

**UNUM LONG TERM CARE PLAN
Policy 111724**

Connecticut Rates

BASE PLAN:		OPTIONS:		
Facility Monthly Benefit	\$1,000	Home Care Level		Total
Home Monthly Benefit	\$500			
Facility Benefit Duration	3 Years	Inflation Protection	5% Compound Uncapped	
Home Benefit	50%			
Lifetime Maximum	\$36,000			
Elimination Period	90 Days			
Home Care Level	Professional			

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

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care	Plan 3 Base Plan with Compound Inflation	Plan 4 Base Plan with Total Home Care and Compound Inflation
18-30	2.90	4.30	8.80	12.50
31	2.90	4.30	9.00	12.60
32	2.90	4.40	9.20	12.90
33	3.00	4.60	9.50	13.30
34	3.00	4.70	9.60	13.50
35	3.10	4.80	10.00	13.90
36	3.10	4.80	10.30	14.30
37	3.30	5.10	10.50	14.60
38	3.50	5.30	10.90	15.10
39	3.60	5.60	11.30	15.60
40	3.80	5.70	11.60	15.90
41	3.90	6.00	11.80	16.40
42	4.20	6.20	12.40	16.90
43	4.30	6.50	12.70	17.40
44	4.60	6.80	13.10	18.10
45	4.80	7.20	13.50	18.60
46	4.90	7.50	13.90	19.10
47	5.20	7.90	14.30	19.80
48	5.60	8.50	14.80	20.50
49	5.70	8.80	15.20	21.30
50	6.10	9.40	15.60	22.00
51	6.50	10.00	16.30	22.90
52	6.90	10.50	16.80	23.80
53	7.30	11.20	17.40	24.60
54	7.70	11.80	17.90	25.50
55	8.20	12.60	18.90	26.40
56	8.70	13.40	19.60	27.60
57	9.40	14.40	20.50	29.00
58	10.00	15.30	21.60	30.30
59	10.80	16.50	22.50	31.70
60	11.60	17.70	23.70	33.30

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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 Days
Home Care Level	Professional

OPTIONS:

Home Care Level		Total
Inflation Protection	5% Compound Uncapped	

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 Total Home Care	Base Plan with Compound Inflation	Base Plan with Total Home Care and Compound Inflation
61	12.60	19.10	25.40	35.50
62	13.90	20.90	27.40	38.10
63	15.20	22.60	29.30	40.30
64	16.80	24.60	31.60	43.20
65	19.10	27.60	35.10	47.50
66	21.20	29.90	38.00	50.60
67	23.50	32.80	41.30	54.60
68	26.10	35.80	44.60	58.20
69	29.00	39.00	48.50	62.50
70	32.00	42.60	52.10	66.70
71	35.60	46.70	57.10	72.20
72	39.50	51.10	62.00	77.70
73	43.80	56.20	67.30	83.70
74	48.50	61.40	72.90	90.00
75	58.40	73.20	86.30	105.60
76	64.10	79.60	93.60	113.50
77	70.30	86.50	100.80	121.20
78	77.20	94.10	109.10	130.00
79	84.80	102.30	117.30	139.00
80	93.10	111.40	126.90	149.40

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Connecticut Rates

BASE PLAN:		OPTIONS:		
Facility Monthly Benefit	\$1,000	Home Care Level		Total
Home Monthly Benefit	\$500			
Facility Benefit Duration	6 Years	Inflation Protection	5% Compound Uncapped	
Home Benefit	50%			
Lifetime Maximum	\$72,000			
Elimination Period	90 Days			
Home Care Level	Professional			

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

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care	Plan 3 Base Plan with Compound Inflation	Plan 4 Base Plan with Total Home Care and Compound Inflation
18-30	3.60	5.70	11.70	16.60
31	3.80	5.90	12.10	17.20
32	3.90	6.00	12.40	17.40
33	3.90	6.10	12.70	17.90
34	4.00	6.20	13.00	18.30
35	4.20	6.50	13.40	18.90
36	4.30	6.60	13.70	19.20
37	4.60	6.90	14.20	19.80
38	4.70	7.20	14.60	20.50
39	4.80	7.40	15.00	20.90
40	5.10	7.80	15.30	21.50
41	5.20	8.10	15.70	22.10
42	5.60	8.50	16.40	22.90
43	5.70	8.80	16.80	23.50
44	6.10	9.20	17.40	24.30
45	6.40	9.80	17.90	25.10
46	6.80	10.30	18.60	26.00
47	7.00	10.80	19.00	26.80
48	7.40	11.40	19.60	27.70
49	7.70	12.00	20.20	28.70
50	8.10	12.70	20.70	29.60
51	8.60	13.50	21.50	30.80
52	9.10	14.30	22.20	32.00
53	9.60	15.20	22.90	33.30
54	10.10	16.10	23.80	34.60
55	10.80	17.30	24.70	35.60
56	11.40	18.30	25.70	37.20
57	12.40	19.60	26.80	39.10
58	13.10	21.10	28.20	41.00
59	14.20	22.60	29.40	42.90
60	15.10	24.20	30.80	45.00

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Facility Monthly Benefit	\$1,000	Home Care Level		Total
Home Monthly Benefit	\$500			
Facility Benefit Duration	6 Years	Inflation Protection	5% Compound Uncapped	
Home Benefit	50%			
Lifetime Maximum	\$72,000			
Elimination Period	90 Days			
Home Care Level	Professional			

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

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care	Plan 3 Base Plan with Compound Inflation	Plan 4 Base Plan with Total Home Care and Compound Inflation
61	16.60	26.30	33.10	48.20
62	18.20	28.60	35.60	51.70
63	19.90	31.20	37.80	54.90
64	21.80	33.90	40.70	58.80
65	24.70	38.00	45.20	64.50
66	27.40	41.50	48.90	69.20
67	30.40	45.20	53.20	74.50
68	33.70	49.40	57.30	79.40
69	37.20	53.80	61.90	85.30
70	41.10	58.90	66.70	91.10
71	45.60	64.60	72.90	98.80
72	50.60	70.70	79.30	106.50
73	55.90	77.50	85.50	114.50
74	61.80	84.80	92.80	123.20
75	74.40	101.30	109.50	144.40
76	81.60	110.10	118.70	155.50
77	89.60	119.90	127.70	166.10
78	98.20	130.40	137.90	178.20
79	107.50	142.00	148.20	190.80
80	117.90	154.30	160.30	205.10

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Facility Monthly Benefit	\$1,000	Home Care Level		Total
Home Monthly Benefit	\$500			
Facility Benefit Duration	Unlimited	Inflation Protection	5% Compound Uncapped	
Home Benefit	50%			
Lifetime Maximum	Unlimited			
Elimination Period	90 Days			
Home Care Level	Professional			

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

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care	Plan 3 Base Plan with Compound Inflation	Plan 4 Base Plan with Total Home Care and Compound Inflation
18-30	5.10	8.20	15.90	23.30
31	5.10	8.30	16.10	23.80
32	5.30	8.60	16.60	24.30
33	5.30	8.70	16.90	24.80
34	5.50	8.80	17.30	25.40
35	5.60	9.10	17.70	26.00
36	5.90	9.40	18.20	26.70
37	6.10	9.80	18.70	27.30
38	6.20	10.00	19.20	28.10
39	6.50	10.40	19.80	28.90
40	6.80	10.90	20.40	29.60
41	7.20	11.30	21.10	30.60
42	7.40	11.80	21.60	31.30
43	7.80	12.40	22.20	32.20
44	8.10	12.90	22.90	33.30
45	8.60	13.50	23.70	34.30
46	9.00	14.30	24.30	35.50
47	9.40	15.10	25.00	36.70
48	9.90	16.00	25.70	38.10
49	10.30	16.80	26.40	39.40
50	10.90	17.90	27.20	40.80
51	11.40	19.00	28.10	42.40
52	12.00	20.00	28.90	43.90
53	12.70	21.50	30.00	45.90
54	13.40	22.60	30.90	47.60
55	14.00	23.90	31.90	48.80
56	15.10	25.60	33.10	51.00
57	16.00	27.40	34.70	53.60
58	17.20	29.40	36.10	56.20
59	18.30	31.50	37.80	58.90
60	19.60	33.80	39.40	61.80

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

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	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care	Plan 3 Base Plan with Compound Inflation	Plan 4 Base Plan with Total Home Care and Compound Inflation
61	21.50	36.80	42.10	66.20
62	23.40	40.00	45.10	70.90
63	25.50	43.60	48.00	75.30
64	27.80	47.30	51.40	80.50
65	31.50	52.90	56.80	88.40
66	34.80	57.90	61.50	94.90
67	38.50	63.10	66.70	102.20
68	42.60	68.90	71.90	108.90
69	47.10	75.10	77.70	117.00
70	51.90	82.00	83.70	125.20
71	57.60	89.80	91.10	135.30
72	63.60	98.20	98.90	145.60
73	70.10	107.00	106.60	156.30
74	77.10	116.70	115.30	167.60
75	92.60	139.00	135.70	195.90
76	101.70	151.10	147.20	211.00
77	111.40	164.20	158.20	225.30
78	121.90	178.40	170.70	241.30
79	133.40	193.70	183.20	258.10
80	146.00	210.30	197.70	276.80