

**UNUM LONG TERM CARE PLAN  
552439**

**Connecticut Rates**

**BASE PLAN:**

Nursing Facility Monthly Benefit	1,000
Home Monthly Benefit	500
Nursing Facility Benefit	3 YEARS
Home Benefit	50%
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 Member Care
Inflation Protection	<b>SIMPLE CAPPED</b>

**Monthly Rates**

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Home, Community Based and Immediate Family Member Care Option	Plan 3 Base Plan with Simple Inflation Option	Plan 4 Base Plan with Simple Inflation and Home, Community Based and Immediate Family Member Care Option
<b>18-30</b>	3.10	4.80	4.40	6.60
<b>31</b>	3.10	4.80	4.40	6.60
<b>32</b>	3.10	4.80	4.60	6.90
<b>33</b>	3.30	4.90	4.70	7.00
<b>34</b>	3.40	5.10	4.90	7.50
<b>35</b>	3.50	5.20	5.10	7.70
<b>36</b>	3.50	5.30	5.30	8.10
<b>37</b>	3.60	5.60	5.50	8.30
<b>38</b>	3.90	5.90	6.00	8.70
<b>39</b>	4.20	6.10	6.20	9.20
<b>40</b>	4.30	6.20	6.40	9.50
<b>41</b>	4.40	6.50	6.80	10.00
<b>42</b>	4.70	6.90	7.20	10.50
<b>43</b>	4.80	7.20	7.50	10.90
<b>44</b>	5.10	7.40	7.90	11.60
<b>45</b>	5.30	7.80	8.30	12.10
<b>46</b>	5.60	8.20	8.70	12.70
<b>47</b>	5.90	8.60	9.10	13.40
<b>48</b>	6.10	9.20	9.80	14.30
<b>49</b>	6.40	9.60	10.10	15.10
<b>50</b>	6.80	10.10	10.80	16.00
<b>51</b>	7.20	10.90	11.30	16.90
<b>52</b>	7.50	11.60	12.00	17.90
<b>53</b>	8.10	12.20	12.70	19.00
<b>54</b>	8.50	12.90	13.40	20.00
<b>55</b>	9.00	13.80	14.20	20.90
<b>56</b>	9.50	14.60	15.00	22.10
<b>57</b>	10.30	15.60	16.00	23.70
<b>58</b>	10.90	16.60	17.20	25.20

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Nursing Facility Monthly Benefit	1,000
Home Monthly Benefit	500
Nursing Facility Benefit	3 YEARS
Home Benefit	50%
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 Member Care
Inflation Protection	<b>SIMPLE CAPPED</b>

**Monthly Rates**

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Home, Community Based and Immediate Family Member Care Option	Plan 3 Base Plan with Simple Inflation Option	Plan 4 Base Plan with Simple Inflation and Home, Community Based and Immediate Family Member Care Option
<b>59</b>	11.70	17.90	18.30	27.00
<b>60</b>	12.70	19.10	19.60	28.70
<b>61</b>	13.80	20.70	21.20	30.80
<b>62</b>	15.20	22.60	23.30	33.40
<b>63</b>	16.50	24.40	25.10	35.90
<b>64</b>	18.20	26.50	27.40	38.70
<b>65</b>	20.70	29.60	31.10	43.20
<b>66</b>	22.90	32.20	33.90	46.50
<b>67</b>	25.50	35.20	37.40	50.60
<b>68</b>	28.20	38.40	40.80	54.50
<b>69</b>	31.20	42.00	45.10	59.20
<b>70</b>	34.60	45.80	49.30	63.80
<b>71</b>	38.40	50.20	54.10	69.40
<b>72</b>	42.50	54.90	59.50	75.50
<b>73</b>	47.20	60.20	65.10	81.60
<b>74</b>	52.10	65.80	71.40	88.70
<b>75</b>	62.80	78.50	84.90	104.70
<b>76</b>	68.90	85.30	92.60	113.00
<b>77</b>	75.50	92.70	100.10	121.20
<b>78</b>	82.90	100.90	108.90	130.90
<b>79</b>	91.00	109.60	117.80	140.30
<b>80</b>	99.80	119.30	128.40	151.70
<b>81</b>	110.00	130.10	140.40	164.30
<b>82</b>	121.90	143.30	153.10	178.20
<b>83</b>	134.80	157.40	168.00	194.50
<b>84</b>	148.50	172.40	182.10	210.00

**UNUM LONG TERM CARE PLAN  
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**Connecticut Rates**

**BASE PLAN:**

Nursing Facility Monthly Benefit	1,000
Home Monthly Benefit	500
Nursing Facility Benefit	6 YEARS
Home Benefit	50%
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 Member Care
Inflation Protection	<b>SIMPLE CAPPED</b>

**Monthly Rates**

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Home, Community Based and Immediate Family Member Care Option	Plan 3 Base Plan with Simple Inflation Option	Plan 4 Base Plan with Simple Inflation and Home, Community Based and Immediate Family Member Care Option
<b>18-30</b>	4.20	6.40	5.90	8.80
<b>31</b>	4.30	6.50	6.00	9.10
<b>32</b>	4.30	6.60	6.20	9.50
<b>33</b>	4.40	6.80	6.50	9.80
<b>34</b>	4.60	6.90	6.60	10.00
<b>35</b>	4.70	7.20	6.90	10.40
<b>36</b>	4.80	7.40	7.30	10.90
<b>37</b>	5.10	7.70	7.50	11.30
<b>38</b>	5.20	7.90	7.90	11.80
<b>39</b>	5.50	8.20	8.30	12.40
<b>40</b>	5.70	8.60	8.70	13.00
<b>41</b>	5.90	8.80	9.10	13.50
<b>42</b>	6.20	9.40	9.50	14.20
<b>43</b>	6.50	9.80	10.00	15.00
<b>44</b>	6.80	10.10	10.50	15.70
<b>45</b>	7.20	10.70	11.30	16.60
<b>46</b>	7.50	11.30	11.70	17.40
<b>47</b>	7.80	11.80	12.40	18.50
<b>48</b>	8.30	12.60	13.00	19.50
<b>49</b>	8.60	13.10	13.50	20.50
<b>50</b>	9.00	13.90	14.30	21.60
<b>51</b>	9.50	14.70	15.00	22.90
<b>52</b>	10.00	15.70	15.90	24.20
<b>53</b>	10.70	16.60	16.90	25.90
<b>54</b>	11.20	17.70	17.70	27.20
<b>55</b>	12.00	18.90	18.70	28.50
<b>56</b>	12.70	20.00	19.80	30.30
<b>57</b>	13.50	21.50	21.10	32.40
<b>58</b>	14.60	22.90	22.50	34.50

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**Connecticut Rates**

**BASE PLAN:**

Nursing Facility Monthly Benefit	1,000
Home Monthly Benefit	500
Nursing Facility Benefit	6 YEARS
Home Benefit	50%
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 Member Care
Inflation Protection	<b>SIMPLE CAPPED</b>

**Monthly Rates**

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Home, Community Based and Immediate Family Member Care Option	Plan 3 Base Plan with Simple Inflation Option	Plan 4 Base Plan with Simple Inflation and Home, Community Based and Immediate Family Member Care Option
<b>59</b>	15.50	24.60	24.10	36.70
<b>60</b>	16.60	26.10	25.60	39.00
<b>61</b>	18.20	28.50	27.80	42.30
<b>62</b>	19.90	31.10	30.30	45.60
<b>63</b>	21.70	33.70	32.80	49.10
<b>64</b>	23.80	36.70	35.80	53.30
<b>65</b>	26.90	40.80	40.20	59.00
<b>66</b>	29.80	44.70	43.90	63.80
<b>67</b>	33.00	48.80	48.50	69.70
<b>68</b>	36.40	53.20	52.90	75.00
<b>69</b>	40.30	58.00	58.00	81.40
<b>70</b>	44.50	63.40	63.30	87.90
<b>71</b>	49.40	69.60	69.40	95.70
<b>72</b>	54.70	76.20	76.30	104.00
<b>73</b>	60.30	83.50	83.20	112.50
<b>74</b>	66.70	91.30	91.30	122.20
<b>75</b>	80.20	108.90	108.20	144.00
<b>76</b>	88.00	118.40	117.90	155.60
<b>77</b>	96.60	128.80	127.40	167.20
<b>78</b>	105.80	140.10	138.70	180.70
<b>79</b>	116.00	152.50	149.80	194.00
<b>80</b>	127.00	165.80	162.90	209.30
<b>81</b>	139.60	180.80	177.60	226.60
<b>82</b>	154.40	198.90	193.60	246.10
<b>83</b>	170.30	218.40	211.80	268.10
<b>84</b>	187.20	239.20	229.30	289.50

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**Connecticut Rates**

**BASE PLAN:**

Nursing Facility Monthly Benefit	<b>1,000</b>
Home Monthly Benefit	<b>500</b>
Nursing Facility Benefit	<b>UNLIMITED</b>
Home Benefit	<b>50%</b>
Lifetime Maximum	<b>UNLIMITED</b>
Elimination Period	<b>90 DAYS</b>
Home Care Level	<b>Home and Community-Based Care</b>

**OPTIONS:**

Home Care Level	<b>Home, Community- Based and Immediate Family Member Care</b>
Inflation Protection	<b>SIMPLE CAPPED</b>

**Monthly Rates**

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Home, Community Based and Immediate Family Member Care Option	Plan 3 Base Plan with Simple Inflation Option	Plan 4 Base Plan with Simple Inflation and Home, Community Based and Immediate Family Member Care Option
<b>18-30</b>	5.70	9.10	8.10	12.60
<b>31</b>	5.70	9.10	8.20	13.00
<b>32</b>	6.00	9.50	8.60	13.50
<b>33</b>	6.10	9.60	8.70	13.80
<b>34</b>	6.20	9.80	9.00	14.20
<b>35</b>	6.40	10.10	9.40	14.80
<b>36</b>	6.60	10.40	9.90	15.30
<b>37</b>	6.90	10.80	10.30	16.10
<b>38</b>	7.00	11.10	10.70	16.60
<b>39</b>	7.40	11.60	11.20	17.40
<b>40</b>	7.70	12.00	11.70	18.20
<b>41</b>	8.10	12.50	12.40	19.00
<b>42</b>	8.30	13.00	12.70	19.90
<b>43</b>	8.70	13.70	13.70	20.90
<b>44</b>	9.10	14.30	14.20	22.00
<b>45</b>	9.60	15.00	15.00	23.10
<b>46</b>	10.10	15.70	15.70	24.30
<b>47</b>	10.50	16.60	16.60	25.70
<b>48</b>	11.10	17.60	17.40	27.30
<b>49</b>	11.60	18.50	18.20	28.70
<b>50</b>	12.20	19.60	19.10	30.30
<b>51</b>	12.70	20.80	20.20	32.10
<b>52</b>	13.40	22.00	21.20	33.90
<b>53</b>	14.20	23.40	22.20	36.00
<b>54</b>	15.00	24.80	23.50	38.10
<b>55</b>	15.60	26.10	24.40	39.50
<b>56</b>	16.60	28.00	25.90	42.00
<b>57</b>	17.80	29.90	27.60	45.00
<b>58</b>	19.00	32.00	29.40	47.70

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552439**

## Connecticut Rates

**BASE PLAN:**

Nursing Facility Monthly Benefit	1,000
Home Monthly Benefit	500
Nursing Facility Benefit	UNLIMITED
Home Benefit	50%
Lifetime Maximum	UNLIMITED
Elimination Period	90 DAYS
Home Care Level	Home and Community-Based Care

**OPTIONS:**

Home Care Level	Home, Community- Based and Immediate Family Member Care
Inflation Protection	<b>SIMPLE CAPPED</b>

### Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Home, Community Based and Immediate Family Member Care Option	Plan 3 Base Plan with Simple Inflation Option	Plan 4 Base Plan with Simple Inflation and Home, Community Based and Immediate Family Member Care Option
<b>59</b>	20.30	34.30	31.20	51.00
<b>60</b>	21.70	36.70	33.10	54.20
<b>61</b>	23.50	39.90	35.90	58.60
<b>62</b>	25.60	43.40	38.90	63.40
<b>63</b>	28.00	47.20	42.00	68.40
<b>64</b>	30.40	51.20	45.40	73.70
<b>65</b>	34.30	57.20	51.10	81.90
<b>66</b>	38.00	62.50	55.90	88.70
<b>67</b>	42.00	68.10	61.50	96.60
<b>68</b>	46.40	74.40	67.00	103.90
<b>69</b>	51.20	81.10	73.50	112.60
<b>70</b>	56.60	88.50	80.10	121.70
<b>71</b>	62.70	97.00	87.80	132.30
<b>72</b>	69.00	105.80	96.10	143.40
<b>73</b>	76.10	115.40	104.40	154.40
<b>74</b>	83.70	125.80	114.00	167.20
<b>75</b>	100.50	149.80	134.90	196.60
<b>76</b>	110.20	162.90	147.20	212.40
<b>77</b>	120.80	177.10	159.00	228.20
<b>78</b>	132.10	192.30	172.50	246.00
<b>79</b>	144.40	208.70	186.20	263.90
<b>80</b>	158.00	226.50	202.00	284.20
<b>81</b>	173.20	246.20	219.80	306.80
<b>82</b>	191.10	270.00	239.10	332.00
<b>83</b>	210.20	295.20	260.80	360.40
<b>84</b>	230.20	321.80	281.30	387.40