

**UNUM LONG TERM CARE PLAN  
568644**

## 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**  
  
**Inflation Protection**               **Compound**

**Non Forfeiture**

**Shortened Benefit Period**

**Monthly Rates**

Insurance Age	Plan 1 Base Plan	Plan 2	Plan 3	Plan 4
		Base Plan With Total Home Health Care Option	Base Plan With Compound Inflation Option	Base Plan With Compound Inflation and Total Home Health Care Option
<b>18-30</b>	3.40	5.20	10.80	15.10
<b>31</b>	3.40	5.20	10.90	15.30
<b>32</b>	3.40	5.30	11.20	15.70
<b>33</b>	3.50	5.50	11.40	16.00
<b>34</b>	3.60	5.60	11.70	16.40
<b>35</b>	3.80	5.70	12.20	16.90
<b>36</b>	3.90	5.90	12.50	17.30
<b>37</b>	4.00	6.10	12.70	17.70
<b>38</b>	4.30	6.40	13.30	18.30
<b>39</b>	4.40	6.60	13.70	18.70
<b>40</b>	4.60	6.90	13.90	19.10
<b>41</b>	4.80	7.20	14.30	19.80
<b>42</b>	4.90	7.40	14.70	20.30
<b>43</b>	5.20	7.80	15.10	20.80
<b>44</b>	5.30	8.10	15.60	21.50
<b>45</b>	5.70	8.50	16.10	22.00
<b>46</b>	5.90	8.80	16.50	22.60
<b>47</b>	6.20	9.40	16.90	23.40
<b>48</b>	6.50	9.90	17.30	24.10
<b>49</b>	6.80	10.40	17.90	25.10
<b>50</b>	7.20	10.90	18.30	25.70
<b>51</b>	7.70	11.70	19.10	26.90
<b>52</b>	8.10	12.40	19.80	28.00
<b>53</b>	8.50	13.10	20.20	28.60
<b>54</b>	8.80	13.80	20.80	29.60
<b>55</b>	9.50	14.70	21.80	30.80
<b>56</b>	10.10	15.60	22.90	32.10
<b>57</b>	10.90	16.80	23.90	33.80
<b>58</b>	11.60	17.80	25.10	35.20
<b>59</b>	12.50	19.20	26.10	36.90
<b>60</b>	13.50	20.50	27.60	38.70
<b>61</b>	14.70	22.20	29.50	41.20

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**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  
 Inflation Protection              **Compound**

**Non Forfeiture**

**Shortened Benefit Period**

**Monthly Rates**

Insurance Age	Plan 1 Base Plan	Plan 2	Plan 3	Plan 4
		Base Plan With Total Home Health Care Option	Base Plan With Compound Inflation Option	Base Plan With Compound Inflation and Total Home Health Care Option
62	16.10	24.10	31.60	43.90
63	17.60	26.10	33.70	46.50
64	19.40	28.50	36.40	49.80
65	22.10	31.70	40.40	54.70
66	24.20	34.20	43.40	57.90
67	26.90	37.40	47.30	62.40
68	29.80	40.80	51.00	66.60
69	33.10	44.60	55.40	71.50
70	36.70	48.80	59.50	76.30
71	40.40	52.90	64.70	81.80
72	44.70	58.00	70.30	88.10
73	49.30	63.10	75.70	94.10
74	54.50	68.90	82.00	101.10
75	65.00	81.50	96.10	117.50
76	71.40	88.50	104.30	126.40
77	77.60	95.40	111.20	133.60
78	85.30	103.70	120.30	143.50
79	93.50	112.80	129.40	153.40
80	102.80	122.90	140.00	164.80

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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  
 Inflation Protection              **Compound**

**Non Forfeiture**

**Shortened Benefit Period**

**Monthly Rates**

Insurance Age	Plan 1 Base Plan	Plan 2	Plan 3	Plan 4
		Base Plan With Total Home Health Care Option	Base Plan With Compound Inflation Option	Base Plan With Compound Inflation and Total Home Health Care Option
<b>18-30</b>	4.40	7.00	14.20	20.20
<b>31</b>	4.60	7.20	14.70	20.80
<b>32</b>	4.70	7.30	15.00	21.20
<b>33</b>	4.80	7.40	15.50	21.80
<b>34</b>	4.90	7.50	15.70	22.20
<b>35</b>	5.10	7.90	16.30	22.90
<b>36</b>	5.20	8.10	16.60	23.40
<b>37</b>	5.50	8.50	17.20	24.10
<b>38</b>	5.70	8.70	17.70	24.80
<b>39</b>	5.90	9.00	18.10	25.20
<b>40</b>	6.10	9.40	18.50	25.90
<b>41</b>	6.20	9.80	19.00	26.70
<b>42</b>	6.60	10.10	19.50	27.30
<b>43</b>	6.90	10.50	20.00	28.10
<b>44</b>	7.30	11.10	20.80	29.00
<b>45</b>	7.70	11.60	21.30	29.60
<b>46</b>	7.90	12.20	22.00	30.70
<b>47</b>	8.30	12.70	22.50	31.60
<b>48</b>	8.70	13.50	23.00	32.60
<b>49</b>	9.00	14.00	23.70	33.70
<b>50</b>	9.50	15.00	24.30	34.70
<b>51</b>	10.00	15.70	25.10	36.10
<b>52</b>	10.70	16.90	26.00	37.60
<b>53</b>	11.20	17.80	26.70	38.70
<b>54</b>	11.80	18.90	27.60	40.20
<b>55</b>	12.60	20.00	28.70	41.50
<b>56</b>	13.40	21.30	29.90	43.30
<b>57</b>	14.30	22.90	31.20	45.50
<b>58</b>	15.30	24.40	32.80	47.70
<b>59</b>	16.50	26.30	34.20	49.90
<b>60</b>	17.70	28.10	35.80	52.40
<b>61</b>	19.40	30.70	38.50	56.20

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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**  
  
**Inflation Protection**               **Compound**

**Non Forfeiture**

**Shortened Benefit Period**

**Monthly Rates**

Insurance Age	Plan 1 Base Plan	Plan 2	Plan 3	Plan 4
		Base Plan With Total Home Health Care Option	Base Plan With Compound Inflation Option	Base Plan With Compound Inflation and Total Home Health Care Option
62	20.90	33.00	41.10	59.70
63	23.00	36.00	43.70	63.30
64	25.20	39.10	47.10	67.70
65	28.60	43.70	52.10	74.40
66	31.30	47.30	55.90	79.00
67	34.80	51.70	60.80	85.30
68	38.50	56.40	65.50	90.90
69	42.50	61.60	70.90	97.50
70	47.10	67.30	76.30	104.30
71	51.70	73.30	82.70	112.10
72	57.30	80.20	89.80	120.60
73	62.80	87.10	96.10	128.70
74	69.40	95.30	104.30	138.50
75	82.70	112.70	121.80	160.80
76	90.90	122.70	132.20	173.20
77	98.80	132.30	140.90	183.40
78	108.30	143.90	152.20	196.70
79	118.70	156.50	163.50	210.50
80	130.10	170.30	176.90	226.30

**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	Unlimited
Home Benefit	50%
Lifetime Maximum	Unlimited
Elimination Period	90 Days
Home Care Level	Professional

**OPTIONS:**

Home Care Level	
Inflation Protection	Compound

**Non Forfeiture**

**Shortened Benefit Period**

**Monthly Rates**

Insurance Age	Plan 1 Base Plan	Plan 2	Plan 3	Plan 4
		Base Plan With Total Home Health Care Option	Base Plan With Compound Inflation Option	Base Plan With Compound Inflation and Total Home Health Care Option
<b>18-30</b>	6.20	10.00	19.20	28.20
<b>31</b>	6.20	10.00	19.50	28.90
<b>32</b>	6.40	10.40	20.20	29.50
<b>33</b>	6.50	10.50	20.50	30.20
<b>34</b>	6.60	10.70	20.90	30.70
<b>35</b>	6.90	11.10	21.50	31.60
<b>36</b>	7.00	11.30	22.10	32.20
<b>37</b>	7.40	11.80	22.80	33.10
<b>38</b>	7.50	12.20	23.30	34.10
<b>39</b>	7.90	12.60	23.90	34.70
<b>40</b>	8.20	13.10	24.60	35.80
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<b>43</b>	9.20	14.70	26.50	38.50
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<b>46</b>	10.50	16.90	28.90	42.00
<b>47</b>	11.10	17.80	29.50	43.40
<b>48</b>	11.60	18.70	30.30	44.70
<b>49</b>	12.10	19.80	30.90	46.10
<b>50</b>	12.70	21.10	31.90	47.80
<b>51</b>	13.40	22.20	32.90	49.80
<b>52</b>	14.00	23.50	33.90	51.60
<b>53</b>	14.80	24.80	34.80	53.40
<b>54</b>	15.60	26.40	35.90	55.30
<b>55</b>	16.40	27.80	37.10	56.70
<b>56</b>	17.60	29.80	38.60	59.30
<b>57</b>	18.70	32.00	40.30	62.40
<b>58</b>	19.90	34.20	42.10	65.40
<b>59</b>	21.30	36.70	43.90	68.50
<b>60</b>	22.90	39.30	45.90	71.80
<b>61</b>	25.00	42.80	49.10	77.00

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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  
 Inflation Protection            **Compound**

**Non Forfeiture**

**Shortened Benefit Period**

**Monthly Rates**

Insurance Age	Plan 1 Base Plan	Plan 2	Plan 3	Plan 4
		Base Plan With Total Home Health Care Option	Base Plan With Compound Inflation Option	Base Plan With Compound Inflation and Total Home Health Care Option
<b>62</b>	26.90	46.10	52.10	81.60
<b>63</b>	29.40	50.30	55.40	86.80
<b>64</b>	32.00	54.60	59.20	92.80
<b>65</b>	36.30	61.00	65.50	101.90
<b>66</b>	39.80	66.20	70.30	108.60
<b>67</b>	44.10	72.20	76.30	116.70
<b>68</b>	48.80	78.80	82.20	124.70
<b>69</b>	53.80	85.90	88.90	133.90
<b>70</b>	59.40	93.70	95.70	143.10
<b>71</b>	65.30	101.80	103.40	153.40
<b>72</b>	72.00	111.20	112.20	165.00
<b>73</b>	78.70	120.30	119.90	175.60
<b>74</b>	86.60	131.00	129.50	188.20
<b>75</b>	103.10	154.70	151.10	218.10
<b>76</b>	113.20	168.20	163.80	234.90
<b>77</b>	123.00	181.20	174.60	248.70
<b>78</b>	134.40	196.80	188.20	266.20
<b>79</b>	147.20	213.70	202.20	284.70
<b>80</b>	161.10	232.10	218.10	305.50