

**UNUM LONG TERM CARE PLAN
091704**

Connecticut Rates

BASE PLAN:		OPTIONS:	
Facility Monthly Benefit	\$1,000	Home Care Level	Home, Community-Based and Immediate Family Member Care
Home Monthly Benefit	\$500		
Facility Benefit Duration	3 Years		
Home Benefit	50%		
Lifetime Maximum	\$36,000	Inflation Protection	Compound Uncapped
Elimination Period	90 Days		
Home Care Level	Home and Community-Based Care		

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

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	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 Option
18-30	3.90	5.90	12.10	16.60
31	3.90	5.90	12.20	16.90
32	3.90	5.90	12.50	17.30
33	4.00	6.10	12.70	17.70
34	4.20	6.20	13.10	18.10
35	4.30	6.40	13.50	18.60
36	4.40	6.50	13.90	19.10
37	4.60	6.80	14.20	19.50
38	4.80	7.20	14.70	20.20
39	5.10	7.40	15.20	20.80
40	5.20	7.70	15.60	21.30
41	5.50	7.90	16.00	22.00
42	5.70	8.50	16.60	22.60
43	5.90	8.70	17.20	23.30
44	6.10	9.10	17.70	24.10
45	6.50	9.60	18.30	24.80
46	6.80	10.10	18.70	25.60
47	7.20	10.50	19.20	26.40
48	7.50	11.30	19.90	27.40
49	7.80	11.80	20.50	28.30
50	8.20	12.50	20.90	29.10
51	8.80	13.30	21.80	30.40
52	9.20	14.00	22.50	31.60
53	9.80	15.00	23.30	32.60
54	10.30	15.70	23.90	33.80
55	11.10	16.80	25.10	35.00
56	11.70	17.80	26.10	36.50
57	12.50	19.10	27.40	38.40
58	13.40	20.40	28.60	40.00

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Facility Benefit Duration	3 Years		
Home Benefit	50%		
Lifetime Maximum	\$36,000	Inflation Protection	Compound Uncapped
Elimination Period	90 Days		
Home Care Level	Home and Community-Based Care		

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

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	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 Option
59	14.30	21.80	29.90	41.90
60	15.50	23.40	31.50	43.90
61	16.80	25.20	33.70	46.80
62	18.60	27.60	36.30	50.20
63	20.30	29.80	38.60	53.00
64	22.20	32.40	41.60	56.80
65	25.40	36.30	46.10	62.30
66	28.00	39.40	49.90	66.40
67	31.10	43.00	54.30	71.60
68	34.30	46.90	58.60	76.30
69	38.10	51.20	63.70	82.00
70	42.10	55.90	68.50	87.50
71	46.80	61.20	75.00	94.60
72	51.90	67.10	81.50	101.90
73	57.60	73.60	88.30	109.70
74	63.60	80.30	95.70	117.90
75	76.70	95.90	113.10	138.20
76	84.10	104.30	122.70	148.60
77	92.30	113.20	132.00	158.50
78	101.30	123.10	142.90	170.20
79	111.00	133.90	153.50	181.70
80	121.90	145.70	166.10	195.30

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Connecticut Rates

BASE PLAN:		OPTIONS:	
Facility Monthly Benefit	\$1,000	Home Care Level	Home, Community-Based and Immediate Family Member Care
Home Monthly Benefit	\$500		
Facility Benefit Duration	6 Years		
Home Benefit	50%		
Lifetime Maximum	\$72,000	Inflation Protection	Compound Uncapped
Elimination Period	90 Days		
Home Care Level	Home and Community-Based Care		

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

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	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 Option
18-30	5.10	7.80	15.90	22.20
31	5.20	7.90	16.40	22.90
32	5.30	8.10	16.60	23.40
33	5.50	8.20	17.30	24.10
34	5.60	8.50	17.60	24.60
35	5.70	8.70	18.10	25.20
36	6.00	9.00	18.60	25.70
37	6.10	9.40	19.10	26.50
38	6.40	9.80	19.80	27.40
39	6.60	10.00	20.30	28.10
40	6.90	10.40	20.80	28.70
41	7.20	10.80	21.30	29.50
42	7.50	11.40	22.10	30.60
43	7.90	11.80	22.80	31.50
44	8.30	12.50	23.50	32.50
45	8.80	13.10	24.30	33.50
46	9.20	13.80	25.10	34.70
47	9.60	14.60	25.60	35.80
48	10.10	15.30	26.40	37.10
49	10.50	16.10	27.20	38.20
50	11.10	17.00	27.80	39.40
51	11.60	17.90	28.70	41.00
52	12.40	19.10	29.80	42.60
53	13.00	20.40	30.70	44.20
54	13.80	21.60	31.90	45.90
55	14.60	23.00	33.00	47.30
56	15.50	24.40	34.30	49.40
57	16.50	26.10	35.90	51.70
58	17.70	28.00	37.60	54.20
59	19.00	29.90	39.30	56.70

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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	Home and Community- Based Care

OPTIONS:

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

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

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Home, Community Based and Immediate Family Member Care	Base Plan With Compound Inflation	Base Plan With Compound Inflation and Home, Community Based and Immediate Family Member Care
		Option	Option	Option
60	20.30	32.00	41.00	59.40
61	22.20	34.80	43.90	63.70
62	24.30	37.80	47.20	68.10
63	26.50	41.20	50.20	72.30
64	29.00	44.70	54.00	77.40
65	32.80	49.90	59.70	84.80
66	36.40	54.60	64.50	90.90
67	40.30	59.50	70.20	98.00
68	44.50	65.00	75.70	104.40
69	49.10	70.90	81.60	112.10
70	54.30	77.50	87.90	119.70
71	60.30	85.00	96.10	129.70
72	66.80	93.00	104.40	139.80
73	73.70	101.80	112.70	150.30
74	81.50	111.40	122.20	161.70
75	97.90	133.00	144.00	189.50
76	107.50	144.70	156.10	204.00
77	117.90	157.30	167.80	218.00
78	129.20	171.10	181.20	233.70
79	141.60	186.20	194.90	250.10
80	155.10	202.40	210.60	268.80

**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	Unlimited
Home Benefit	50%
Lifetime Maximum	Unlimited
Elimination Period	90 Days
Home Care Level	Home and Community- Based Care

OPTIONS:

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

This rate sheet shows the cost per \$1,000 of coverage
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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 Option
18-30	7.00	11.10	21.60	31.20
31	7.00	11.20	22.00	31.90
32	7.30	11.60	22.60	32.60
33	7.40	11.70	23.00	33.40
34	7.50	12.00	23.40	33.90
35	7.80	12.40	24.10	34.80
36	8.10	12.60	24.70	35.80
37	8.30	13.10	25.50	36.70
38	8.60	13.50	26.10	37.60
39	9.00	14.00	26.90	38.60
40	9.40	14.70	27.70	39.80
41	9.90	15.30	28.60	41.00
42	10.10	15.90	29.40	42.00
43	10.70	16.60	30.20	43.30
44	11.20	17.40	31.10	44.60
45	11.70	18.30	32.10	46.00
46	12.40	19.20	33.00	47.60
47	12.90	20.30	33.80	49.00
48	13.50	21.50	35.00	51.00
49	14.00	22.60	35.80	52.50
50	14.80	24.10	36.80	54.50
51	15.60	25.40	38.00	56.60
52	16.40	26.90	39.00	58.60
53	17.40	28.60	40.40	61.10
54	18.20	30.30	41.60	63.20
55	19.10	31.90	42.80	64.70
56	20.40	34.20	44.50	67.70
57	21.70	36.50	46.50	71.10

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Home Monthly Benefit	\$500		
Facility Benefit Duration	Unlimited		
Home Benefit	50%		
Lifetime Maximum	Unlimited	Inflation Protection	Compound Uncapped
Elimination Period	90 Days		
Home Care Level	Home and Community-Based Care		

This rate sheet shows the cost per \$1,000 of coverage
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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 Option
58	23.10	39.10	48.50	74.50
59	24.70	41.90	50.60	78.00
60	26.40	44.90	52.70	81.80
61	28.90	48.80	56.30	87.50
62	31.30	52.90	60.20	93.60
63	34.20	57.70	64.00	99.50
64	37.20	62.50	68.30	106.10
65	41.90	69.80	75.40	116.50
66	46.40	76.30	81.60	125.10
67	51.40	83.20	88.50	134.60
68	56.70	90.90	95.30	143.50
69	62.50	99.10	103.00	154.20
70	69.00	108.00	110.90	164.80
71	76.40	118.40	120.80	178.10
72	84.40	129.20	130.90	191.50
73	92.80	141.10	141.10	205.70
74	102.20	153.70	152.50	220.50
75	122.70	182.90	179.40	257.70
76	134.60	198.90	194.50	277.40
77	147.40	216.20	209.00	296.30
78	161.20	234.80	225.30	317.20
79	176.40	254.80	241.80	339.20
80	192.90	276.60	260.90	363.90