

**UNUM LONG TERM CARE PLAN  
Policy 534675**

**Connecticut Rates**

**BASE PLAN:**

Facility Monthly Benefit                   **1,000**  
Home Monthly Benefit                       **500**  
Facility Benefit Duration                 **3 YEARS**  
Home Benefit                                 **50%**  
Lifetime Maximum                         **36,000**  
Elimination Period                         **90 DAY**  
Home Care Level                           **PROFESSIONAL**

**OPTIONS:**

Home Care Level                           **TOTAL**  
Inflation Protection                       **COMPOUND**

**Monthly Rates**

Insurance Age	Plan 4			
	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option	Plan 3 Base Plan with Compound Inflation Option	Base Plan with Compound Inflation and Total Home Care Option
<b>18-30</b>	2.30	3.60	7.50	10.50
<b>31</b>	2.30	3.60	7.70	10.80
<b>32</b>	2.30	3.80	7.80	11.10
<b>33</b>	2.50	3.80	8.10	11.20
<b>34</b>	2.60	3.90	8.20	11.40
<b>35</b>	2.60	4.00	8.60	11.80
<b>36</b>	2.70	4.20	8.70	12.20
<b>37</b>	2.90	4.30	9.00	12.50
<b>38</b>	3.00	4.60	9.20	12.90
<b>39</b>	3.10	4.70	9.60	13.30
<b>40</b>	3.30	4.80	9.80	13.50
<b>41</b>	3.40	5.10	10.10	13.90
<b>42</b>	3.50	5.30	10.50	14.40
<b>43</b>	3.60	5.50	10.80	14.80
<b>44</b>	3.80	5.70	11.20	15.30
<b>45</b>	4.00	6.10	11.60	15.70
<b>46</b>	4.30	6.40	11.80	16.30
<b>47</b>	4.40	6.80	12.20	16.80
<b>48</b>	4.70	7.20	12.60	17.40
<b>49</b>	4.90	7.50	13.00	18.20
<b>50</b>	5.20	7.90	13.30	18.70
<b>51</b>	5.50	8.50	13.90	19.50
<b>52</b>	5.90	9.00	14.30	20.30
<b>53</b>	6.20	9.60	14.80	20.90
<b>54</b>	6.50	10.00	15.20	21.70
<b>55</b>	6.90	10.80	16.00	22.50
<b>56</b>	7.40	11.40	16.60	23.50
<b>57</b>	7.90	12.20	17.60	24.70
<b>58</b>	8.50	13.10	18.30	25.70
<b>59</b>	9.10	14.00	19.10	27.00
<b>60</b>	9.90	15.10	20.20	28.30
<b>61</b>	10.80	16.30	21.60	30.20
<b>62</b>	11.80	17.80	23.40	32.40
<b>63</b>	13.00	19.20	24.80	34.30
<b>64</b>	14.30	20.90	26.80	36.80

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**BASE PLAN:**

Facility Monthly Benefit	1,000
Home Monthly Benefit	500
Facility Benefit Duration	3 YEARS
Home Benefit	50%
Lifetime Maximum	36,000
Elimination Period	90 DAY
Home Care Level	PROFESSIONAL

**OPTIONS:**

Home Care Level	<b>TOTAL</b>
Inflation Protection	<b>COMPOUND</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
65	16.30	23.40	29.80	40.30
66	18.10	25.50	32.20	43.00
67	20.00	27.80	35.20	46.40
68	22.20	30.40	38.00	49.50
69	24.60	33.10	41.20	53.20
70	27.30	36.30	44.30	56.80
71	30.30	39.60	48.60	61.40
72	33.50	43.40	52.80	66.20
73	37.30	47.70	57.20	71.20
74	41.20	52.10	62.10	76.60
75	49.70	62.30	73.50	89.80
76	54.60	67.70	79.70	96.60
77	59.90	73.60	85.70	103.10
78	65.80	80.10	92.80	110.60
79	72.20	87.10	99.70	118.30
80	79.30	94.80	108.00	127.00
81	87.40	103.40	117.40	137.00
82	96.90	113.90	128.30	148.90
83	107.00	125.10	139.80	161.50
84	117.90	137.00	151.60	174.30

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## Connecticut Rates

<b>BASE PLAN:</b>		<b>OPTIONS:</b>	
Facility Monthly Benefit	1,000	Home Care Level	<b>TOTAL</b>
Home Monthly Benefit	500	Inflation Protection	<b>COMPOUND</b>
Facility Benefit Duration	5 YEARS		
Home Benefit	50%		
Lifetime Maximum	60,000		
Elimination Period	90 DAY		
Home Care Level	PROFESSIONAL		

### 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>	3.00	4.60	9.40	13.30
<b>31</b>	3.10	4.80	9.80	13.70
<b>32</b>	3.10	4.80	9.90	13.90
<b>33</b>	3.30	4.90	10.30	14.40
<b>34</b>	3.30	5.10	10.40	14.60
<b>35</b>	3.40	5.20	10.80	15.10
<b>36</b>	3.50	5.30	11.10	15.50
<b>37</b>	3.60	5.60	11.40	16.00
<b>38</b>	3.80	5.70	11.70	16.30
<b>39</b>	3.90	6.00	12.10	16.80
<b>40</b>	4.00	6.20	12.40	17.30
<b>41</b>	4.30	6.50	12.70	17.80
<b>42</b>	4.40	6.80	13.00	18.20
<b>43</b>	4.70	7.00	13.50	18.70
<b>44</b>	4.80	7.40	13.90	19.40
<b>45</b>	5.10	7.70	14.30	19.90
<b>46</b>	5.30	8.20	14.80	20.80
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<b>50</b>	6.50	10.10	16.60	23.70
<b>51</b>	6.90	10.80	17.20	24.70
<b>52</b>	7.30	11.40	17.80	25.60
<b>53</b>	7.70	12.20	18.50	26.70
<b>54</b>	8.20	12.90	19.10	27.60
<b>55</b>	8.60	13.70	19.80	28.30
<b>56</b>	9.20	14.70	20.80	29.90
<b>57</b>	9.90	15.60	21.70	31.30
<b>58</b>	10.70	16.80	22.60	32.80
<b>59</b>	11.40	18.10	23.80	34.30
<b>60</b>	12.20	19.20	24.80	36.00
<b>61</b>	13.40	20.90	26.80	38.50
<b>62</b>	14.70	22.90	28.70	41.20
<b>63</b>	16.10	24.80	30.70	43.90
<b>64</b>	17.60	26.90	32.90	46.80

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Home Monthly Benefit	500	Inflation Protection	<b>COMPOUND</b>
Facility Benefit Duration	5 YEARS		
Home Benefit	50%		
Lifetime Maximum	60,000		
Elimination Period	90 DAY		
Home Care Level	PROFESSIONAL		

**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	20.00	30.20	36.70	51.60
66	22.20	32.90	39.80	55.30
67	24.70	36.00	43.20	59.40
68	27.30	39.40	46.50	63.60
69	30.20	42.90	50.30	68.10
70	33.40	46.80	54.20	72.80
71	37.20	51.40	59.30	78.80
72	41.10	56.30	64.50	84.90
73	45.50	61.80	69.70	91.30
74	50.30	67.50	75.50	98.20
75	60.50	80.50	89.10	115.10
76	66.60	87.60	96.90	124.00
77	72.90	95.30	104.10	132.60
78	80.00	103.70	112.60	142.20
79	87.60	112.70	120.90	152.00
80	96.20	122.70	130.90	163.40
81	105.80	133.90	142.00	176.20
82	117.30	147.40	155.10	191.50
83	129.40	161.90	168.50	207.60
84	142.20	177.20	182.50	224.30