

**HOWARD COUNTY GENERAL HOSPITAL, INC.
UNUM LONG TERM CARE PLAN
591978**

Connecticut Rates

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

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Non Forfeiture Option	Plan 3 Base Plan with Compound Inflation Option	Plan 4 Base Plan with Non Forfeiture and Compound Inflation Option
18-30	5.70	9.00	16.60	26.10
31	5.70	9.00	16.90	26.40
32	5.90	9.10	17.30	27.00
33	6.00	9.40	17.70	27.70
34	6.10	9.60	18.10	28.30
35	6.40	9.90	18.60	29.20
36	6.50	10.10	19.10	30.00
37	6.80	10.50	19.50	30.70
38	7.00	11.00	20.20	31.60
39	7.40	11.40	20.80	32.20
40	7.50	11.60	21.30	32.50
41	7.90	12.10	22.00	33.30
42	8.30	12.50	22.60	33.90
43	8.60	12.90	23.30	34.70
44	9.00	13.30	24.00	35.40
45	9.50	13.90	24.80	36.30
46	10.00	14.40	25.60	36.90
47	10.50	15.00	26.40	37.80
48	11.20	15.90	27.40	39.00
49	11.70	16.50	28.50	39.90
50	12.40	17.30	29.40	40.80
51	13.30	18.30	30.70	42.20
52	14.00	19.20	31.80	43.60
53	15.00	20.20	33.00	44.50
54	15.70	21.20	34.10	45.60
55	16.80	22.50	35.40	47.40
56	17.90	23.70	37.10	48.90
57	19.20	25.20	38.90	51.00
58	20.50	26.90	40.60	53.20
59	22.10	28.60	42.50	55.40
60	23.70	30.60	44.70	57.70
61	25.60	32.80	47.60	61.00
62	28.00	35.50	51.20	65.00
63	30.30	38.20	54.20	68.20
64	33.00	41.20	58.10	72.50

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Home Care Level	Total		

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Non Forfeiture Option	Plan 3 Base Plan with Compound Inflation Option	Plan 4 Base Plan with Non Forfeiture and Compound Inflation Option
65	36.90	45.40	63.80	78.40
66	40.20	49.00	68.10	83.10
67	44.10	53.70	73.60	89.70
68	48.00	58.10	78.40	94.90
69	52.50	63.00	84.40	101.30
70	57.30	68.20	90.00	107.00
71	62.90	74.20	97.40	114.90
72	68.90	80.60	104.90	122.80
73	75.70	87.80	113.10	131.20
74	82.80	95.20	121.70	139.90
75	98.80	111.70	142.60	161.20
76	107.50	120.40	153.50	171.90
77	116.90	129.70	163.90	181.90
78	127.10	141.20	176.00	195.40
79	138.50	152.20	188.10	207.00
80	150.70	165.80	202.30	222.40

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

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Non Forfeiture Option	Plan 3 Base Plan with Compound Inflation Option	Plan 4 Base Plan with Non Forfeiture and Compound Inflation Option
18-30	7.70	12.00	22.20	34.80
31	7.80	12.20	22.90	35.90
32	7.90	12.50	23.30	36.70
33	8.20	12.70	23.90	37.70
34	8.30	13.00	24.40	38.40
35	8.60	13.50	25.20	39.50
36	8.80	13.90	25.70	40.40
37	9.20	14.40	26.50	41.60
38	9.60	15.10	27.30	42.90
39	9.90	15.30	28.00	43.40
40	10.30	15.70	28.70	43.90
41	10.70	16.20	29.50	44.80
42	11.30	16.90	30.60	45.90
43	11.70	17.40	31.30	46.80
44	12.40	18.10	32.40	47.70
45	13.00	18.80	33.40	48.90
46	13.60	19.60	34.70	49.90
47	14.40	20.50	35.80	51.10
48	15.20	21.70	37.10	52.60
49	16.00	22.40	38.40	53.70
50	16.90	23.50	39.50	55.00
51	17.90	24.70	41.20	56.80
52	19.10	26.10	42.80	58.60
53	20.30	27.40	44.50	60.10
54	21.40	28.90	46.20	61.90
55	23.00	30.80	47.70	64.00
56	24.40	32.20	49.80	65.80
57	26.10	34.30	52.30	68.50
58	28.10	36.80	54.90	71.90
59	30.20	39.10	57.50	74.60
60	32.20	41.60	60.30	77.70
61	35.10	45.00	64.60	82.70
62	38.20	48.60	69.30	88.00
63	41.60	52.50	73.60	92.70
64	45.40	56.70	78.80	98.50

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Home Benefit	50%		
Lifetime Maximum	72,000		
Elimination Period	90 Days		
Home Care Level	Total		

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Non Forfeiture Option	Plan 3 Base Plan with Compound Inflation Option	Plan 4 Base Plan with Non Forfeiture and Compound Inflation Option
65	50.70	62.40	86.60	106.50
66	55.50	67.70	92.80	113.20
67	60.70	74.00	100.10	122.20
68	66.20	80.10	106.90	129.20
69	72.30	86.70	114.70	137.50
70	79.00	94.10	122.60	146.00
71	86.80	102.40	133.00	156.90
72	95.00	111.20	143.30	167.60
73	104.10	120.90	154.00	178.80
74	114.00	131.20	165.90	190.70
75	136.10	153.90	194.50	219.80
76	148.20	166.00	209.40	234.60
77	161.30	179.10	224.00	248.60
78	175.50	194.90	240.20	266.60
79	191.10	210.20	257.30	283.00
80	208.00	228.80	276.60	304.30

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Home Monthly Benefit	500	Inflation Protection	Compound Uncapped
Facility Benefit Duration	Unlimited		
Home Benefit	50%		
Lifetime Maximum	Unlimited		
Elimination Period	90 Days		
Home Care Level	Total		

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18-30	10.90	17.20	30.90	48.60
31	10.90	17.30	31.60	49.70
32	11.30	17.80	32.40	50.80
33	11.40	17.90	33.20	52.00
34	11.70	18.30	33.70	52.90
35	12.10	19.00	34.70	54.30
36	12.50	19.50	35.50	55.60
37	12.90	20.30	36.40	57.20
38	13.30	20.90	37.40	58.60
39	13.90	21.40	38.50	59.50
40	14.40	22.10	39.50	60.40
41	15.10	22.90	40.70	61.90
42	15.60	23.40	41.70	62.70
43	16.40	24.30	43.00	64.10
44	17.20	25.20	44.30	65.30
45	17.90	26.30	45.80	66.70
46	19.00	27.30	47.30	68.10
47	20.00	28.60	48.90	69.80
48	21.20	30.20	50.80	72.20
49	22.40	31.20	52.40	73.40
50	23.80	33.00	54.30	75.50
51	25.10	34.70	56.60	78.00
52	26.60	36.50	58.60	80.30
53	28.30	38.40	61.20	82.60
54	30.00	40.30	63.30	84.90
55	31.70	42.50	65.00	87.10
56	34.10	45.00	68.00	89.70
57	36.40	47.70	71.50	93.70
58	39.00	51.20	75.00	98.30
59	41.90	54.50	78.50	102.20
60	44.80	58.00	82.40	106.30
61	48.90	62.70	88.30	113.00
62	53.30	67.60	94.60	120.10
63	58.10	73.20	100.60	126.80
64	63.00	78.90	107.50	134.40

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Lifetime Maximum	Unlimited		
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65	70.60	86.70	118.20	145.30
66	77.10	94.10	127.00	154.80
67	84.20	102.80	136.60	166.80
68	92.00	111.40	145.90	176.50
69	100.40	120.40	156.80	188.10
70	109.60	130.40	167.70	199.60
71	120.10	141.70	181.40	214.00
72	131.30	153.50	195.10	228.30
73	143.30	166.10	209.60	243.10
74	156.30	179.70	224.80	258.40
75	186.00	210.20	262.90	297.00
76	202.40	226.70	283.10	317.10
77	220.10	244.40	302.40	335.70
78	239.20	265.60	324.00	359.60
79	259.90	285.70	346.40	381.20
80	282.10	310.30	371.80	409.00