

**UNUM LONG TERM CARE PLAN
Policy 573047**

Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	\$1,000
Home Monthly Benefit	\$1,000
Facility Benefit Duration	3 Years
Home Benefit	100%
Lifetime Maximum	\$36,000
Elimination Period	90 Days
Home Care Level	Professional

OPTIONS:

Inflation Protection **Compound**

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**

18-30	4.30	12.60
31	4.30	12.70
32	4.30	13.00
33	4.40	13.30
34	4.60	13.70
35	4.70	14.00
36	4.80	14.40
37	4.90	14.70
38	5.20	15.20
39	5.50	15.90
40	5.60	16.10
41	5.90	16.60
42	6.10	17.20
43	6.40	17.70
44	6.80	18.20
45	7.20	18.90
46	7.40	19.20
47	7.70	19.60
48	8.10	20.30
49	8.30	20.80
50	8.70	21.20
51	9.20	22.00
52	9.60	22.50
53	10.10	23.10
54	10.50	23.70
55	11.30	24.70
56	11.80	25.50
57	12.60	26.70
58	13.40	27.70
59	14.20	28.70
60	15.20	29.90

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Facility Monthly Benefit	\$1,000
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Facility Benefit Duration	3 Years
Home Benefit	100%
Lifetime Maximum	\$36,000
Elimination Period	90 Days
Home Care Level	Professional

OPTIONS:

Inflation Protection **Compound**

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	Plan 2 Base Plan With Compound Inflation Option
61	16.40	31.90
62	17.90	34.20
63	19.40	36.00
64	21.10	38.60
65	23.70	42.50
66	26.00	45.80
67	28.90	49.80
68	31.70	53.60
69	35.10	58.00
70	38.60	62.10
71	42.80	67.90
72	47.30	73.60
73	52.30	79.70
74	57.60	86.10
75	69.30	101.50
76	75.80	109.90
77	82.90	117.90
78	90.70	127.40
79	99.30	136.80
80	108.80	147.70

**UNUM LONG TERM CARE PLAN
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Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	\$1,000
Home Monthly Benefit	\$1,000
Facility Benefit Duration	6 Years
Home Benefit	100%
Lifetime Maximum	\$72,000
Elimination Period	90 Days
Home Care Level	Professional

OPTIONS:

Inflation Protection	Compound
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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**

	Plan 1 Base Plan	Plan 2 Base Plan With Compound Inflation Option
18-30	5.60	16.80
31	5.70	17.20
32	5.90	17.60
33	6.00	18.10
34	6.10	18.50
35	6.40	19.00
36	6.50	19.40
37	6.90	19.90
38	7.20	20.70
39	7.40	21.20
40	7.70	21.70
41	7.90	22.20
42	8.30	23.00
43	8.70	23.70
44	9.10	24.40
45	9.60	25.40
46	10.00	26.00
47	10.40	26.50
48	10.90	27.20
49	11.30	27.80
50	11.80	28.30
51	12.40	29.30
52	13.00	30.20
53	13.70	30.90
54	14.30	31.90
55	15.10	32.80
56	16.00	33.90
57	16.90	35.20
58	17.90	36.70
59	19.10	38.10
60	20.20	39.50

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Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	\$1,000
Home Monthly Benefit	\$1,000
Facility Benefit Duration	6 Years
Home Benefit	100%
Lifetime Maximum	\$72,000
Elimination Period	90 Days
Home Care Level	Professional

OPTIONS:

Inflation Protection	Compound
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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**

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan With Compound Inflation Option
61	22.00	42.10
62	23.80	45.10
63	25.70	47.60
64	28.00	50.80
65	31.20	55.80
66	34.50	60.10
67	38.10	65.30
68	41.90	70.10
69	46.10	75.50
70	50.70	81.10
71	56.20	88.40
72	62.00	95.90
73	68.40	103.50
74	75.30	111.90
75	90.40	131.70
76	98.90	142.50
77	108.30	153.00
78	118.30	164.80
79	129.50	177.10
80	141.60	191.10

**UNUM LONG TERM CARE PLAN
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Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	\$1,000
Home Monthly Benefit	\$1,000
Facility Benefit Duration	Unlimited
Home Benefit	100%
Lifetime Maximum	Unlimited
Elimination Period	90 Days
Home Care Level	Professional

OPTIONS:

Inflation Protection **Compound**

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**

18-30	8.10	23.10
31	8.10	23.50
32	8.30	24.20
33	8.50	24.80
34	8.60	25.20
35	8.80	25.90
36	9.10	26.50
37	9.50	27.30
38	9.80	28.00
39	10.10	28.70
40	10.50	29.60
41	11.10	30.60
42	11.60	31.30
43	12.10	32.20
44	12.60	33.10
45	13.30	34.30
46	13.80	35.10
47	14.30	35.80
48	15.00	36.80
49	15.50	37.40
50	16.40	38.50
51	17.00	39.50
52	17.80	40.40
53	18.70	41.70
54	19.50	42.80
55	20.40	43.60
56	21.60	45.10
57	22.90	46.90
58	24.20	48.50
59	25.60	50.40
60	27.20	52.10

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Lifetime Maximum	Unlimited
Elimination Period	90 Days
Home Care Level	Professional

OPTIONS:

Inflation Protection	Compound
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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	Plan 2 Base Plan With Compound Inflation Option
61	29.30	55.40
62	31.60	58.90
63	34.10	62.10
64	36.80	65.80
65	41.00	72.20
66	45.20	78.00
67	49.80	84.20
68	54.70	90.50
69	60.20	97.60
70	66.30	104.90
71	73.20	114.00
72	80.50	123.20
73	88.30	132.70
74	97.00	143.10
75	116.10	168.00
76	127.10	181.90
77	139.00	195.10
78	151.60	209.80
79	165.50	224.90
80	180.60	242.50