

**UNUM LONG TERM CARE PLAN
Policy 215087**

Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	\$1,000
Facility Benefit Duration	3 Years
Lifetime Maximum	\$36,000
Elimination Period	90 Days

OPTIONS:

Home Monthly Benefit	\$500
Home Benefit	50%
Inflation Protection	Simple Uncapped
Home Care Level	Total

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

Monthly Rates

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Simple Inflation Option	Plan 3 Base Plan With Total Home Health Care Option	Plan 4 Base Plan With Simple Inflation and Total Home Health Care Option
18-30	1.70	3.00	4.20	6.80
31	1.70	3.10	4.20	6.90
32	1.70	3.10	4.30	7.00
33	1.80	3.40	4.30	7.40
34	1.80	3.50	4.40	7.70
35	2.00	3.60	4.60	7.80
36	2.00	3.80	4.70	8.10
37	2.10	3.90	4.80	8.50
38	2.20	4.20	5.10	9.00
39	2.30	4.40	5.30	9.20
40	2.50	4.70	5.50	9.60
41	2.60	4.80	5.70	10.10
42	2.60	4.90	6.00	10.50
43	2.70	5.30	6.20	10.90
44	2.90	5.60	6.50	11.40
45	3.10	5.90	6.90	12.00
46	3.30	6.10	7.30	12.50
47	3.50	6.50	7.50	13.00
48	3.80	6.90	8.10	13.90
49	3.90	7.30	8.60	14.40
50	4.20	7.80	9.00	15.20
51	4.60	8.20	9.60	16.10
52	4.80	8.80	10.10	17.00
53	5.20	9.40	10.80	17.90
54	5.60	9.90	11.40	18.70
55	6.00	10.70	12.20	19.80
56	6.50	11.30	12.90	20.80
57	7.20	12.20	13.90	22.10
58	7.70	13.00	14.80	23.30
59	8.50	14.20	15.90	24.80
60	9.20	15.30	17.00	26.40

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

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Simple Inflation Option	Plan 3 Base Plan With Total Home Health Care Option	Plan 4 Base Plan With Simple Inflation and Total Home Health Care Option
61	10.30	16.90	18.50	28.20
62	11.40	18.60	20.20	30.60
63	12.70	20.30	21.80	32.90
64	14.20	22.40	23.80	35.40
65	16.40	25.60	26.50	39.30
66	18.30	28.20	28.90	42.50
67	20.50	31.10	31.60	45.90
68	22.90	34.10	34.50	49.40
69	25.50	37.40	37.60	53.30
70	28.30	41.10	41.10	57.60
71	31.70	45.20	45.00	62.50
72	35.20	50.10	49.30	68.00
73	39.30	54.90	54.10	73.80
74	43.70	60.60	59.20	80.10
75	52.80	72.30	70.60	94.50
76	58.10	78.50	76.70	101.70
77	64.00	85.80	83.50	109.70
78	70.50	93.10	90.70	117.80
79	77.50	101.50	98.70	127.10
80	85.40	110.20	107.40	136.60

**UNUM LONG TERM CARE PLAN
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Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	\$1,000
Facility Benefit Duration	6 Years
Lifetime Maximum	\$72,000
Elimination Period	90 Days

OPTIONS:

Home Monthly Benefit	\$500
Home Benefit	50%
Inflation Protection	Simple Uncapped
Home Care Level	Total

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

Monthly Rates

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Simple Inflation Option	Plan 3 Base Plan With Total Home Health Care Option	Plan 4 Base Plan With Simple Inflation and Total Home Health Care Option
18-30	2.20	3.90	5.60	9.10
31	2.30	4.00	5.70	9.40
32	2.30	4.20	5.90	9.60
33	2.50	4.40	5.90	10.00
34	2.50	4.60	6.00	10.30
35	2.60	4.80	6.20	10.80
36	2.60	4.90	6.40	11.10
37	2.70	5.20	6.60	11.60
38	2.90	5.50	6.90	12.10
39	3.00	5.70	7.20	12.50
40	3.10	5.90	7.40	13.00
41	3.30	6.10	7.80	13.50
42	3.50	6.60	8.20	14.30
43	3.60	6.90	8.60	14.80
44	3.80	7.30	9.00	15.60
45	4.00	7.70	9.40	16.30
46	4.30	7.90	9.90	17.00
47	4.60	8.50	10.40	17.80
48	4.80	9.10	11.10	18.90
49	5.10	9.50	11.60	19.80
50	5.50	10.10	12.20	20.80
51	5.90	10.70	13.00	21.80
52	6.20	11.30	13.80	23.00
53	6.80	12.10	14.70	24.30
54	7.20	12.70	15.60	25.50
55	7.80	13.70	16.60	26.70
56	8.30	14.60	17.70	28.20
57	9.10	15.70	19.00	30.00
58	9.90	16.80	20.30	31.70
59	10.80	18.20	21.70	33.80
60	11.70	19.50	23.30	35.80

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Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	\$1,000
Facility Benefit Duration	6 Years
Lifetime Maximum	\$72,000
Elimination Period	90 Days

OPTIONS:

Home Monthly Benefit	\$500
Home Benefit	50%
Inflation Protection	Simple Uncapped
Home Care Level	Total

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

Monthly Rates

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Simple Inflation Option	Plan 3 Base Plan With Total Home Health Care Option	Plan 4 Base Plan With Simple Inflation and Total Home Health Care Option
61	13.10	21.50	25.40	38.60
62	14.60	23.50	27.70	41.70
63	16.10	25.90	30.00	45.10
64	17.90	28.30	32.80	48.50
65	20.70	32.20	36.50	53.70
66	23.10	35.60	39.90	58.40
67	25.90	39.30	43.70	62.90
68	28.70	42.80	47.60	68.00
69	31.90	46.80	52.00	73.10
70	35.40	51.40	56.80	79.20
71	39.50	56.40	62.30	86.20
72	43.90	62.40	68.30	93.60
73	48.80	68.10	74.80	101.50
74	54.00	75.00	81.80	110.10
75	65.10	89.30	97.60	129.90
76	71.90	97.00	106.20	139.60
77	79.00	105.80	115.60	150.80
78	86.80	114.70	125.70	162.10
79	95.40	125.10	136.90	175.10
80	104.90	135.30	148.90	188.00

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BASE PLAN:

Facility Monthly Benefit	\$1,000
Facility Benefit Duration	Unlimited
Lifetime Maximum	Unlimited
Elimination Period	90 Days

OPTIONS:

Home Monthly Benefit	\$500
Home Benefit	50%
Inflation Protection	Simple Uncapped
Home Care Level	Total

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

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2	Plan 3	Plan 4
		Base Plan With Simple Inflation Option	Base Plan With Total Home Health Care Option	Base Plan With Simple Inflation and Total Home Health Care Option
18-30	2.90	5.10	7.90	13.00
31	2.90	5.20	7.90	13.30
32	3.00	5.50	8.20	13.80
33	3.00	5.60	8.30	14.00
34	3.10	5.90	8.60	14.40
35	3.30	6.00	8.80	15.10
36	3.40	6.20	9.10	15.50
37	3.50	6.60	9.40	16.30
38	3.60	6.90	9.60	16.80
39	3.80	7.20	10.10	17.40
40	3.90	7.50	10.50	18.20
41	4.20	7.90	10.90	19.00
42	4.30	8.20	11.30	19.80
43	4.60	8.60	11.80	20.50
44	4.80	9.10	12.50	21.50
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46	5.30	10.00	13.80	23.40
47	5.70	10.50	14.60	24.60
48	6.00	11.20	15.50	26.10
49	6.40	11.80	16.30	27.30
50	6.90	12.50	17.30	28.70
51	7.30	13.30	18.20	30.30
52	7.80	14.00	19.40	31.90
53	8.30	15.00	20.70	33.70
54	9.00	15.90	21.80	35.40
55	9.50	16.80	23.00	36.80
56	10.30	18.10	24.70	39.10
57	11.20	19.20	26.50	41.50
58	12.10	20.70	28.30	43.80
59	13.30	22.20	30.40	46.50
60	14.40	23.90	32.50	49.50

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62	17.70	28.70	38.60	57.70
63	19.60	31.50	42.00	62.30
64	21.80	34.50	45.60	66.80
65	25.10	39.10	51.00	74.10
66	28.10	43.20	55.80	80.60
67	31.20	47.50	60.80	86.80
68	34.70	51.70	66.40	93.90
69	38.50	56.70	72.40	101.00
70	42.80	62.00	79.00	109.20
71	47.70	68.30	86.60	118.80
72	53.00	75.30	94.60	128.60
73	58.60	82.20	103.20	139.20
74	64.70	90.10	112.60	150.30
75	78.10	107.00	133.90	176.70
76	86.10	116.20	145.70	190.20
77	94.60	126.90	158.30	205.30
78	103.90	137.20	172.00	220.40
79	114.00	149.50	186.80	237.50
80	125.20	161.60	202.80	254.50