

**CENTRAL KITSAP SCHOOL DISTRICT
UNUM LONG TERM CARE PLAN
POLICY 599696-0001**

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 30 Days
 Home Care Level Professional
 Inflation Protection Compound Uncapped

OPTIONS:

Home Care Level

Total

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option
18-30	13.50	22.10
31	13.60	22.40
32	14.00	22.90
33	14.30	23.40
34	14.70	23.90
35	15.20	24.60
36	15.60	25.20
37	15.90	25.70
38	16.50	26.50
39	17.00	27.30
40	17.30	27.80
41	17.90	28.70
42	18.50	29.50
43	19.00	30.40
44	19.60	31.50
45	20.30	32.40
46	20.80	33.30
47	21.20	34.30
48	21.80	35.60
49	22.40	36.90
50	22.80	38.00
51	23.70	39.50
52	24.20	41.00
53	25.00	42.40
54	25.50	43.70
55	26.50	44.80
56	27.40	46.70
57	28.70	48.90
58	29.80	50.80
59	30.90	53.00
60	32.20	55.40
61	34.30	58.50
62	36.80	62.40
63	38.90	65.50
64	41.60	69.70

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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	30 Days
Home Care Level	Professional
Inflation Protection	Compound Uncapped

OPTIONS:

Home Care Level Total

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option
65	45.80	75.40
66	49.40	79.80
67	53.60	85.40
68	57.60	90.40
69	62.50	96.30
70	67.00	101.90
71	73.10	109.50
72	79.30	116.90
73	85.80	125.20
74	92.70	133.50
75	109.50	155.60
76	118.40	166.10
77	127.00	176.00
78	137.30	187.70
79	147.30	199.60
80	159.10	212.90

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BASE PLAN:		OPTIONS:	
Facility Monthly Benefit	1,000	Home Care Level	Total
Home Monthly Benefit	1,000		
Facility Benefit Duration	6 Years		
Home Benefit	100%		
Lifetime Maximum	72,000		
Elimination Period	30 Days		
Home Care Level	Professional		
Inflation Protection	Compound Uncapped		
	Monthly Rates		

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option
18-30	18.10	29.90
31	18.50	30.60
32	18.80	31.30
33	19.50	32.00
34	19.90	32.80
35	20.50	33.70
36	20.90	34.30
37	21.40	35.20
38	22.20	36.40
39	22.80	37.20
40	23.40	38.10
41	23.90	39.30
42	24.80	40.60
43	25.50	41.60
44	26.40	42.90
45	27.30	44.30
46	28.00	45.80
47	28.60	47.20
48	29.20	48.90
49	30.00	50.40
50	30.60	52.10
51	31.50	54.10
52	32.50	56.20
53	33.30	58.20
54	34.30	60.30
55	35.40	61.80
56	36.50	64.20
57	38.00	67.30
58	39.50	70.30
59	41.10	73.40
60	42.60	76.80
61	45.50	81.80
62	48.50	87.20
63	51.20	91.90
64	54.70	98.00

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Home Monthly Benefit	1,000		
Facility Benefit Duration	6 Years		
Home Benefit	100%		
Lifetime Maximum	72,000		
Elimination Period	30 Days		
Home Care Level	Professional		
Inflation Protection	Compound Uncapped Monthly Rates		

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option
65	60.10	106.50
66	64.70	113.40
67	70.30	121.60
68	75.50	128.70
69	81.40	137.40
70	87.40	146.20
71	95.30	157.60
72	103.40	168.60
73	111.40	181.00
74	120.60	193.60
75	141.80	225.90
76	153.50	241.90
77	164.80	257.40
78	177.70	274.40
79	190.70	293.00
80	205.90	313.40

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BASE PLAN:

Facility Monthly Benefit	1,000
Home Monthly Benefit	1,000
Facility Benefit Duration	Unlimited
Home Benefit	100%
Lifetime Maximum	Unlimited
Elimination Period	30 Days
Home Care Level	Professional
Inflation Protection	Compound Uncapped

OPTIONS:

Home Care Level

Total

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option
18-30	25.00	42.90
31	25.40	43.70
32	26.10	44.70
33	26.60	45.80
34	27.20	46.40
35	27.80	47.70
36	28.60	48.80
37	29.40	50.10
38	30.20	51.40
39	31.10	52.60
40	31.80	54.20
41	32.90	55.60
42	33.80	57.30
43	34.70	58.90
44	35.80	60.70
45	36.90	62.70
46	37.80	64.60
47	38.50	66.70
48	39.60	69.40
49	40.40	71.50
50	41.30	74.10
51	42.50	77.10
52	43.60	79.80
53	45.00	83.20
54	46.00	85.90
55	46.90	87.40
56	48.50	91.30
57	50.60	95.90
58	52.30	100.40
59	54.30	104.90
60	56.20	109.80
61	59.70	117.10
62	63.40	125.10
63	66.80	132.50
64	70.90	140.80

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Home Monthly Benefit	1,000		
Facility Benefit Duration	Unlimited		
Home Benefit	100%		
Lifetime Maximum	Unlimited		
Elimination Period	30 Days		
Home Care Level	Professional		
Inflation Protection	Compound Uncapped		

		Monthly Rates
65	77.60	153.50
66	84.00	164.10
67	90.70	175.80
68	97.40	186.60
69	105.20	199.60
70	113.00	212.70
71	122.70	228.80
72	132.70	244.70
73	143.00	262.10
74	154.20	279.80
75	181.00	325.70
76	195.90	349.00
77	210.20	371.30
78	226.10	395.70
79	242.30	422.10
80	261.20	451.10