

**UNUM LONG TERM CARE PLAN
090900**

Connecticut Rates

BASE PLAN:		OPTIONS:	
Facility Monthly Benefit	\$1,000	Home Care Level	Home, Community-Based and
Home Monthly Benefit	\$750		
Facility Benefit Duration	3 Years	Inflation Protection	Compound Uncapped
Home Benefit	75%		
Lifetime Maximum	\$36,000		
Elimination Period	180 DAYS		
Home Care Level	Home and		

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

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Home, Community Based and Immediate Family Member Care Option	Plan 3 Base Plan With Compound Inflation Option	Plan 4 Base Plan With Compound Inflation and Home, Community Based and Immediate Family Member Care
18-30	2.90	4.80	8.70	13.00
31	2.90	4.80	8.80	13.30
32	2.90	4.80	9.00	13.50
33	3.00	4.90	9.20	13.80
34	3.10	5.10	9.50	14.20
35	3.30	5.20	9.80	14.60
36	3.30	5.30	10.00	15.00
37	3.40	5.50	10.30	15.20
38	3.50	5.70	10.50	15.70
39	3.80	6.00	10.90	16.30
40	3.90	6.20	11.20	16.50
41	4.00	6.50	11.60	17.00
42	4.20	6.80	12.00	17.60
43	4.40	7.00	12.20	18.10
44	4.60	7.40	12.60	18.70
45	4.80	7.80	13.10	19.20
46	5.10	8.20	13.40	19.80
47	5.20	8.50	13.70	20.40
48	5.50	9.10	14.00	21.20
49	5.70	9.50	14.40	22.00
50	6.00	10.00	14.80	22.50
51	6.40	10.70	15.30	23.50
52	6.60	11.30	15.70	24.30
53	7.00	12.00	16.30	25.20
54	7.40	12.50	16.60	26.00
55	7.80	13.30	17.30	26.70
56	8.20	14.00	17.90	27.80
57	8.80	15.10	18.90	29.10
58	9.40	16.00	19.50	30.30
59	10.00	17.00	20.30	31.60
60	10.70	18.20	21.30	33.00

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BASE PLAN:

Facility Monthly Benefit	\$1,000
Home Monthly Benefit	\$750
Facility Benefit Duration	3 Years
Home Benefit	75%
Lifetime Maximum	\$36,000
Elimination Period	180 DAYS
Home Care Level	Home and

OPTIONS:

Home Care Level	Home, Community-Based and
Inflation Protection	Compound Uncapped

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

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Home, Community Based and Immediate Family Member Care Option	Plan 3 Base Plan With Compound Inflation Option	Plan 4 Base Plan With Compound Inflation and Home, Community Based and Immediate Family Member Care
61	11.60	19.50	22.60	35.00
62	12.60	21.20	24.30	37.40
63	13.80	22.80	25.70	39.40
64	15.00	24.60	27.70	42.00
65	16.90	27.20	30.60	45.60
66	18.60	29.40	32.90	48.50
67	20.70	32.00	35.80	52.10
68	22.80	34.60	38.50	55.30
69	25.20	37.60	41.70	59.00
70	27.80	40.70	44.90	62.70
71	30.80	44.30	49.00	67.60
72	34.10	48.40	53.20	72.40
73	37.70	52.80	57.60	77.70
74	41.50	57.30	62.30	83.10
75	50.10	68.10	73.50	97.10
76	54.70	73.70	79.60	104.00
77	59.90	79.70	85.40	110.50
78	65.70	86.30	92.30	118.20
79	72.00	93.50	99.20	125.80
80	78.90	101.30	107.30	134.70

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Connecticut Rates

BASE PLAN:		OPTIONS:	
Facility Monthly Benefit	\$1,000	Home Care Level	Home, Community-Based and
Home Monthly Benefit	\$750		
Facility Benefit Duration	6 Years	Inflation Protection	Compound Uncapped
Home Benefit	75%		
Lifetime Maximum	\$72,000		
Elimination Period	180 DAYS		
Home Care Level	Home and		

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

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Home, Community Based and Immediate Family Member Care Option	Plan 3 Base Plan With Compound Inflation Option	Plan 4 Base Plan With Compound Inflation and Home, Community Based and Immediate Family Member Care
18-30	3.80	6.40	11.60	17.60
31	3.90	6.50	11.80	18.10
32	4.00	6.60	12.10	18.50
33	4.20	6.80	12.50	18.90
34	4.20	6.90	12.70	19.40
35	4.40	7.20	13.10	19.90
36	4.40	7.30	13.40	20.30
37	4.70	7.50	13.80	20.80
38	4.80	7.90	14.30	21.50
39	5.10	8.20	14.70	22.00
40	5.20	8.60	15.00	22.50
41	5.30	8.80	15.30	23.10
42	5.70	9.20	16.00	23.90
43	6.00	9.80	16.40	24.60
44	6.20	10.10	17.00	25.40
45	6.60	10.70	17.60	26.30
46	6.90	11.20	18.10	27.00
47	7.20	11.80	18.30	28.00
48	7.50	12.50	18.90	28.90
49	7.70	13.00	19.40	29.90
50	8.10	13.80	19.80	30.80
51	8.50	14.60	20.40	32.00
52	9.00	15.50	21.10	33.10
53	9.50	16.40	21.60	34.30
54	9.90	17.30	22.40	35.60
55	10.50	18.30	23.00	36.50
56	11.10	19.50	23.80	38.00
57	11.80	20.80	24.80	39.80
58	12.50	22.10	25.90	41.60
59	13.40	23.70	26.90	43.40
60	14.20	25.20	28.00	45.50

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Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	\$1,000
Home Monthly Benefit	\$750
Facility Benefit Duration	6 Years
Home Benefit	75%
Lifetime Maximum	\$72,000
Elimination Period	180 DAYS
Home Care Level	Home and

OPTIONS:

Home Care Level	Home, Community-Based and
Inflation Protection	Compound Uncapped

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

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Home, Community Based and Immediate Family Member Care Option	Plan 3 Base Plan With Compound Inflation Option	Plan 4 Base Plan With Compound Inflation and Home, Community Based and Immediate Family Member Care
61	15.30	27.30	29.90	48.50
62	16.80	29.60	32.00	51.70
63	18.20	32.00	33.80	54.70
64	19.80	34.60	36.10	58.40
65	22.20	38.40	39.80	63.60
66	24.60	41.70	43.00	67.90
67	27.20	45.40	46.70	72.90
68	29.90	49.10	50.20	77.50
69	32.90	53.40	54.10	82.80
70	36.30	58.10	58.20	88.30
71	40.20	63.40	63.40	95.30
72	44.30	69.20	68.90	102.30
73	49.00	75.50	74.40	109.90
74	54.00	82.30	80.50	117.80
75	64.70	97.90	94.80	137.70
76	71.00	106.10	102.60	147.70
77	77.70	115.10	110.20	157.40
78	85.00	124.70	118.80	168.40
79	93.10	135.30	127.70	179.90
80	101.90	146.60	137.80	192.80

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BASE PLAN:		OPTIONS:	
Facility Monthly Benefit	\$1,000	Home Care Level	Home, Community-Based and
Home Monthly Benefit	\$750		
Facility Benefit Duration	Unlimited	Inflation Protection	Compound Uncapped
Home Benefit	75%		
Lifetime Maximum	Unlimited		
Elimination Period	180 DAYS		
Home Care Level	Home and		

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

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Home, Community Based and Immediate Family Member Care Option	Plan 3 Base Plan With Compound Inflation Option	Plan 4 Base Plan With Compound Inflation and Home, Community Based and Immediate Family Member Care
18-30	5.50	9.20	15.90	25.10
31	5.50	9.40	16.10	25.50
32	5.60	9.60	16.60	26.10
33	5.70	9.80	17.00	26.80
34	5.90	9.90	17.30	27.20
35	6.00	10.30	17.80	28.00
36	6.10	10.50	18.20	28.60
37	6.40	10.90	18.70	29.30
38	6.60	11.30	19.20	30.00
39	6.90	11.70	19.80	30.80
40	7.20	12.20	20.30	31.70
41	7.50	12.70	20.90	32.60
42	7.80	13.10	21.60	33.50
43	8.20	13.80	22.20	34.50
44	8.60	14.40	22.90	35.60
45	9.00	15.20	23.50	36.70
46	9.40	15.90	24.20	37.80
47	9.80	16.80	24.70	39.00
48	10.10	17.70	25.40	40.60
49	10.50	18.60	25.90	41.90
50	11.20	19.80	26.50	43.30
51	11.60	20.80	27.30	45.00
52	12.20	22.10	28.10	46.50
53	12.90	23.50	29.00	48.50
54	13.40	24.80	29.60	50.20
55	14.00	26.10	30.30	51.10
56	14.80	27.80	31.50	53.30
57	15.70	29.80	32.80	56.00
58	16.60	31.70	33.90	58.50
59	17.70	33.90	35.40	61.20
60	18.90	36.10	36.70	64.10

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Home Monthly Benefit	\$750
Facility Benefit Duration	Unlimited
Home Benefit	75%
Lifetime Maximum	Unlimited
Elimination Period	180 DAYS
Home Care Level	Home and

OPTIONS:

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	Plan 1 Base Plan	Plan 2 Base Plan With Home, Community Based and Immediate Family Member Care Option	Plan 3 Base Plan With Compound Inflation Option	Plan 4 Base Plan With Compound Inflation and Home, Community Based and Immediate Family Member Care
61	20.40	39.30	39.00	68.40
62	22.10	42.50	41.50	72.90
63	23.90	46.10	43.80	77.40
64	25.90	49.80	46.50	82.30
65	28.90	55.30	51.20	90.00
66	32.00	60.20	55.40	96.30
67	35.20	65.40	59.80	103.40
68	38.70	71.10	64.40	109.90
69	42.60	77.20	69.40	117.80
70	46.90	83.90	74.80	125.70
71	51.90	91.50	81.30	135.30
72	57.20	99.60	87.90	145.10
73	62.80	108.30	94.60	155.60
74	69.00	117.50	102.20	166.30
75	82.70	139.50	120.00	194.00
76	90.50	151.20	129.90	208.30
77	99.10	163.90	139.50	221.80
78	108.20	177.60	150.20	236.90
79	118.20	192.10	160.90	252.90
80	129.00	208.00	173.60	270.70