

**UNUM LONG TERM CARE PLAN
Policy 549761**

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	3.60	5.60	11.60	16.10
31	3.60	5.60	11.70	16.40
32	3.60	5.70	12.00	16.80
33	3.80	5.90	12.20	17.20
34	3.90	6.00	12.60	17.60
35	4.00	6.20	13.00	18.20
36	4.20	6.40	13.40	18.60
37	4.30	6.60	13.70	19.00
38	4.60	6.90	14.20	19.60
39	4.80	7.20	14.70	20.30
40	4.90	7.40	15.00	20.70
41	5.20	7.80	15.50	21.30
42	5.30	8.20	16.00	22.10
43	5.60	8.50	16.50	22.60
44	5.90	8.80	17.00	23.40
45	6.20	9.40	17.70	24.20
46	6.50	9.80	18.20	25.00
47	6.80	10.30	18.60	25.70
48	7.20	10.90	19.20	26.80
49	7.50	11.40	19.90	27.70
50	7.90	12.10	20.30	28.60
51	8.50	13.00	21.20	29.80
52	9.00	13.80	21.80	30.90
53	9.50	14.60	22.60	32.10
54	9.90	15.30	23.30	33.10
55	10.70	16.40	24.40	34.50
56	11.30	17.40	25.50	35.90
57	12.20	18.70	26.80	37.70
58	13.00	20.00	28.00	39.40
59	14.00	21.50	29.30	41.30
60	15.10	23.00	30.80	43.40
61	16.40	24.80	33.00	46.10
62	18.20	27.20	35.80	49.50
63	19.90	29.40	38.00	52.50
64	21.80	32.10	41.10	56.30

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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 **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	25.00	35.90	45.60	61.80
66	27.60	39.00	49.40	65.90
67	30.70	42.60	53.80	71.10
68	33.90	46.50	58.00	75.80
69	37.70	50.80	63.10	81.40
70	41.70	55.40	67.90	86.80
71	46.40	60.70	74.20	94.00
72	51.40	66.60	80.70	101.10
73	57.10	73.10	87.60	108.90
74	63.10	79.80	95.00	117.10
75	76.10	95.30	112.30	137.30
76	83.50	103.60	121.80	147.70
77	91.70	112.60	131.00	157.70
78	100.50	122.50	142.00	169.30
79	110.20	133.10	152.50	180.80
80	121.20	145.00	165.20	194.40
81	133.50	158.20	179.50	209.60
82	148.20	174.20	196.30	227.80
83	163.70	191.40	213.70	247.00
84	180.30	209.70	231.80	266.80

**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 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	4.80	7.50	15.20	21.70
31	4.90	7.70	15.70	22.20
32	4.90	7.80	16.00	22.80
33	5.20	7.90	16.50	23.40
34	5.20	8.20	16.90	23.80
35	5.50	8.50	17.40	24.60
36	5.60	8.70	17.80	25.10
37	5.90	9.00	18.30	25.70
38	6.10	9.40	19.00	26.70
39	6.40	9.80	19.50	27.30
40	6.60	10.10	20.00	28.00
41	6.80	10.50	20.50	28.70
42	7.20	11.10	21.30	29.80
43	7.50	11.40	21.80	30.60
44	7.90	12.10	22.60	31.60
45	8.30	12.60	23.40	32.60
46	8.70	13.40	24.20	33.80
47	9.10	14.00	24.70	34.80
48	9.80	15.00	25.50	36.10
49	10.00	15.60	26.30	37.30
50	10.50	16.50	26.90	38.50
51	11.10	17.60	27.80	40.20
52	11.80	18.70	28.90	41.70
53	12.50	19.90	29.80	43.30
54	13.30	21.10	30.90	45.00
55	14.00	22.50	32.10	46.40
56	15.00	23.90	33.40	48.50
57	16.00	25.60	35.00	50.80
58	17.20	27.40	36.70	53.30
59	18.50	29.40	38.40	55.80
60	19.80	31.50	40.00	58.60
61	21.60	34.20	43.00	62.80
62	23.70	37.30	46.30	67.30
63	25.90	40.60	49.30	71.40
64	28.50	44.20	53.00	76.40

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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
65	32.20	49.30	58.80	84.00
66	35.80	54.00	63.60	90.00
67	39.60	58.90	69.30	97.00
68	43.80	64.20	74.60	103.50
69	48.40	70.10	80.60	111.00
70	53.60	76.70	86.80	118.70
71	59.40	84.10	94.90	128.60
72	65.80	92.00	103.10	138.60
73	72.80	100.90	111.40	149.00
74	80.50	110.40	120.80	160.30
75	96.70	131.80	142.50	188.00
76	106.20	143.40	154.40	202.30
77	116.50	156.00	166.10	216.30
78	127.70	169.70	179.50	231.90
79	140.00	184.70	192.90	248.30
80	153.50	200.90	208.70	266.90
81	168.70	219.10	226.10	287.60
82	186.80	241.20	246.70	312.40
83	206.10	264.70	268.30	338.80
84	226.50	289.90	290.70	366.10

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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	6.60	10.70	20.50	30.30
31	6.60	10.80	20.90	30.90
32	6.90	11.10	21.60	31.70
33	7.00	11.30	22.10	32.40
34	7.20	11.40	22.50	32.90
35	7.40	11.80	23.00	33.80
36	7.50	12.20	23.70	34.60
37	7.90	12.60	24.40	35.60
38	8.20	13.00	25.00	36.50
39	8.60	13.70	25.70	37.60
40	8.80	14.20	26.50	38.60
41	9.40	14.80	27.30	39.60
42	9.60	15.30	28.10	40.80
43	10.10	16.00	29.00	42.00
44	10.50	16.80	29.80	43.30
45	11.10	17.70	30.70	44.60
46	11.70	18.60	31.70	46.10
47	12.20	19.60	32.50	47.70
48	12.90	20.80	33.50	49.70
49	13.40	21.80	34.30	51.20
50	14.20	23.30	35.40	53.00
51	14.80	24.60	36.50	55.30
52	15.60	26.10	37.60	57.20
53	16.50	27.80	39.00	59.70
54	17.40	29.50	40.20	61.90
55	18.30	31.10	41.50	63.40
56	19.60	33.40	43.20	66.30
57	20.90	35.80	45.10	69.80
58	22.20	38.20	47.10	73.10
59	23.80	41.00	49.10	76.60
60	25.60	43.90	51.20	80.30
61	27.80	47.80	54.90	86.10
62	30.40	52.00	58.80	92.20
63	33.10	56.70	62.50	98.00
64	36.10	61.60	66.70	104.70

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Facility Monthly Benefit	1,000	Home Care Level	Total
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Facility Benefit Duration	Unlimited		
Home Benefit	50%		
Lifetime Maximum	Unlimited		
Elimination Period	90 Days		
Home Care Level	Professional		

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	41.00	68.90	73.80	115.10
66	45.40	75.30	80.10	123.50
67	50.20	82.20	86.80	132.90
68	55.40	89.70	93.50	141.80
69	61.20	97.80	101.10	152.40
70	67.60	106.70	108.90	163.00
71	74.90	116.90	118.70	176.20
72	82.70	127.70	128.80	189.40
73	91.10	139.40	138.80	203.50
74	100.40	151.80	150.00	218.10
75	120.50	180.80	176.70	254.90
76	132.30	196.60	191.50	274.60
77	145.10	213.70	205.90	293.30
78	158.60	232.20	222.00	314.10
79	173.60	252.10	238.30	335.80
80	189.90	273.70	257.30	360.20
81	208.40	297.60	278.50	387.40
82	230.00	326.30	303.20	419.60
83	253.00	357.00	328.50	453.30
84	277.20	389.00	354.60	487.80