

**UNUM LONG TERM CARE PLAN  
Policy 091876**

**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	Home and Community Based Care

**OPTIONS:**

Home Care Level	Home, Community Based and Immediate Family Care
Inflation Protection	Compound Uncapped

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

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Home, Community Based and Immediate Family Member Care Option	Plan 3 Base Plan With Compound Inflation Option	Plan 4 Base Plan With Compound Inflation and Home, Community Based and Immediate Family Member Care Option
<b>18-30</b>	4.40	7.50	12.60	20.20
<b>31</b>	4.40	7.50	12.70	20.40
<b>32</b>	4.40	7.70	13.00	20.90
<b>33</b>	4.60	7.80	13.30	21.30
<b>34</b>	4.70	8.10	13.80	21.80
<b>35</b>	4.80	8.20	14.00	22.40
<b>36</b>	4.90	8.50	14.60	23.00
<b>37</b>	5.10	8.70	14.80	23.40
<b>38</b>	5.30	9.10	15.30	24.20
<b>39</b>	5.60	9.50	15.90	24.80
<b>40</b>	5.70	9.80	16.10	25.40
<b>41</b>	6.00	10.10	16.60	26.10
<b>42</b>	6.20	10.70	17.20	26.90
<b>43</b>	6.50	11.10	17.70	27.70
<b>44</b>	6.80	11.60	18.20	28.60
<b>45</b>	7.20	12.10	18.90	29.40
<b>46</b>	7.40	12.70	19.20	30.30
<b>47</b>	7.70	13.30	19.60	31.20
<b>48</b>	8.10	14.20	20.20	32.20
<b>49</b>	8.30	14.80	20.70	33.40
<b>50</b>	8.70	15.60	21.10	34.30
<b>51</b>	9.40	16.60	21.80	35.80
<b>52</b>	9.60	17.60	22.40	36.90
<b>53</b>	10.10	18.60	23.00	38.20
<b>54</b>	10.50	19.40	23.40	39.40
<b>55</b>	11.20	20.50	24.30	40.40
<b>56</b>	11.70	21.70	25.10	42.00
<b>57</b>	12.60	23.30	26.10	43.90

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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	Home and Community Based Care

**OPTIONS:**

Home Care Level	Home, Community Based and Immediate Family Care
Inflation Protection	Compound Uncapped

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

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Home, Community Based and Immediate Family Member Care Option	Plan 3 Base Plan With Compound Inflation Option	Plan 4 Base Plan With Compound Inflation and Home, Community Based and Immediate Family Member Care Option
58	13.30	24.60	27.20	45.60
59	14.00	26.10	28.10	47.50
60	15.00	27.80	29.30	49.50
61	16.10	29.60	31.10	52.30
62	17.60	32.10	33.30	55.60
63	18.90	34.50	35.00	58.50
64	20.50	37.10	37.60	62.00
65	23.00	40.70	41.10	67.10
66	25.20	43.70	44.30	71.00
67	28.00	47.30	48.10	75.90
68	30.70	51.00	51.60	80.20
69	33.90	55.10	55.90	85.50
70	37.30	59.50	59.80	90.60
71	41.30	64.60	65.30	97.10
72	45.60	70.10	70.90	103.70
73	50.40	76.20	76.60	111.00
74	55.40	82.60	82.60	118.40
75	66.60	97.60	97.50	137.90
76	72.80	105.30	105.30	147.30
77	79.60	113.50	113.00	156.00
78	87.10	122.50	121.90	166.30
79	95.20	132.20	130.90	176.70
80	104.30	142.60	141.30	188.50

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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	Home and Community Based Care

**OPTIONS:**

Home Care Level	Home, Community Based and Immediate Family Care
Inflation Protection	Compound Uncapped

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

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Home, Community Based and Immediate Family Member Care Option	Plan 3 Base Plan With Compound Inflation Option	Plan 4 Base Plan With Compound Inflation and Home, Community Based and Immediate Family Member Care Option
18-30	5.70	10.10	16.90	27.20
31	5.90	10.30	17.30	27.80
32	6.00	10.50	17.70	28.50
33	6.10	10.70	18.20	29.10
34	6.20	10.90	18.60	29.90
35	6.50	11.30	19.10	30.70
36	6.60	11.60	19.50	31.30
37	7.00	12.00	20.00	32.10
38	7.30	12.60	20.70	33.10
39	7.50	13.00	21.20	33.90
40	7.80	13.50	21.80	34.70
41	8.10	14.00	22.40	35.80
42	8.50	14.70	23.10	36.90
43	8.80	15.30	23.80	37.80
44	9.20	16.00	24.60	39.00
45	9.80	16.80	25.40	40.30
46	10.30	17.70	26.00	41.60
47	10.70	18.60	26.50	42.90
48	11.20	19.60	27.20	44.30
49	11.40	20.50	27.80	45.80
50	12.00	21.60	28.30	47.20
51	12.50	22.80	29.10	48.90
52	13.10	24.20	30.00	50.70
53	13.80	25.60	30.80	52.70
54	14.40	27.00	31.60	54.30
55	15.20	28.70	32.50	55.60
56	16.00	30.40	33.50	57.90
57	16.90	32.40	34.70	60.60

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**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	Home and Community Based Care

**OPTIONS:**

Home Care Level	Home, Community Based and Immediate Family Care
Inflation Protection	Compound Uncapped

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

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Home, Community Based and Immediate Family Member Care Option	Plan 3 Base Plan With Compound Inflation Option	Plan 4 Base Plan With Compound Inflation and Home, Community Based and Immediate Family Member Care Option
58	17.80	34.50	36.10	63.10
59	19.00	36.70	37.60	65.90
60	20.00	39.00	38.90	68.90
61	21.70	42.10	41.30	73.20
62	23.40	45.50	44.10	78.00
63	25.40	49.00	46.40	82.20
64	27.40	52.90	49.50	87.40
65	30.60	58.20	54.20	94.80
66	33.70	63.10	58.40	101.00
67	37.10	68.40	63.30	108.20
68	40.70	73.80	67.90	114.70
69	44.90	80.00	73.20	122.30
70	49.30	86.70	78.50	130.10
71	54.60	94.40	85.50	140.10
72	60.20	102.60	92.70	150.00
73	66.30	111.80	100.00	160.90
74	72.90	121.40	108.20	172.10
75	87.40	144.20	127.10	200.90
76	95.70	155.70	137.50	214.90
77	104.70	168.50	147.60	228.70
78	114.30	182.30	158.90	243.80
79	124.90	197.20	170.60	260.30
80	136.60	213.20	184.10	278.30

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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	Home and Community Based Care

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<b>18-30</b>	8.20	14.80	23.40	39.10
<b>31</b>	8.20	15.00	23.80	39.90
<b>32</b>	8.60	15.30	24.60	40.80
<b>33</b>	8.70	15.60	25.10	41.70
<b>34</b>	8.80	15.90	25.50	42.40
<b>35</b>	9.10	16.40	26.10	43.60
<b>36</b>	9.40	16.80	26.80	44.50
<b>37</b>	9.80	17.40	27.60	45.80
<b>38</b>	10.00	17.90	28.30	46.90
<b>39</b>	10.40	18.60	29.10	48.10
<b>40</b>	10.80	19.50	29.90	49.50
<b>41</b>	11.40	20.30	30.80	50.80
<b>42</b>	11.80	21.10	31.70	52.30
<b>43</b>	12.40	22.00	32.60	53.70
<b>44</b>	12.90	23.00	33.50	55.40
<b>45</b>	13.50	24.20	34.60	57.20
<b>46</b>	14.20	25.40	35.40	58.90
<b>47</b>	14.70	26.70	36.00	60.70
<b>48</b>	15.30	28.20	37.10	63.20
<b>49</b>	15.90	29.60	37.70	65.00
<b>50</b>	16.60	31.50	38.60	67.30
<b>51</b>	17.30	33.00	39.60	69.80
<b>52</b>	18.10	35.00	40.60	72.30
<b>53</b>	19.00	37.20	41.90	75.40
<b>54</b>	19.80	39.30	42.60	77.70
<b>55</b>	20.50	41.30	43.40	78.90
<b>56</b>	21.70	44.10	44.90	82.30
<b>57</b>	23.00	46.90	46.70	86.50

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	Plan 1 Base Plan	Plan 2 Base Plan With Home, Community Based and Immediate Family Member Care Option	Plan 3 Base Plan With Compound Inflation Option	Plan 4 Base Plan With Compound Inflation and Home, Community Based and Immediate Family Member Care Option
58	24.20	50.10	48.10	90.40
59	25.60	53.30	50.10	94.40
60	27.00	56.80	51.60	98.70
61	29.10	61.40	54.70	105.00
62	31.30	66.40	58.00	112.10
63	33.80	71.90	61.10	118.60
64	36.30	77.50	64.60	125.80
65	40.40	85.70	70.60	137.20
66	44.60	93.00	76.30	146.50
67	48.90	100.80	82.30	156.80
68	53.80	109.20	88.30	166.40
69	59.20	118.30	95.30	178.10
70	65.00	128.30	102.40	189.80
71	71.60	139.60	111.20	204.10
72	78.70	151.50	120.10	218.10
73	86.30	164.30	129.20	233.70
74	94.80	178.10	139.20	249.30
75	113.40	210.90	163.40	290.20
76	123.90	228.00	176.80	311.10
77	135.50	246.60	189.70	330.90
78	147.60	266.60	203.70	352.40
79	161.10	288.10	218.40	376.00
80	175.60	311.10	235.30	401.80