

**UNUM LONG TERM CARE PLAN
533526**

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 DAY**
Home Care Level **Home and
Community Based**

OPTIONS:

Home Care Level **Home, Community Ba**

Inflation Protection **SIMPLE**

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 Simple Inflation Option	Plan 4 Base Plan With Simple Inflation and Home, Community Based and Immediate Family Member Care
18-30	3.10	4.70	4.30	6.50
31	3.10	4.70	4.40	6.60
32	3.10	4.70	4.60	6.80
33	3.30	4.80	4.70	6.90
34	3.30	4.90	4.90	7.30
35	3.40	5.10	5.10	7.40
36	3.50	5.20	5.30	7.80
37	3.60	5.50	5.50	8.10
38	3.80	5.70	5.90	8.60
39	4.00	6.00	6.10	9.00
40	4.20	6.10	6.20	9.20
41	4.30	6.40	6.60	9.80
42	4.60	6.80	7.00	10.30
43	4.80	7.00	7.40	10.80
44	4.90	7.30	7.80	11.30
45	5.30	7.70	8.20	12.00
46	5.50	8.10	8.60	12.60
47	5.70	8.50	9.00	13.10
48	6.00	9.10	9.60	14.00
49	6.20	9.50	10.00	14.80
50	6.60	10.00	10.50	15.70
51	7.00	10.70	11.20	16.60
52	7.40	11.30	11.80	17.60
53	7.90	12.10	12.50	18.60
54	8.30	12.60	13.10	19.60
55	8.80	13.50	13.90	20.50
56	9.40	14.30	14.70	21.70
57	10.10	15.30	15.60	23.10
58	10.80	16.40	16.80	24.80
59	11.60	17.60	18.10	26.50
60	12.50	18.90	19.20	28.10

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Facility Monthly Benefit	\$1,000
Home Monthly Benefit	\$500
Facility Benefit Duration	3 YEARS
Home Benefit	50%
Lifetime Maximum	\$36,000
Elimination Period	90 DAY
Home Care Level	Home and Community Based

OPTIONS:

Home Care Level	Home, Community Ba
Inflation Protection	SIMPLE

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 Simple Inflation Option	Plan 4 Base Plan With Simple Inflation and Home, Community Based and Immediate Family Member Care
61	13.50	20.30	20.80	30.30
62	15.00	22.10	22.80	32.80
63	16.30	23.90	24.70	35.20
64	17.80	26.00	26.90	38.10
65	20.30	29.10	30.60	42.30
66	22.50	31.60	33.40	45.60
67	25.00	34.60	36.80	49.70
68	27.60	37.70	40.20	53.40
69	30.70	41.20	44.30	58.10
70	33.90	44.90	48.40	62.70
71	37.70	49.10	53.20	68.10
72	41.70	53.80	58.40	74.10
73	46.30	59.20	63.80	80.10
74	51.10	64.60	70.10	87.10
75	61.60	77.10	83.30	102.70
76	67.60	83.70	90.90	110.90
77	74.20	91.00	98.30	119.00
78	81.40	98.90	107.00	128.40
79	89.30	107.60	115.60	137.70
80	98.00	117.10	126.00	148.90
81	108.00	127.80	137.80	161.30
82	119.70	140.70	150.30	174.90
83	132.20	154.40	164.80	190.80
84	145.70	169.30	178.80	206.10

**UNUM LONG TERM CARE PLAN
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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 DAY**
 Home Care Level **Home and
Community Based**

OPTIONS:

Home Care Level **Home, Community
Based and**
 Inflation Protection **SIMPLE**

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

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2	Plan 3	Plan 4
		Base Plan With Home, Community Based and Immediate Family Member Care Option	Base Plan With Simple Inflation Option	Base Plan With Simple Inflation and Home, Community Based and Immediate Family Member Care
18-30	4.00	6.20	5.70	8.70
31	4.20	6.40	5.90	8.80
32	4.30	6.50	6.10	9.40
33	4.40	6.60	6.40	9.50
34	4.40	6.80	6.50	9.90
35	4.70	7.00	6.80	10.30
36	4.80	7.20	7.20	10.70
37	4.90	7.40	7.40	11.10
38	5.20	7.80	7.70	11.60
39	5.30	8.10	8.20	12.10
40	5.60	8.30	8.60	12.70
41	5.70	8.70	9.00	13.30
42	6.10	9.10	9.40	13.90
43	6.40	9.50	9.90	14.70
44	6.60	10.00	10.40	15.30
45	7.00	10.50	11.10	16.30
46	7.40	11.10	11.60	17.20
47	7.70	11.70	12.20	18.10
48	8.20	12.40	12.70	19.10
49	8.50	12.90	13.30	20.20
50	8.80	13.70	14.00	21.20
51	9.40	14.40	14.70	22.50
52	9.90	15.50	15.60	23.80
53	10.40	16.40	16.50	25.40
54	11.10	17.30	17.40	26.70
55	11.70	18.50	18.30	28.00
56	12.50	19.60	19.40	29.60
57	13.30	20.90	20.70	31.70
58	14.20	22.50	22.10	33.80
59	15.20	24.10	23.50	36.00
60	16.30	25.70	25.10	38.20

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BASE PLAN:		OPTIONS:	
Facility Monthly Benefit	\$1,000	Home Care Level	Home, Community Based and
Home Monthly Benefit	\$500		
Facility Benefit Duration	6 YEARS		
Home Benefit	50%	Inflation Protection	SIMPLE
Lifetime Maximum	\$72,000		
Elimination Period	90 DAY		
Home Care Level	Home and Community Based		

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 Simple Inflation Option	Plan 4 Base Plan With Simple Inflation and Home, Community Based and Immediate Family Member Care
61	17.80	28.00	27.30	41.50
62	19.50	30.40	29.80	44.90
63	21.30	33.00	32.10	48.20
64	23.30	36.00	35.10	52.30
65	26.40	40.20	39.40	58.00
66	29.30	43.80	43.20	62.70
67	32.40	47.80	47.60	68.40
68	35.80	52.30	51.90	73.60
69	39.50	56.90	56.90	79.80
70	43.70	62.30	62.10	86.20
71	48.50	68.30	68.10	93.90
72	53.70	74.80	74.90	102.10
73	59.30	81.90	81.60	110.40
74	65.50	89.60	89.60	119.90
75	78.70	106.90	106.10	141.30
76	86.50	116.20	115.70	152.80
77	94.80	126.50	125.10	164.10
78	103.70	137.50	136.10	177.30
79	113.80	149.60	146.90	190.30
80	124.70	162.80	159.80	205.40
81	137.00	177.50	174.30	222.40
82	151.60	195.30	190.10	241.40
83	167.20	214.40	207.90	263.00
84	183.70	234.70	225.00	284.10

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BASE PLAN:

OPTIONS:

		Home Care Level	Home, Community Based and Immediate Family Member Care
Facility Monthly Benefit	\$1,000		
Home Monthly Benefit	\$500		
Facility Benefit Duration	UNLIMITED		
Home Benefit	50%	Inflation Protection	SIMPLE
Lifetime Maximum	UNLIMITED		
Elimination Period	90 DAY		
Home Care Level	Home and Community Based		

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

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan With Home, Community Based and Immediate Family Member Care Option	Plan 3 Base Plan With Simple Inflation Option	Plan 4 Base Plan With Simple Inflation and Home, Community Based and Immediate Family Member Care
18-30	5.70	9.00	7.80	12.40
31	5.70	9.00	8.10	12.70
32	5.90	9.20	8.50	13.30
33	6.00	9.40	8.60	13.50
34	6.10	9.60	8.80	13.90
35	6.20	9.90	9.20	14.60
36	6.50	10.10	9.60	15.10
37	6.80	10.50	10.10	15.70
38	6.90	10.90	10.50	16.40
39	7.30	11.30	11.10	17.00
40	7.50	11.80	11.40	17.80
41	7.90	12.40	12.10	18.70
42	8.20	12.70	12.60	19.50
43	8.60	13.40	13.40	20.50
44	9.00	14.00	13.90	21.60
45	9.50	14.70	14.70	22.80
46	9.90	15.50	15.50	23.90
47	10.40	16.30	16.30	25.40
48	10.90	17.30	17.20	26.80
49	11.30	18.20	17.80	28.20
50	12.00	19.20	18.70	29.60
51	12.50	20.40	19.80	31.60

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52	13.10	21.60	20.80	33.30
53	13.90	23.00	21.80	35.20
54	14.70	24.30	23.00	37.30
55	15.30	25.60	24.10	38.70
56	16.40	27.40	25.50	41.20
57	17.40	29.40	27.00	44.10
58	18.60	31.50	28.90	46.90
59	19.90	33.70	30.70	50.10
60	21.30	36.00	32.50	53.20
61	23.10	39.10	35.20	57.50
62	25.20	42.50	38.20	62.10
63	27.40	46.30	41.20	67.10
64	29.90	50.30	44.60	72.40
65	33.70	56.20	50.10	80.30
66	37.30	61.40	54.90	87.00
67	41.20	67.00	60.30	94.80
68	45.50	73.10	65.70	102.10
69	50.20	79.60	72.00	110.50
70	55.40	86.80	78.50	119.50
71	61.50	95.20	86.10	129.90
72	67.70	103.90	94.30	140.80
73	74.60	113.40	102.40	151.60

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Facility Benefit Duration	UNLIMITED		
Home Benefit	50%	Inflation Protection	SIMPLE
Lifetime Maximum	UNLIMITED		
Elimination Period	90 DAY		
Home Care Level	Home and Community Based		

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

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan With Home, Community Based and Immediate Family Member Care Option	Plan 3 Base Plan With Simple Inflation Option	Plan 4 Base Plan With Simple Inflation and Home, Community Based and Immediate Family Member Care
74	82.20	123.50	111.90	164.10
75	98.50	146.90	132.50	192.90
76	108.20	159.80	144.40	208.40
77	118.60	173.70	156.00	223.90
78	129.60	188.60	169.30	241.40
79	141.70	204.80	182.70	259.00
80	155.10	222.30	198.30	278.90
81	169.90	241.70	215.80	301.10
82	187.60	264.90	234.70	325.80
83	206.20	289.80	255.80	353.60
84	225.90	315.60	276.00	380.30