

**UNUM LONG TERM CARE PLAN  
542983**

## Connecticut Rates

<b>BASE PLAN:</b>		<b>OPTIONS:</b>	
Facility Monthly Benefit	\$1,000	Home Care Level	Home, Community-Based and
Home Monthly Benefit	\$500		
Facility Benefit Duration	4 Years	Inflation Protection	Simple Capped
Home Benefit	50%		
Lifetime Maximum	\$48,000		
Elimination Period	180 DAYS		
Home Care Level	Home and		

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 Simple Inflation Option	Plan 4 Base Plan With Simple Inflation and Home, Community Based and Immediate Family Member Care
18-30	2.60	3.90	3.50	5.50
31	2.60	4.00	3.60	5.60
32	2.70	4.00	3.90	5.70
33	2.70	4.20	3.90	6.00
34	2.90	4.30	4.20	6.20
35	2.90	4.30	4.20	6.40
36	3.00	4.60	4.40	6.60
37	3.10	4.70	4.70	7.00
38	3.30	4.80	4.80	7.20
39	3.40	5.10	5.10	7.50
40	3.50	5.20	5.30	7.90
41	3.60	5.50	5.60	8.30
42	3.80	5.70	6.00	8.70
43	3.90	5.90	6.10	9.10
44	4.30	6.20	6.60	9.60
45	4.40	6.50	6.90	10.10
46	4.70	6.90	7.20	10.70
47	4.80	7.20	7.50	11.20
48	5.10	7.70	7.90	11.80
49	5.30	8.10	8.50	12.60
50	5.60	8.60	9.00	13.30
51	5.90	9.00	9.40	14.00
52	6.20	9.60	9.90	15.00
53	6.60	10.10	10.50	15.90
54	7.00	10.80	11.10	16.60
55	7.40	11.40	11.60	17.40
56	7.90	12.20	12.40	18.60
57	8.50	13.00	13.10	19.60
58	9.10	14.00	14.00	21.10
59	9.80	15.00	15.10	22.40
60	10.40	16.00	16.10	23.90

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## Connecticut Rates

**BASE PLAN:**

Facility Monthly Benefit	<b>\$1,000</b>
Home Monthly Benefit	<b>\$500</b>
Facility Benefit Duration	<b>4 Years</b>
Home Benefit	<b>50%</b>
Lifetime Maximum	<b>\$48,000</b>
Elimination Period	<b>180 DAYS</b>
Home Care Level	<b>Home and</b>

**OPTIONS:**

Home Care Level	<b>Home, Community-Based and</b>
Inflation Protection	<b>Simple Capped</b>

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 Home, Community Based and Immediate Family Member Care Option	Base Plan With Simple Inflation Option	Base Plan With Simple Inflation and Home, Community Based and Immediate Family Member Care
61	11.30	17.30	17.40	25.70
62	12.50	18.90	19.10	27.80
63	13.50	20.40	20.50	29.90
64	15.00	22.20	22.50	32.40
65	17.00	24.80	25.40	36.00
66	18.90	27.00	27.80	38.90
67	20.80	29.50	30.70	42.40
68	23.00	32.20	33.40	45.60
69	25.50	35.20	36.80	49.50
70	28.20	38.40	40.20	53.40
71	31.50	42.10	44.20	58.10
72	34.70	46.10	48.60	63.20
73	38.40	50.40	52.90	68.30
74	42.50	55.30	58.10	74.10
75	51.10	65.80	68.90	87.50
76	56.20	71.60	75.30	94.50
77	61.50	77.90	81.40	101.50
78	67.60	84.80	88.70	109.70
79	74.00	92.20	95.70	117.70
80	81.40	100.40	104.40	127.10
81	89.30	109.30	113.90	137.70
82	99.10	120.30	124.40	149.50
83	109.30	132.20	136.20	162.90
84	120.40	144.80	147.70	176.00

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**Connecticut Rates**

**BASE PLAN:**

Facility Monthly Benefit	\$1,000
Home Monthly Benefit	\$500
Facility Benefit Duration	4 Years
Home Benefit	50%
Lifetime Maximum	\$48,000
Elimination Period	180 DAYS
Home Care Level	Home and

**OPTIONS:**

Home Care Level	Home, Community-Based and
Inflation Protection	Simple Capped

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

**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
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## Connecticut Rates

<b>BASE PLAN:</b>		<b>OPTIONS:</b>	
Facility Monthly Benefit	\$1,000	Home Care Level	Home, Community-Based and
Home Monthly Benefit	\$500		
Facility Benefit Duration	6 Years	Inflation Protection	Simple Capped
Home Benefit	50%		
Lifetime Maximum	\$72,000		
Elimination Period	180 DAYS		
Home Care Level	Home and		

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 Simple Inflation Option	Plan 4 Base Plan With Simple Inflation and Home, Community Based and Immediate Family Member Care
18-30	3.00	4.60	4.20	6.40
31	3.00	4.70	4.30	6.50
32	3.10	4.80	4.40	6.80
33	3.30	4.80	4.70	7.00
34	3.30	4.90	4.70	7.20
35	3.40	5.10	4.90	7.50
36	3.50	5.30	5.20	7.80
37	3.60	5.50	5.50	8.10
38	3.80	5.70	5.60	8.50
39	3.90	5.90	6.00	8.80
40	4.00	6.10	6.20	9.20
41	4.20	6.40	6.50	9.80
42	4.40	6.60	6.90	10.10
43	4.70	7.00	7.20	10.70
44	4.80	7.30	7.50	11.20
45	5.20	7.70	8.10	11.80
46	5.30	8.10	8.50	12.50
47	5.60	8.60	8.80	13.30
48	6.00	9.00	9.40	13.90
49	6.10	9.50	9.80	14.70
50	6.50	10.00	10.30	15.50
51	6.80	10.50	10.80	16.40
52	7.30	11.30	11.30	17.30
53	7.70	12.00	12.10	18.50
54	8.10	12.60	12.70	19.50
55	8.60	13.50	13.40	20.40
56	9.10	14.30	14.20	21.70
57	9.80	15.30	15.10	23.10
58	10.40	16.40	16.10	24.70
59	11.20	17.60	17.20	26.30
60	11.80	18.70	18.30	28.00

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<b>BASE PLAN:</b>		<b>OPTIONS:</b>	
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Home Monthly Benefit	\$500		
Facility Benefit Duration	6 Years	Inflation Protection	Simple Capped
Home Benefit	50%		
Lifetime Maximum	\$72,000		
Elimination Period	180 DAYS		
Home Care Level	Home and		

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 Simple Inflation Option	Plan 4 Base Plan With Simple Inflation and Home, Community Based and Immediate Family Member Care
61	13.00	20.40	20.00	30.30
62	14.30	22.20	21.70	32.80
63	15.60	24.20	23.40	35.20
64	17.00	26.30	25.60	38.20
65	19.20	29.30	28.70	42.40
66	21.30	32.00	31.50	45.80
67	23.70	35.00	34.80	49.90
68	26.10	38.10	37.80	53.70
69	28.90	41.60	41.60	58.20
70	31.90	45.50	45.40	62.90
71	35.40	49.80	49.80	68.50
72	39.10	54.60	54.70	74.50
73	43.30	59.80	59.70	80.60
74	47.80	65.40	65.40	87.50
75	57.50	78.00	77.50	103.20
76	63.10	84.90	84.50	111.50
77	69.20	92.30	91.30	119.70
78	75.80	100.40	99.50	129.50
79	83.10	109.20	107.30	139.00
80	91.00	118.80	116.60	150.00
81	100.00	129.60	127.30	162.40
82	110.80	142.50	138.70	176.30
83	122.10	156.50	151.70	192.00
84	134.20	171.30	164.30	207.50

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**Connecticut Rates**

**BASE PLAN:**

Facility Monthly Benefit	\$1,000
Home Monthly Benefit	\$500
Facility Benefit Duration	6 Years
Home Benefit	50%
Lifetime Maximum	\$72,000
Elimination Period	180 DAYS
Home Care Level	Home and

**OPTIONS:**

Home Care Level	Home, Community-Based and
Inflation Protection	Simple Capped

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

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

**BASE PLAN:**

Facility Monthly Benefit	\$1,000
Home Monthly Benefit	\$500
Facility Benefit Duration	Unlimited
Home Benefit	50%
Lifetime Maximum	Unlimited
Elimination Period	180 DAYS
Home Care Level	Home and

**OPTIONS:**

Home Care Level	Home, Community-Based and
Inflation Protection	Simple Capped

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 Home, Community Based and Immediate Family Member Care Option	Base Plan With Simple Inflation Option	Base Plan With Simple Inflation and Home, Community Based and Immediate Family Member Care
18-30	4.20	6.50	5.70	9.10
31	4.20	6.60	5.90	9.20
32	4.30	6.80	6.10	9.60
33	4.30	6.90	6.20	9.90
34	4.40	7.00	6.50	10.10
35	4.60	7.30	6.80	10.70
36	4.70	7.40	7.00	10.90
37	4.90	7.70	7.40	11.40
38	5.10	7.90	7.70	12.00
39	5.30	8.30	8.10	12.50
40	5.50	8.60	8.50	13.00
41	5.70	9.00	8.80	13.70
42	6.00	9.40	9.10	14.20
43	6.20	9.80	9.80	15.00
44	6.50	10.30	10.10	15.70
45	6.90	10.80	10.80	16.50
46	7.30	11.30	11.30	17.40
47	7.50	12.00	11.80	18.50
48	7.90	12.60	12.50	19.50
49	8.30	13.30	13.00	20.50
50	8.70	14.00	13.70	21.70
51	9.10	14.80	14.40	23.00
52	9.60	15.70	15.20	24.30
53	10.10	16.80	16.00	25.70
54	10.70	17.80	16.80	27.30
55	11.20	18.70	17.60	28.30
56	12.00	20.00	18.60	30.20
57	12.70	21.50	19.80	32.20
58	13.50	22.90	21.10	34.20
59	14.60	24.60	22.40	36.50
60	15.50	26.30	23.80	38.90

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Home Monthly Benefit	\$500		
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Home Benefit	50%		
Lifetime Maximum	Unlimited		
Elimination Period	180 DAYS		
Home Care Level	Home and		

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

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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 Simple Inflation Option	Plan 4 Base Plan With Simple Inflation and Home, Community Based and Immediate Family Member Care
61	16.90	28.60	25.70	42.00
62	18.30	31.10	28.00	45.40
63	20.00	33.80	30.00	49.00
64	21.80	36.70	32.50	52.80
65	24.60	41.00	36.50	58.80
66	27.30	44.70	40.00	63.60
67	30.20	48.90	44.10	69.20
68	33.30	53.30	48.00	74.50
69	36.70	58.10	52.70	80.70
70	40.40	63.40	57.30	87.20
71	44.90	69.40	62.80	94.90
72	49.50	75.80	68.80	102.70
73	54.50	82.70	74.80	110.60
74	59.90	90.20	81.80	119.90
75	72.00	107.30	96.70	140.90
76	78.90	116.70	105.40	152.20
77	86.60	126.90	113.90	163.50
78	94.60	137.80	123.60	176.30
79	103.50	149.50	133.40	189.20
80	113.20	162.20	144.70	203.60
81	124.20	176.40	157.60	219.80
82	137.00	193.40	171.30	237.90
83	150.50	211.60	186.80	258.20
84	165.00	230.50	201.50	277.70



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**OPTIONS:**

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**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
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