

**UNUM LONG TERM CARE PLAN
561070**

Connecticut Rates

BASE PLAN:

Facility Monthly Benefit **\$3,000**
Home Monthly Benefit **\$1,500**
Facility Benefit Duration **3 Years**
Home Benefit **50%**
Lifetime Maximum **\$108,000**
Elimination Period **90 Days**
Home Care Level **Home and
Community Based
Care**

OPTIONS:

Inflation Protection Compound Uncapped

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

Monthly Rates

**Plan 2
Base Plan With
Compound Inflation
Option**

Insurance Age

**Plan 1
Base Plan**

18-30	10.10	30.80
31	10.10	31.20
32	10.10	32.00
33	10.50	32.80
34	10.50	33.50
35	10.90	34.70
36	11.30	35.90
37	11.70	36.70
38	12.10	37.80
39	12.90	39.40
40	13.30	40.20
41	14.00	41.30
42	14.40	42.90
43	15.20	44.10
44	16.00	45.20
45	16.80	47.20
46	17.60	48.40
47	18.30	49.50
48	19.50	51.10
49	20.30	52.70
50	21.10	53.80
51	22.60	56.20
52	23.80	58.10
53	25.40	59.70
54	26.50	61.60
55	28.50	64.40
56	30.00	67.10
57	32.40	70.60
58	34.30	73.70
59	37.10	76.80
60	39.80	80.70

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Lifetime Maximum **\$108,000**
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**Plan 2
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Option**

Insurance Age

**Plan 1
Base Plan**

61	43.30	86.60
62	47.60	93.20
63	51.90	99.10
64	57.30	106.90
65	65.10	119.00
66	71.80	128.30
67	80.00	140.00
68	88.50	150.90
69	97.90	163.80
70	108.40	176.30
71	120.50	192.70
72	133.40	209.40
73	148.20	227.00
74	163.40	246.10
75	197.30	290.90
76	216.50	315.50
77	237.50	339.30
78	260.50	367.40
79	285.50	394.70
80	313.60	427.10

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Connecticut Rates

BASE PLAN:

Facility Monthly Benefit **\$3,000**
Home Monthly Benefit **\$1,500**
Facility Benefit Duration **4 Years**
Home Benefit **50%**
Lifetime Maximum **\$144,000**
Elimination Period **90 Days**
Home Care Level **Home and
Community Based
Care**

OPTIONS:

Inflation Protection Compound Uncapped

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

Monthly Rates

**Plan 2
Base Plan With
Compound Inflation
Option**

Insurance Age

**Plan 1
Base Plan**

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan With Compound Inflation Option
18-30	11.30	35.10
31	11.30	36.30
32	11.70	37.10
33	11.70	37.80
34	12.50	39.40
35	12.50	39.80
36	13.30	41.00
37	13.70	42.50
38	14.00	43.70
39	14.80	45.20
40	15.60	46.00
41	16.00	47.60
42	16.80	48.80
43	17.20	50.30
44	18.70	52.30
45	19.10	53.80
46	20.30	55.40
47	21.10	56.90
48	22.20	58.50
49	23.40	60.80
50	24.60	62.40
51	25.70	64.00
52	27.70	66.30
53	28.90	68.60
54	30.80	71.40
55	32.40	74.10
56	34.70	76.80
57	37.10	80.30
58	39.80	84.20
59	42.50	88.50
60	45.60	92.40

**UNUM LONG TERM CARE PLAN
561070**

Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	\$3,000
Home Monthly Benefit	\$1,500
Facility Benefit Duration	4 Years
Home Benefit	50%
Lifetime Maximum	\$144,000
Elimination Period	90 Days
Home Care Level	Home and Community Based Care

OPTIONS:

Inflation Protection Compound Uncapped

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

Monthly Rates

**Plan 2
Base Plan With
Compound Inflation
Option**

Insurance Age

**Plan 1
Base Plan**

	Plan 1 Base Plan	Plan 2 Base Plan With Compound Inflation Option
61	49.90	99.50
62	54.60	106.50
63	59.30	113.50
64	65.50	121.70
65	74.50	135.70
66	82.30	147.00
67	91.30	159.90
68	101.00	172.00
69	111.90	186.40
70	123.60	200.50
71	137.70	219.60
72	152.10	238.30
73	168.10	257.40
74	186.00	279.60
75	223.90	329.90
76	245.70	358.00
77	269.50	384.90
78	296.40	416.90
79	324.50	447.30
80	356.50	484.80

**UNUM LONG TERM CARE PLAN
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Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	\$4,000
Home Monthly Benefit	\$2,000
Facility Benefit Duration	6 Years
Home Benefit	50%
Lifetime Maximum	\$288,000
Elimination Period	90 Days
Home Care Level	Home and Community Based Care

OPTIONS:

Inflation Protection Compound Uncapped

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

Monthly Rates

**Plan 2
Base Plan With
Compound Inflation
Option**

Insurance Age

**Plan 1
Base Plan**

	Plan 1 Base Plan	Plan 2 Base Plan With Compound Inflation Option
18-30	17.20	54.60
31	17.70	56.20
32	18.20	57.20
33	18.70	59.30
34	18.70	60.30
35	19.80	62.40
36	20.30	63.40
37	21.30	65.50
38	21.80	67.60
39	22.90	69.20
40	23.90	71.20
41	24.40	72.80
42	26.00	75.90
43	27.00	78.00
44	28.60	80.60
45	30.20	83.20
46	31.70	85.80
47	32.80	87.90
48	34.80	90.50
49	35.90	93.10
50	38.00	95.20
51	39.50	98.80
52	42.10	101.90
53	44.70	105.00
54	47.30	109.20
55	49.90	113.40
56	53.00	117.50
57	56.70	122.70
58	60.80	129.00
59	65.00	134.20
60	69.70	140.40

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BASE PLAN:

Facility Monthly Benefit	\$4,000
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Facility Benefit Duration	6 Years
Home Benefit	50%
Lifetime Maximum	\$288,000
Elimination Period	90 Days
Home Care Level	Home and Community Based Care

OPTIONS:

Inflation Protection Compound Uncapped

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Monthly Rates

**Plan 2
Base Plan With
Compound Inflation
Option**

Insurance Age

**Plan 1
Base Plan**

61	75.90	150.80
62	83.20	161.70
63	91.00	172.10
64	99.30	184.60
65	112.30	204.90
66	124.80	221.50
67	138.30	240.80
68	152.40	259.50
69	168.50	279.80
70	186.20	301.60
71	207.00	329.20
72	228.80	357.80
73	252.70	386.40
74	279.20	418.60
75	335.90	493.50
76	368.70	535.10
77	404.00	575.60
78	443.00	621.40
79	485.20	667.70
80	532.00	722.30