

**UNUM LONG TERM CARE PLAN
220661**

Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	1,000
Facility Benefit Duration	3 Years
Lifetime Maximum	36,000
Elimination Period	90 Days

OPTIONS:

Home Monthly Benef	500
Home Benefit	50%
Inflation Protection	Simple Capped
Home Care Level	Home, Community- Based & Immediate Family

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Simple Inflation Option	Plan 3 Base Plan with Home, Community- Based and Immediate Family Member Care Option	Plan 4 Base Plan with Simple Inflation and Home, Community- Based and Immediate Family Member Care Option
60	9.90	18.30	21.20	36.30
61	11.10	20.30	23.00	38.70
62	12.40	22.40	24.80	41.60
63	13.70	24.70	26.90	44.70
64	15.30	27.40	29.00	47.80
65	17.90	31.90	32.40	53.00
66	20.00	35.20	35.00	56.70
67	22.40	38.60	37.70	60.50
68	25.10	42.80	41.00	65.00
69	28.00	47.30	44.50	69.80
70	31.10	51.70	48.10	74.60
71	36.50	59.90	54.50	83.70
72	41.70	67.60	60.70	92.40
73	47.20	75.00	67.10	100.50
74	52.50	82.60	73.50	108.80
75	58.00	89.20	79.80	116.40
76	64.10	97.50	86.70	125.10
77	71.10	106.00	94.50	134.00
78	79.00	116.10	103.20	144.60
79	87.20	125.70	112.30	155.00
80	96.50	136.90	122.30	166.70

**UNUM LONG TERM CARE PLAN
220661**

Connecticut Rates

BASE PLAN:

Facility Monthly Benefit **1,000**
 Facility Benefit Duration **5 Years**
 Lifetime Maximum **60,000**
 Elimination Period **90 Days**

OPTIONS:

Home Monthly Benef **500**
 Home Benefit **50%**
 Inflation Protection **Simple Capped**
 Home Care Level **Home, Community-
 Based & Immediate
 Family**

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Simple Inflation Option	Plan 3 Base Plan with Home, Community- Based and Immediate Family Member Care Option	Plan 4 Base Plan with Simple Inflation and Home, Community- Based and Immediate Family Member Care Option
18-30	1.60	4.00	4.60	10.00
31	1.60	4.20	4.70	10.40
32	1.70	4.40	4.80	10.90
33	1.80	4.70	5.10	11.30
34	1.80	5.10	5.30	12.00
35	1.80	5.20	5.50	12.40
36	2.00	5.50	5.70	13.00
37	2.10	5.70	6.00	13.50
38	2.20	6.10	6.40	14.00
39	2.30	6.40	6.60	14.70
40	2.60	6.80	7.00	15.50
41	2.70	7.00	7.40	16.00
42	3.00	7.40	7.90	16.80
43	3.00	7.70	8.20	17.40
44	3.30	8.10	8.70	18.20
45	3.50	8.60	9.20	19.00
46	3.80	8.80	9.80	19.80
47	4.00	9.40	10.30	20.70
48	4.20	9.80	10.90	21.50
49	4.60	10.30	11.60	22.50
50	4.90	10.80	12.40	23.50
51	5.30	11.30	13.10	24.70
52	5.70	12.20	14.00	26.30
53	6.20	13.00	15.00	27.60
54	6.60	13.80	15.90	29.30
55	7.30	14.70	16.90	30.70
56	7.90	15.90	18.30	32.90
57	8.80	17.30	19.80	35.10
58	9.80	18.90	21.50	37.60
59	10.80	20.50	23.10	40.30

**UNUM LONG TERM CARE PLAN
220661**

Connecticut Rates

BASE PLAN:

Facility Monthly Benefit
Facility Benefit Duration
Lifetime Maximum
Elimination Period

1,000
Unlimited
Unlimited
90 Days

OPTIONS:

Home Monthly Benef 500
Home Benefit 50%
Inflation Protection Simple Capped
Home Care Level Home, Community-
Based & Immediate
Family

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Simple Inflation Option	Plan 3	Plan 4
			Base Plan with Home, Community- Based and Immediate Family Member Care Option	Base Plan with Simple Inflation and Home, Community- Based and Immediate Family Member Care Option
18-30	1.80	4.80	6.10	13.50
31	2.00	5.20	6.40	14.30
32	2.10	5.50	6.60	15.00
33	2.20	5.90	6.90	15.60
34	2.30	6.10	7.20	16.30
35	2.50	6.50	7.50	17.00
36	2.60	6.80	7.80	17.70
37	2.70	7.20	8.20	18.50
38	2.90	7.50	8.60	19.40
39	3.00	7.90	9.10	20.20
40	3.10	8.30	9.50	21.10
41	3.40	8.70	10.00	21.80
42	3.60	9.10	10.50	22.90
43	3.90	9.60	11.20	23.90
44	4.20	10.00	11.70	24.80
45	4.30	10.50	12.40	25.90
46	4.70	11.20	13.30	27.20
47	4.90	11.40	13.90	28.10
48	5.30	12.20	15.00	29.50
49	5.70	12.70	15.90	30.80
50	6.10	13.40	16.80	32.20
51	6.50	14.20	17.90	34.10
52	7.20	15.20	19.10	36.00
53	7.70	16.30	20.40	38.20
54	8.30	17.20	21.70	40.20
55	8.80	18.20	23.00	42.30
56	9.90	19.60	25.10	45.50
57	10.90	21.50	27.30	48.90
58	12.00	23.10	29.50	52.70
59	13.30	25.20	32.10	56.30

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BASE PLAN:

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Facility Benefit Duration
Lifetime Maximum
Elimination Period

1,000
Unlimited
Unlimited
90 Days

OPTIONS:

Home Monthly Benef 500
Home Benefit 50%
Inflation Protection Simple Capped
Home Care Level Home, Community-
Based & Immediate
Family

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Simple Inflation Option	Plan 3	Plan 4
			Base Plan with Home, Community- Based and Immediate Family Member Care Option	Base Plan with Simple Inflation and Home, Community- Based and Immediate Family Member Care Option
60	14.70	27.40	34.80	60.50
61	16.30	29.90	37.80	65.00
62	18.20	33.00	41.10	70.10
63	20.20	36.30	44.70	75.50
64	22.50	40.30	48.60	81.50
65	26.10	46.40	54.50	91.00
66	29.10	51.20	59.30	98.30
67	32.50	56.30	64.60	105.70
68	36.30	62.00	70.50	114.00
69	40.40	68.30	76.70	123.00
70	44.90	74.40	83.30	131.80
71	52.30	85.80	94.60	148.10
72	59.80	96.90	106.00	163.80
73	67.20	106.90	117.00	178.20
74	74.60	117.30	128.30	193.40
75	82.20	126.50	139.60	206.60
76	90.70	138.10	152.20	222.20
77	100.50	149.80	166.30	238.60
78	111.30	163.50	181.90	257.50
79	122.90	176.90	198.30	275.70
80	135.20	192.10	215.70	296.70