

**FLORIDA INSTITUTE OF TECHNOLOGY
UNUM LONG TERM CARE PLAN
Policy 496500**

Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	1,000
Facility Benefit Duration	2 Years
Lifetime Maximum	24,000
Elimination Period	90 Days
Inflation Protection	Simple Capped

OPTIONS:

Home Monthly Benef	500
Home Benefit	50%
Home Care Level	Total

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option
18-30	2.00	6.50
31	2.00	6.60
32	2.20	7.20
33	2.30	7.40
34	2.60	7.90
35	2.60	8.20
36	2.70	8.50
37	3.00	9.10
38	3.00	9.50
39	3.40	10.00
40	3.60	10.50
41	3.90	11.20
42	4.20	12.00
43	4.60	12.70
44	4.70	13.10
45	4.90	13.90
46	5.30	14.60
47	5.90	15.70
48	6.50	16.80
49	6.60	17.40
50	7.30	18.60
51	7.90	19.80
52	8.70	21.20
53	9.40	22.50
54	10.10	23.90
55	11.10	25.40
56	12.10	27.40
57	13.40	29.60
58	15.00	32.00
59	16.50	34.50
60	18.30	37.20
61	20.50	40.20
62	22.80	43.30
63	25.40	46.70
64	28.30	50.30

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OPTIONS:

Home Monthly Benef	500
Home Benefit	50%
Home Care Level	Total

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option
65	33.30	56.20
66	36.40	59.80
67	40.30	64.00
68	44.10	68.30
69	48.60	73.20
70	53.40	78.10
71	61.50	87.10
72	69.80	96.30
73	77.90	105.20
74	84.90	112.80
75	93.00	121.60
76	100.90	130.10
77	110.10	139.50
78	120.80	150.50
79	132.60	162.60
80	144.40	174.70
81	156.90	187.20
82	170.70	200.30
83	187.20	216.70
84	202.30	231.50

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BASE PLAN:

Facility Monthly Benefit	2,500
Facility Benefit Duration	4 Years
Lifetime Maximum	120,000
Elimination Period	90 Days
Inflation Protection	Simple Capped

OPTIONS:

Home Monthly Benef	1,250
Home Benefit	50%
Home Care Level	Total

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option
18-30	7.25	21.50
31	7.25	21.75
32	8.25	23.00
33	8.75	24.75
34	8.75	25.25
35	9.50	26.75
36	10.00	28.25
37	11.00	30.00
38	11.50	31.25
39	12.00	32.75
40	13.00	34.50
41	13.75	36.50
42	15.00	39.75
43	16.00	41.50
44	17.00	43.50
45	18.00	45.50
46	19.25	48.75
47	21.50	52.25
48	22.75	55.25
49	24.50	58.50
50	26.25	62.00
51	28.50	66.25
52	30.50	70.50
53	33.50	75.00
54	36.50	80.00
55	39.25	84.75
56	43.25	92.25
57	48.00	100.00
58	53.75	109.00
59	59.25	117.25
60	65.75	126.75
61	73.25	136.75
62	81.50	148.50
63	90.75	160.50
64	100.50	173.50

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BASE PLAN:		OPTIONS:	
Facility Monthly Benefit	2,500	Home Monthly Benef	1,250
Facility Benefit Duration	4 Years	Home Benefit	50%
Lifetime Maximum	120,000	Home Care Level	Total
Elimination Period	90 Days		
Inflation Protection	Simple Capped		

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option
65	118.00	195.00
66	129.00	208.75
67	142.75	224.25
68	157.00	239.75
69	172.25	257.75
70	188.50	276.50
71	217.75	310.00
72	246.25	343.00
73	274.25	375.75
74	299.00	404.75
75	327.00	436.75
76	355.00	468.75
77	387.75	504.50
78	423.75	545.75
79	465.75	591.75
80	506.75	638.25
81	550.50	686.75
82	597.00	737.00
83	654.25	800.50
84	706.25	859.00

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BASE PLAN:

Facility Monthly Benefit	4,000
Facility Benefit Duration	6 Years
Lifetime Maximum	288,000
Elimination Period	90 Days
Inflation Protection	Simple Capped

OPTIONS:

Home Monthly Benef	2,000
Home Benefit	50%
Home Care Level	Total

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option
18-30	13.60	38.00
31	14.00	39.20
32	15.20	41.20
33	16.00	42.80
34	16.00	44.40
35	17.20	46.40
36	18.40	48.40
37	19.20	52.00
38	20.40	54.00
39	22.80	57.60
40	24.00	60.80
41	24.80	64.00
42	27.20	68.80
43	29.20	72.80
44	30.80	76.40
45	33.20	81.20
46	34.80	85.20
47	38.40	91.60
48	41.20	96.80
49	44.40	102.40
50	47.20	108.80
51	52.00	117.60
52	55.60	123.60
53	60.00	132.00
54	66.00	142.00
55	71.20	150.40
56	78.40	163.20
57	86.80	177.20
58	95.60	191.20
59	107.20	209.20
60	117.20	224.00
61	130.40	244.00
62	145.60	265.20
63	161.60	286.40
64	180.80	312.00

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BASE PLAN:		OPTIONS:	
Facility Monthly Benefit	4,000	Home Monthly Benef	2,000
Facility Benefit Duration	6 Years	Home Benefit	50%
Lifetime Maximum	288,000	Home Care Level	Total
Elimination Period	90 Days		
Inflation Protection	Simple Capped		

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option
65	210.00	351.20
66	230.40	376.40
67	253.60	405.20
68	278.40	435.20
69	306.40	469.20
70	334.40	503.20
71	385.20	565.60
72	434.80	628.00
73	483.60	688.00
74	526.80	742.00
75	575.60	801.20
76	625.20	861.20
77	681.60	929.20
78	745.20	1006.80
79	816.80	1092.40
80	887.60	1180.00
81	963.20	1270.40
82	1044.80	1366.00
83	1143.60	1483.60
84	1230.40	1590.00