>	6.50	10.00
<b>57</b>	6.90	10.70
<b>58</b>	7.40	11.60
<b>59</b>	7.90	12.20
<b>60</b>	8.60	13.10
<b>61</b>	9.20	14.20
<b>62</b>	10.00	15.30
<b>63</b>	11.10	16.60
<b>64</b>	12.10	18.10

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**Connecticut Rates**

**BASE PLAN:**

Facility Monthly Benefit	1,000
Home Monthly Benefit	750
Facility Benefit Duration	2 Years
Home Benefit	75%
Lifetime Maximum	24,000
Elimination Period	90 Days
Home Care Level	Professional

**OPTIONS:**

Inflation Protection	Simple Capped
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**Monthly Rates**

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Simple Inflation Option
65	13.70	20.40
66	15.10	22.40
67	16.80	24.70
68	18.60	26.90
69	20.40	29.50
70	22.60	32.20
71	25.10	35.40
72	27.80	39.00
73	30.90	42.60
74	34.20	46.70
75	41.10	55.40
76	45.00	60.50
77	49.50	65.40
78	54.20	71.10
79	59.30	76.70
80	65.00	83.60
81	71.60	91.30
82	79.40	99.70
83	87.80	109.30
84	96.60	118.60

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**Connecticut Rates**

**BASE PLAN:**

Facility Monthly Benefit	<b>1,000</b>
Home Monthly Benefit	<b>750</b>
Facility Benefit Duration	<b>3 Years</b>
Home Benefit	<b>75%</b>
Lifetime Maximum	<b>36,000</b>
Elimination Period	<b>90 Days</b>
Home Care Level	<b>Professional</b>

**OPTIONS:**

**Inflation Protection      Simple Capped**

**Monthly Rates**

<b>Insurance Age</b>	<b>Plan 1 Base Plan</b>	<b>Plan 2 Base Plan with Simple Inflation Option</b>
<b>18-30</b>	2.90	4.00
<b>31</b>	2.90	4.00
<b>32</b>	2.90	4.20
<b>33</b>	3.00	4.30
<b>34</b>	3.10	4.60
<b>35</b>	3.10	4.70
<b>36</b>	3.30	4.90
<b>37</b>	3.40	4.90
<b>38</b>	3.50	5.30
<b>39</b>	3.80	5.60
<b>40</b>	3.80	5.70
<b>41</b>	4.00	6.10
<b>42</b>	4.20	6.50
<b>43</b>	4.40	6.80
<b>44</b>	4.60	7.20
<b>45</b>	4.80	7.50
<b>46</b>	5.10	7.90
<b>47</b>	5.20	8.20
<b>48</b>	5.50	8.70
<b>49</b>	5.70	9.10
<b>50</b>	6.00	9.60
<b>51</b>	6.40	10.00
<b>52</b>	6.80	10.50
<b>53</b>	7.20	11.20
<b>54</b>	7.40	11.70
<b>55</b>	7.90	12.40
<b>56</b>	8.30	13.00
<b>57</b>	9.00	13.80
<b>58</b>	9.50	14.80
<b>59</b>	10.10	15.70
<b>60</b>	10.90	16.80
<b>61</b>	11.80	18.10
<b>62</b>	13.00	19.80
<b>63</b>	14.00	21.30
<b>64</b>	15.50	23.10

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**Connecticut Rates**

**BASE PLAN:**

Facility Monthly Benefit	1,000
Home Monthly Benefit	750
Facility Benefit Duration	3 Years
Home Benefit	75%
Lifetime Maximum	36,000
Elimination Period	90 Days
Home Care Level	Professional

**OPTIONS:**

Inflation Protection      Simple Capped

**Monthly Rates**

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Simple Inflation Option
65	17.40	26.10
66	19.20	28.50
67	21.50	31.30
68	23.50	34.20
69	26.10	37.60
70	28.90	41.00
71	32.00	45.00
72	35.40	49.50
73	39.30	54.10
74	43.30	59.30
75	52.10	70.30
76	57.10	76.60
77	62.50	82.80
78	68.60	90.10
79	75.10	97.20
80	82.60	106.00
81	90.70	115.70
82	100.60	126.10
83	111.00	138.30
84	122.20	149.90

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## Connecticut Rates

**BASE PLAN:**

Facility Monthly Benefit	1,000
Home Monthly Benefit	750
Facility Benefit Duration	5 Years
Home Benefit	75%
Lifetime Maximum	60,000
Elimination Period	90 Days
Home Care Level	Professional

**OPTIONS:**

Inflation Protection      Simple Capped

### Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Simple Inflation Option
<b>18-30</b>	3.60	5.10
<b>31</b>	3.60	5.20
<b>32</b>	3.60	5.30
<b>33</b>	3.90	5.60
<b>34</b>	3.90	5.70
<b>35</b>	4.00	6.00
<b>36</b>	4.20	6.10
<b>37</b>	4.30	6.50
<b>38</b>	4.60	6.80
<b>39</b>	4.70	7.00
<b>40</b>	4.90	7.40
<b>41</b>	5.10	7.70
<b>42</b>	5.20	8.10
<b>43</b>	5.60	8.60
<b>44</b>	5.90	9.00
<b>45</b>	6.10	9.60
<b>46</b>	6.40	10.00
<b>47</b>	6.60	10.40
<b>48</b>	6.90	10.90
<b>49</b>	7.30	11.40
<b>50</b>	7.70	12.00
<b>51</b>	8.10	12.70
<b>52</b>	8.50	13.30
<b>53</b>	9.00	14.00
<b>54</b>	9.40	14.80
<b>55</b>	9.90	15.30
<b>56</b>	10.50	16.40
<b>57</b>	11.20	17.30
<b>58</b>	12.00	18.50
<b>59</b>	12.70	19.60
<b>60</b>	13.70	20.90
<b>61</b>	14.80	22.80
<b>62</b>	16.30	24.70
<b>63</b>	17.60	26.40
<b>64</b>	19.10	28.70

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## Connecticut Rates

**BASE PLAN:**

Facility Monthly Benefit	1,000
Home Monthly Benefit	750
Facility Benefit Duration	5 Years
Home Benefit	75%
Lifetime Maximum	60,000
Elimination Period	90 Days
Home Care Level	Professional

**OPTIONS:**

Inflation Protection      Simple Capped

### Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Simple Inflation Option
65	21.70	32.40
66	23.90	35.40
67	26.50	38.70
68	29.30	42.40
69	32.20	46.40
70	35.60	50.70
71	39.50	55.40
72	43.70	61.00
73	48.40	66.40
74	53.30	72.70
75	64.00	86.10
76	70.20	93.90
77	77.00	101.50
78	84.20	110.40
79	92.30	119.10
80	101.10	129.50
81	111.20	141.30
82	123.00	154.10
83	135.60	168.60
84	149.00	182.40