

**UNUM LONG TERM CARE PLAN
092017**

Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	\$1,000
Home Monthly Benefit	\$750
Facility Benefit Duration	2 Years
Home Benefit	75%
Lifetime Maximum	\$24,000
Elimination Period	90 Days
Home Care Level	Home and Community Based

OPTIONS:

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

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 Compound Inflation Option	Base Plan With Compound Inflation and Home, Community Based and Immediate Family Member Care
18-30	2.90	4.80	8.80	13.40
31	3.10	5.10	9.20	13.80
32	3.10	5.10	9.50	14.00
33	3.10	5.10	9.60	14.30
34	3.30	5.20	10.00	14.80
35	3.40	5.30	10.30	15.10
36	3.50	5.60	10.50	15.50
37	3.50	5.70	10.80	15.90
38	3.80	6.00	11.20	16.40
39	3.90	6.20	11.40	16.80
40	4.00	6.40	11.70	17.00
41	4.30	6.80	12.20	17.80
42	4.40	7.00	12.60	18.30
43	4.70	7.30	13.00	18.90
44	4.80	7.70	13.40	19.50
45	5.10	7.90	13.70	19.90
46	5.20	8.30	14.00	20.70
47	5.50	8.80	14.60	21.30
48	5.70	9.20	15.00	22.00
49	6.00	9.90	15.30	22.90
50	6.40	10.40	15.70	23.50
51	6.60	11.10	16.30	24.40
52	7.00	11.60	16.50	25.20
53	7.30	12.20	17.20	26.30
54	7.80	13.00	17.70	27.00
55	8.30	13.80	18.30	27.80
56	8.70	14.60	19.00	28.90
57	9.20	15.50	19.90	30.20
58	9.90	16.50	20.70	31.50
59	10.50	17.60	21.60	32.80
60	11.30	18.70	22.60	34.20

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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 Compound Inflation Option	Base Plan With Compound Inflation and Home, Community Based and Immediate Family Member Care
61	12.20	20.00	24.20	36.40
62	13.40	21.60	25.70	38.60
63	14.60	23.40	27.60	41.00
64	15.90	25.20	29.50	43.30
65	17.90	28.00	32.60	47.20
66	19.90	30.20	35.40	50.30
67	22.10	32.90	38.40	53.80
68	24.30	35.50	41.20	57.10
69	26.80	38.50	44.50	60.80
70	29.60	41.70	48.00	64.60
71	32.90	45.50	52.40	69.70
72	36.40	49.50	56.90	74.80
73	40.30	54.20	61.80	80.30
74	44.60	59.00	66.70	85.90
75	53.60	70.10	78.80	100.40
76	58.60	75.80	85.40	107.60
77	64.50	82.20	91.90	114.40
78	70.50	88.80	99.20	122.10
79	77.10	96.10	106.50	129.90
80	84.50	103.90	115.10	138.80

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Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	\$1,000
Home Monthly Benefit	\$750
Facility Benefit Duration	5 Years
Home Benefit	75%
Lifetime Maximum	\$60,000
Elimination Period	90 Days
Home Care Level	Home and Community Based

OPTIONS:

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

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 Compound Inflation Option	Base Plan With Compound Inflation and Home, Community Based and Immediate Family Member Care
18-30	4.90	8.20	14.80	22.50
31	5.10	8.50	15.20	23.10
32	5.10	8.50	15.50	23.50
33	5.30	8.70	16.10	24.30
34	5.30	8.80	16.30	24.60
35	5.60	9.20	16.90	25.50
36	5.70	9.50	17.20	25.90
37	6.00	9.80	17.80	26.80
38	6.20	10.10	18.20	27.30
39	6.50	10.50	18.90	28.20
40	6.80	10.90	19.40	29.00
41	7.00	11.30	19.90	29.80
42	7.20	11.70	20.30	30.40
43	7.50	12.40	20.90	31.30
44	7.90	12.90	21.70	32.40
45	8.30	13.50	22.40	33.30
46	8.70	14.30	23.00	34.60
47	9.10	15.00	23.50	35.50
48	9.50	15.70	24.20	36.80
49	9.90	16.60	24.70	38.00
50	10.40	17.60	25.50	39.30
51	10.90	18.60	26.30	40.80
52	11.40	19.60	27.00	42.30
53	12.10	20.80	27.80	43.90
54	12.70	22.10	28.60	45.40
55	13.30	23.30	29.40	46.30
56	14.20	24.80	30.70	48.60
57	15.10	26.40	32.00	50.80
58	16.00	28.20	33.10	53.00
59	17.20	30.20	34.60	55.40
60	18.30	32.00	36.10	57.90

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Lifetime Maximum	\$60,000
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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 Compound Inflation Option	Base Plan With Compound Inflation and Home, Community Based and Immediate Family Member Care
61	19.80	34.60	38.60	61.80
62	21.70	37.60	41.20	65.80
63	23.40	40.60	43.80	69.70
64	25.40	43.80	46.50	73.80
65	28.70	48.60	51.60	81.00
66	31.70	52.70	55.80	86.20
67	35.00	57.20	60.30	92.40
68	38.60	62.30	65.00	98.30
69	42.50	67.50	70.20	105.20
70	46.90	73.30	75.40	111.90
71	52.00	80.00	82.30	120.60
72	57.50	87.20	89.20	129.50
73	63.40	95.30	96.30	138.80
74	69.90	103.70	104.30	148.90
75	84.00	123.20	122.90	173.90
76	92.20	133.60	133.30	186.70
77	100.90	144.80	143.30	199.00
78	110.40	157.00	154.60	212.80
79	120.80	170.00	165.80	226.90
80	132.20	184.30	179.10	243.20

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BASE PLAN:

OPTIONS:

Facility Monthly Benefit	\$1,000		
Home Monthly Benefit	\$750		
Facility Benefit Duration	Unlimited		
Home Benefit	75%	Inflation Protection	Compound Uncapped
Lifetime Maximum	Unlimited		
Elimination Period	90 Days		
Home Care Level	Home and Community Based	Home Care Level	Home, Community Based and Immediate Family Care

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	7.40	12.60	21.60	34.10
31	7.40	12.70	22.00	34.80
32	7.70	13.00	22.60	35.60
33	7.80	13.30	23.10	36.40
34	7.90	13.50	23.50	37.10
35	8.20	13.90	24.20	38.10
36	8.50	14.30	24.80	38.90
37	8.70	14.80	25.60	39.90
38	9.00	15.30	26.10	41.00
39	9.40	15.90	26.90	42.00
40	9.80	16.60	27.70	43.30
41	10.30	17.30	28.60	44.50
42	10.70	17.90	29.40	45.80
43	11.10	18.70	30.20	46.90
44	11.60	19.60	31.10	48.50
45	12.20	20.70	32.10	49.90
46	12.70	21.70	32.90	51.60
47	13.30	22.80	33.50	53.20
48	13.90	24.20	34.60	55.30
49	14.40	25.40	35.20	56.90
50	15.20	26.90	36.10	59.00
51	15.90	28.30	37.20	61.20
52	16.60	30.00	38.20	63.40

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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 Compound Inflation Option	Base Plan With Compound Inflation and Home, Community Based and Immediate Family Member Care
53	17.60	32.00	39.50	66.00
54	18.30	33.80	40.40	68.30
55	19.10	35.50	41.30	69.60
56	20.30	38.00	42.80	72.50
57	21.50	40.60	44.60	76.30
58	22.80	43.30	46.30	79.70
59	24.20	46.10	48.10	83.30
60	25.70	49.30	49.90	87.20
61	27.80	53.40	53.00	93.10
62	30.00	57.90	56.60	99.50
63	32.50	62.80	59.70	105.30
64	35.10	67.90	63.40	112.10
65	39.40	75.30	69.70	122.50
66	43.60	81.90	75.40	131.20
67	47.80	88.90	81.50	140.70
68	52.80	96.70	87.60	149.60
69	58.10	105.00	94.50	160.30
70	64.00	114.30	101.70	171.10
71	70.70	124.70	110.60	184.30
72	77.90	135.60	119.70	197.60
73	85.50	147.40	128.80	211.90
74	94.00	160.20	139.10	226.50
75	112.60	189.90	163.40	264.00

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Home Benefit	75%	Inflation Protection	Compound Uncapped
Lifetime Maximum	Unlimited		
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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 Compound Inflation Option	Plan 4 Base Plan With Compound Inflation and Home, Community Based and Immediate Family Member Care
76	123.20	205.90	176.90	283.50
77	134.90	223.20	190.10	302.10
78	147.30	241.80	204.50	322.50
79	160.80	261.70	219.20	344.40
80	175.60	283.30	236.30	368.70