

**UNUM LONG TERM CARE PLAN
Policy 556652**

Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	1,000
Home Monthly Benefit	500
Facility Benefit Duration	3 YEARS
Home Benefit	50%
Lifetime Maximum	36,000
Elimination Period	90 DAYS
Home Care Level	PROFESSIONAL

OPTIONS:

Home Care Level	TOTAL
Inflation Protection	COMPOUND UNCAPPED

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option	Plan 3 Base Plan with Compound Inflation Option	Plan 4 Base Plan with Compound Inflation and Total Home Care Option
18-30	3.00	4.60	9.50	13.30
31	3.00	4.60	9.60	13.40
32	3.00	4.70	9.80	13.80
33	3.10	4.80	10.00	14.00
34	3.30	4.90	10.30	14.40
35	3.40	5.10	10.70	14.80
36	3.40	5.20	10.90	15.20
37	3.50	5.30	11.20	15.60
38	3.80	5.60	11.60	16.10
39	3.90	5.90	12.10	16.50
40	4.00	6.10	12.20	16.90
41	4.20	6.40	12.60	17.40
42	4.40	6.60	13.10	18.10
43	4.60	6.90	13.50	18.60
44	4.80	7.30	13.90	19.20
45	5.10	7.70	14.40	19.80
46	5.30	8.10	14.80	20.40
47	5.60	8.30	15.20	21.10
48	5.90	9.00	15.70	21.80
49	6.10	9.40	16.30	22.80
50	6.50	9.90	16.60	23.40
51	6.90	10.70	17.30	24.30
52	7.30	11.30	17.90	25.40
53	7.80	12.00	18.50	26.30
54	8.10	12.60	19.10	27.20
55	8.70	13.40	20.00	28.10
56	9.20	14.30	20.90	29.40
57	10.00	15.30	21.80	30.90
58	10.70	16.40	22.90	32.20
59	11.40	17.60	23.90	33.80
60	12.40	18.90	25.20	35.50
61	13.40	20.30	27.00	37.70
62	14.80	22.20	29.30	40.60
63	16.30	24.10	31.10	42.90
64	17.90	26.30	33.50	46.00

**UNUM LONG TERM CARE PLAN
Policy 556652**

Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	1,000
Home Monthly Benefit	500
Facility Benefit Duration	3 YEARS
Home Benefit	50%
Lifetime Maximum	36,000
Elimination Period	90 DAYS
Home Care Level	PROFESSIONAL

OPTIONS:

Home Care Level	TOTAL
Inflation Protection	COMPOUND UNCAPPED

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option	Plan 3 Base Plan with Compound Inflation Option	Plan 4 Base Plan with Compound Inflation and Total Home Care Option
65	20.40	29.30	37.30	50.40
66	22.50	31.90	40.40	54.00
67	25.10	34.80	44.10	58.10
68	27.80	38.10	47.50	62.00
69	30.80	41.60	51.60	66.60
70	34.10	45.40	55.50	71.00
71	38.00	49.70	60.70	76.80
72	42.00	54.50	66.00	82.80
73	46.70	59.70	71.60	89.20
74	51.60	65.30	77.70	95.80
75	62.10	77.90	91.90	112.30
76	68.30	84.80	99.70	120.90
77	75.00	92.00	107.30	129.00
78	82.30	100.10	116.10	138.50
79	90.20	108.90	124.80	147.90
80	99.20	118.60	135.20	159.00

**UNUM LONG TERM CARE PLAN
Policy 556652**

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	90 DAYS
Home Care Level	PROFESSIONAL

OPTIONS:

Home Care Level	TOTAL
Inflation Protection	COMPOUND UNCAPPED

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option	Plan 3 Base Plan with Compound Inflation Option	Plan 4 Base Plan with Compound Inflation and Total Home Care Option
18-30	3.90	6.10	12.50	17.70
31	4.00	6.20	12.90	18.20
32	4.00	6.40	13.10	18.60
33	4.20	6.50	13.50	19.10
34	4.30	6.60	13.80	19.50
35	4.40	6.90	14.30	20.00
36	4.60	7.20	14.60	20.50
37	4.80	7.40	15.10	21.10
38	4.90	7.70	15.60	21.80
39	5.20	7.90	16.00	22.40
40	5.30	8.20	16.40	22.90
41	5.60	8.60	16.80	23.50
42	5.90	9.00	17.40	24.30
43	6.10	9.40	17.90	25.00
44	6.50	9.90	18.60	25.90
45	6.90	10.40	19.10	26.70
46	7.20	10.90	19.80	27.70
47	7.50	11.60	20.20	28.50
48	7.90	12.20	20.80	29.50
49	8.20	12.70	21.50	30.60
50	8.60	13.50	22.00	31.60
51	9.10	14.30	22.80	32.80
52	9.60	15.30	23.70	34.10
53	10.30	16.30	24.30	35.50
54	10.80	17.20	25.20	36.80
55	11.60	18.30	26.30	38.00
56	12.20	19.50	27.30	39.60
57	13.10	20.90	28.60	41.60
58	14.00	22.40	30.00	43.70
59	15.10	24.10	31.30	45.60
60	16.10	25.70	32.80	48.00
61	17.70	28.00	35.20	51.40
62	19.40	30.60	37.80	55.00
63	21.20	33.10	40.30	58.40
64	23.30	36.10	43.40	62.50

**UNUM LONG TERM CARE PLAN
Policy 556652**

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	90 DAYS
Home Care Level	PROFESSIONAL

OPTIONS:

Home Care Level	TOTAL
Inflation Protection	COMPOUND UNCAPPED

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2	Plan 3	Plan 4
		Base Plan with Total Home Care Option	Base Plan with Compound Inflation Option	Base Plan with Compound Inflation and Total Home Care Option
65	26.40	40.30	48.10	68.60
66	29.30	44.10	52.00	73.60
67	32.40	48.20	56.70	79.40
68	35.90	52.50	61.00	84.60
69	39.60	57.30	65.90	90.70
70	43.80	62.70	71.00	97.10
71	48.60	68.80	77.60	105.20
72	53.80	75.40	84.40	113.40
73	59.50	82.60	91.10	121.90
74	65.80	90.40	98.80	131.20
75	79.20	107.80	116.50	153.80
76	87.00	117.30	126.40	165.50
77	95.30	127.70	136.00	176.90
78	104.50	138.80	146.90	189.80
79	114.50	151.10	157.80	203.20
80	125.60	164.30	170.70	218.40

**UNUM LONG TERM CARE PLAN
Policy 556652**

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	90 DAYS
Home Care Level	PROFESSIONAL

OPTIONS:

Home Care Level	TOTAL
Inflation Protection	COMPOUND UNCAPPED

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option	Plan 3 Base Plan with Compound Inflation Option	Plan 4 Base Plan with Compound Inflation and Total Home Care Option
18-30	5.50	8.70	16.80	24.70
31	5.50	8.80	17.20	25.20
32	5.60	9.10	17.70	25.90
33	5.70	9.20	18.10	26.50
34	5.90	9.40	18.30	26.90
35	6.00	9.80	18.90	27.70
36	6.20	10.00	19.40	28.30
37	6.50	10.40	20.00	29.10
38	6.60	10.70	20.40	29.90
39	7.00	11.20	21.10	30.70
40	7.30	11.60	21.70	31.60
41	7.70	12.10	22.40	32.50
42	7.90	12.50	23.00	33.40
43	8.20	13.10	23.70	34.30
44	8.60	13.80	24.30	35.50
45	9.10	14.40	25.10	36.50
46	9.50	15.20	25.90	37.80
47	10.00	16.10	26.50	39.00
48	10.50	17.00	27.40	40.60
49	10.90	17.90	28.10	41.90
50	11.60	19.10	28.90	43.40
51	12.10	20.20	29.90	45.10
52	12.70	21.30	30.80	46.80
53	13.50	22.80	32.00	48.90
54	14.30	24.10	32.90	50.60
55	15.00	25.50	33.90	51.90
56	16.00	27.30	35.20	54.20
57	17.00	29.30	36.90	57.10
58	18.20	31.30	38.50	59.80
59	19.50	33.50	40.30	62.70
60	20.90	35.90	42.00	65.80
61	22.80	39.10	44.90	70.30
62	24.80	42.60	48.10	75.40
63	27.20	46.40	51.10	80.20
64	29.60	50.40	54.60	85.70

**UNUM LONG TERM CARE PLAN
Policy 556652**

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	90 DAYS
Home Care Level	PROFESSIONAL

OPTIONS:

Home Care Level	TOTAL
Inflation Protection	COMPOUND UNCAPPED

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2	Plan 3	Plan 4
		Base Plan with Total Home Care Option	Base Plan with Compound Inflation Option	Base Plan with Compound Inflation and Total Home Care Option
65	33.40	56.30	60.50	94.10
66	37.10	61.60	65.50	101.00
67	41.10	67.20	71.10	108.80
68	45.40	73.30	76.60	116.10
69	50.10	80.00	82.80	124.70
70	55.30	87.40	89.20	133.40
71	61.40	95.70	97.10	144.20
72	67.70	104.50	105.30	155.00
73	74.50	114.00	113.60	166.40
74	82.20	124.30	122.70	178.50
75	98.50	147.90	144.60	208.70
76	108.30	160.80	156.70	224.60
77	118.70	174.90	168.50	240.00
78	129.70	189.90	181.70	256.90
79	142.10	206.30	195.00	274.70
80	155.50	223.90	210.50	294.70