

**UNUM LONG TERM CARE PLAN  
561070**

**Connecticut Rates**

**BASE PLAN:**

**Facility Monthly Benefit**           **\$3,000**  
**Home Monthly Benefit**           **\$1,500**  
**Facility Benefit Duration**       **3 Years**  
**Home Benefit**                       **50%**  
**Lifetime Maximum**               **\$108,000**  
**Elimination Period**               **90 Days**  
**Home Care Level**                 **Home and  
Community Based  
Care**

**OPTIONS:**

**Inflation Protection   Compound Uncapped**

This rate sheet shows the cost per \$1,000 of coverage

**Monthly Rates**

**Plan 2  
Base Plan With  
Compound Inflation  
Option**

**Insurance Age**

**Plan 1  
Base Plan**

<b>18-30</b>	10.10	30.80
<b>31</b>	10.10	31.20
<b>32</b>	10.10	32.00
<b>33</b>	10.50	32.80
<b>34</b>	10.50	33.50
<b>35</b>	10.90	34.70
<b>36</b>	11.30	35.90
<b>37</b>	11.70	36.70
<b>38</b>	12.10	37.80
<b>39</b>	12.90	39.40
<b>40</b>	13.30	40.20
<b>41</b>	14.00	41.30
<b>42</b>	14.40	42.90
<b>43</b>	15.20	44.10
<b>44</b>	16.00	45.20
<b>45</b>	16.80	47.20
<b>46</b>	17.60	48.40
<b>47</b>	18.30	49.50
<b>48</b>	19.50	51.10
<b>49</b>	20.30	52.70
<b>50</b>	21.10	53.80
<b>51</b>	22.60	56.20
<b>52</b>	23.80	58.10
<b>53</b>	25.40	59.70
<b>54</b>	26.50	61.60
<b>55</b>	28.50	64.40
<b>56</b>	30.00	67.10
<b>57</b>	32.40	70.60
<b>58</b>	34.30	73.70
<b>59</b>	37.10	76.80
<b>60</b>	39.80	80.70

**UNUM LONG TERM CARE PLAN  
561070**

## Connecticut Rates

**BASE PLAN:**

Facility Monthly Benefit	<b>\$3,000</b>
Home Monthly Benefit	<b>\$1,500</b>
Facility Benefit Duration	<b>3 Years</b>
Home Benefit	<b>50%</b>
Lifetime Maximum	<b>\$108,000</b>
Elimination Period	<b>90 Days</b>
Home Care Level	<b>Home and Community Based Care</b>

**OPTIONS:**

Inflation Protection    Compound Uncapped

This rate sheet shows the cost per \$1,000 of coverage

**Monthly Rates**

**Plan 2  
Base Plan With  
Compound Inflation  
Option**

**Insurance Age**

**Plan 1  
Base Plan**

<b>61</b>	43.30	86.60
<b>62</b>	47.60	93.20
<b>63</b>	51.90	99.10
<b>64</b>	57.30	106.90
<b>65</b>	65.10	119.00
<b>66</b>	71.80	128.30
<b>67</b>	80.00	140.00
<b>68</b>	88.50	150.90
<b>69</b>	97.90	163.80
<b>70</b>	108.40	176.30
<b>71</b>	120.50	192.70
<b>72</b>	133.40	209.40
<b>73</b>	148.20	227.00
<b>74</b>	163.40	246.10
<b>75</b>	197.30	290.90
<b>76</b>	216.50	315.50
<b>77</b>	237.50	339.30
<b>78</b>	260.50	367.40
<b>79</b>	285.50	394.70
<b>80</b>	313.60	427.10

**UNUM LONG TERM CARE PLAN  
561070**

**Connecticut Rates**

**BASE PLAN:**

**Facility Monthly Benefit**      **\$3,000**  
**Home Monthly Benefit**        **\$1,500**  
**Facility Benefit Duration**    **4 Years**  
**Home Benefit**                    **50%**  
**Lifetime Maximum**            **\$144,000**  
**Elimination Period**           **90 Days**  
**Home Care Level**               **Home and  
Community Based  
Care**

**OPTIONS:**

**Inflation Protection    Compound Uncapped**

This rate sheet shows the cost per \$1,000 of coverage

**Monthly Rates**

**Plan 2  
Base Plan With  
Compound Inflation  
Option**

**Insurance Age**

**Plan 1  
Base Plan**

<b>18-30</b>	11.30	35.10
<b>31</b>	11.30	36.30
<b>32</b>	11.70	37.10
<b>33</b>	11.70	37.80
<b>34</b>	12.50	39.40
<b>35</b>	12.50	39.80
<b>36</b>	13.30	41.00
<b>37</b>	13.70	42.50
<b>38</b>	14.00	43.70
<b>39</b>	14.80	45.20
<b>40</b>	15.60	46.00
<b>41</b>	16.00	47.60
<b>42</b>	16.80	48.80
<b>43</b>	17.20	50.30
<b>44</b>	18.70	52.30
<b>45</b>	19.10	53.80
<b>46</b>	20.30	55.40
<b>47</b>	21.10	56.90
<b>48</b>	22.20	58.50
<b>49</b>	23.40	60.80
<b>50</b>	24.60	62.40
<b>51</b>	25.70	64.00
<b>52</b>	27.70	66.30
<b>53</b>	28.90	68.60
<b>54</b>	30.80	71.40
<b>55</b>	32.40	74.10
<b>56</b>	34.70	76.80
<b>57</b>	37.10	80.30
<b>58</b>	39.80	84.20
<b>59</b>	42.50	88.50
<b>60</b>	45.60	92.40

**UNUM LONG TERM CARE PLAN  
561070**

**Connecticut Rates**

**BASE PLAN:**

**Facility Monthly Benefit**           **\$3,000**  
**Home Monthly Benefit**           **\$1,500**  
**Facility Benefit Duration**       **4 Years**  
**Home Benefit**                       **50%**  
**Lifetime Maximum**               **\$144,000**  
**Elimination Period**               **90 Days**  
**Home Care Level**                 **Home and  
Community Based  
Care**

**OPTIONS:**

**Inflation Protection   Compound Uncapped**

This rate sheet shows the cost per \$1,000 of coverage

**Monthly Rates**

**Plan 2  
Base Plan With  
Compound Inflation  
Option**

**Insurance Age**

**Plan 1  
Base Plan**

<b>61</b>	49.90	99.50
<b>62</b>	54.60	106.50
<b>63</b>	59.30	113.50
<b>64</b>	65.50	121.70
<b>65</b>	74.50	135.70
<b>66</b>	82.30	147.00
<b>67</b>	91.30	159.90
<b>68</b>	101.00	172.00
<b>69</b>	111.90	186.40
<b>70</b>	123.60	200.50
<b>71</b>	137.70	219.60
<b>72</b>	152.10	238.30
<b>73</b>	168.10	257.40
<b>74</b>	186.00	279.60
<b>75</b>	223.90	329.90
<b>76</b>	245.70	358.00
<b>77</b>	269.50	384.90
<b>78</b>	296.40	416.90
<b>79</b>	324.50	447.30
<b>80</b>	356.50	484.80

**UNUM LONG TERM CARE PLAN  
561070**

## Connecticut Rates

**BASE PLAN:**

**Facility Monthly Benefit**      **\$3,000**  
**Home Monthly Benefit**        **\$1,500**  
**Facility Benefit Duration**    **6 Years**  
**Home Benefit**                    **50%**  
**Lifetime Maximum**            **\$216,000**  
**Elimination Period**           **90 Days**  
**Home Care Level**               **Home and  
Community Based  
Care**

**OPTIONS:**

**Inflation Protection    Compound Uncapped**

This rate sheet shows the cost per \$1,000 of coverage

**Monthly Rates**

**Plan 2  
Base Plan With  
Compound Inflation  
Option**

**Insurance Age**

**Plan 1  
Base Plan**

<b>18-30</b>	12.90	41.00
<b>31</b>	13.30	42.10
<b>32</b>	13.70	42.90
<b>33</b>	14.00	44.50
<b>34</b>	14.00	45.20
<b>35</b>	14.80	46.80
<b>36</b>	15.20	47.60
<b>37</b>	16.00	49.10
<b>38</b>	16.40	50.70
<b>39</b>	17.20	51.90
<b>40</b>	17.90	53.40
<b>41</b>	18.30	54.60
<b>42</b>	19.50	56.90
<b>43</b>	20.30	58.50
<b>44</b>	21.50	60.50
<b>45</b>	22.60	62.40
<b>46</b>	23.80	64.40
<b>47</b>	24.60	65.90
<b>48</b>	26.10	67.90
<b>49</b>	26.90	69.80
<b>50</b>	28.50	71.40
<b>51</b>	29.60	74.10
<b>52</b>	31.60	76.40
<b>53</b>	33.50	78.80
<b>54</b>	35.50	81.90
<b>55</b>	37.40	85.00
<b>56</b>	39.80	88.10
<b>57</b>	42.50	92.00
<b>58</b>	45.60	96.70
<b>59</b>	48.80	100.60
<b>60</b>	52.30	105.30

**UNUM LONG TERM CARE PLAN  
561070**

**Connecticut Rates**

**BASE PLAN:**

**Facility Monthly Benefit**           **\$3,000**  
**Home Monthly Benefit**           **\$1,500**  
**Facility Benefit Duration**       **6 Years**  
**Home Benefit**                       **50%**  
**Lifetime Maximum**               **\$216,000**  
**Elimination Period**               **90 Days**  
**Home Care Level**                 **Home and  
Community Based  
Care**

**OPTIONS:**

**Inflation Protection   Compound Uncapped**

**This rate sheet shows the cost per \$1,000 of coverage**

**Monthly Rates**

**Plan 2  
Base Plan With  
Compound Inflation  
Option**

**Insurance Age**

**Plan 1  
Base Plan**

<b>61</b>	56.90	113.10
<b>62</b>	62.40	121.30
<b>63</b>	68.30	129.10
<b>64</b>	74.50	138.50
<b>65</b>	84.20	153.70
<b>66</b>	93.60	166.10
<b>67</b>	103.70	180.60
<b>68</b>	114.30	194.60
<b>69</b>	126.40	209.80
<b>70</b>	139.60	226.20
<b>71</b>	155.20	246.90
<b>72</b>	171.60	268.30
<b>73</b>	189.50	289.80
<b>74</b>	209.40	314.00
<b>75</b>	251.90	370.10
<b>76</b>	276.50	401.30
<b>77</b>	303.00	431.70
<b>78</b>	332.30	466.10
<b>79</b>	363.90	500.80
<b>80</b>	399.00	541.70