

**UNUM LONG TERM CARE PLAN**

**POLICY 546735**

**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	Total

**Monthly Rates**

<b>Insurance Age</b>	<b>Plan 1 Base Plan</b>
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<b>18-30</b>	4.60
<b>31</b>	4.90
<b>32</b>	5.10
<b>33</b>	5.30
<b>34</b>	5.60
<b>35</b>	5.70
<b>36</b>	6.10
<b>37</b>	6.40
<b>38</b>	6.80
<b>39</b>	7.20
<b>40</b>	7.50
<b>41</b>	8.10
<b>42</b>	8.50
<b>43</b>	9.00
<b>44</b>	9.50
<b>45</b>	10.10
<b>46</b>	10.80
<b>47</b>	11.40
<b>48</b>	12.20
<b>49</b>	13.00
<b>50</b>	13.80
<b>51</b>	14.80
<b>52</b>	15.90
<b>53</b>	16.90
<b>54</b>	18.20
<b>55</b>	19.50
<b>56</b>	21.30
<b>57</b>	23.10
<b>58</b>	25.10
<b>59</b>	27.40
<b>60</b>	29.60
<b>61</b>	32.40
<b>62</b>	35.40
<b>63</b>	38.50
<b>64</b>	41.90

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Home Monthly Benefit	500
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
65	47.10
66	50.80
67	55.00
68	59.70
69	64.60
70	70.10
71	79.20
72	88.40
73	97.60
74	106.90
75	116.20
76	126.20
77	137.50
78	150.30
79	163.50
80	178.00
81	193.80
82	210.90
83	230.20
84	249.70

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**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	Total

**Monthly Rates**

<b>Insurance Age</b>	<b>Plan 1 Base Plan</b>
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18-30	5.60
31	5.70
32	6.10
33	6.40
34	6.50
35	6.90
36	7.30
37	7.70
38	8.10
39	8.60
40	9.10
41	9.50
42	10.10
43	10.80
44	11.40
45	12.10
46	12.90
47	13.80
48	14.70
49	15.60
50	16.60
51	18.10
52	19.10
53	20.50
54	22.10
55	23.80
56	25.70
57	28.30
58	30.70
59	33.70
60	36.70
61	40.00
62	43.90
63	48.00
64	52.60

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**Connecticut Rates**

**BASE PLAN:**

<b>Facility Monthly Benefit</b>	<b>1,000</b>
<b>Home Monthly Benefit</b>	<b>500</b>
<b>Facility Benefit Duration</b>	<b>6 Years</b>
<b>Home Benefit</b>	<b>50%</b>
<b>Lifetime Maximum</b>	<b>72,000</b>
<b>Elimination Period</b>	<b>90 Days</b>
<b>Home Care Level</b>	<b>Total</b>

**Monthly Rates**

<b>Insurance Age</b>	<b>Plan 1 Base Plan</b>
<b>65</b>	59.40
<b>66</b>	64.40
<b>67</b>	70.10
<b>68</b>	76.20
<b>69</b>	83.10
<b>70</b>	90.40
<b>71</b>	102.80
<b>72</b>	115.30
<b>73</b>	127.80
<b>74</b>	140.30
<b>75</b>	152.80
<b>76</b>	166.90
<b>77</b>	182.40
<b>78</b>	200.10
<b>79</b>	218.80
<b>80</b>	239.30
<b>81</b>	260.90
<b>82</b>	284.60
<b>83</b>	311.20
<b>84</b>	338.10