

**UNUM LONG TERM CARE PLAN
Policy 220634**

Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	1,000
Facility Benefit Duration	2 Years
Lifetime Maximum	24,000
Elimination Period	90 Days

OPTIONS:

Home Monthly Benefit	500
Home Benefit	50%
Inflation Protection	Simple Capped
Home Care Level	Total

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Simple Inflation Option	Plan 3 Base Plan with Total Home Care Option	Plan 4 Base Plan with Simple Inflation and Total Home Care Option
18-30	1.00	2.00	3.30	5.90
31	1.00	2.10	3.40	6.00
32	1.20	2.30	3.60	6.50
33	1.20	2.30	3.80	6.60
34	1.40	2.60	4.00	7.20
35	1.40	2.60	4.20	7.40
36	1.60	2.70	4.40	7.70
37	1.70	3.10	4.70	8.20
38	1.70	3.10	4.80	8.60
39	1.80	3.40	5.20	9.10
40	2.00	3.80	5.50	9.60
41	2.20	4.00	5.90	10.30
42	2.30	4.30	6.20	11.10
43	2.50	4.70	6.60	11.70
44	2.60	4.80	6.90	12.10
45	2.90	5.20	7.30	12.70
46	3.00	5.50	7.70	13.30
47	3.30	6.10	8.30	14.40
48	3.60	6.80	8.80	15.50
49	3.80	6.90	9.40	16.10
50	4.00	7.50	10.00	17.20
51	4.40	8.20	10.70	18.30
52	4.90	9.10	11.60	19.60
53	5.20	9.80	12.40	20.90
54	5.70	10.70	13.30	22.40
55	6.20	11.40	14.20	23.80
56	7.00	12.60	15.50	25.70
57	7.80	14.00	17.00	28.00
58	8.70	15.60	18.50	30.30
59	9.80	17.30	20.20	32.80
60	10.90	19.20	21.80	35.20
61	12.40	21.60	23.90	38.20
62	13.80	24.10	25.90	41.20
63	15.60	26.80	28.30	44.70
64	17.70	29.90	30.70	48.20

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Home Benefit	50%
Inflation Protection	Simple Capped
Home Care Level	Total

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Simple Inflation Option	Plan 3 Base Plan with Total Home Care Option	Plan 4 Base Plan with Simple Inflation and Total Home Care Option
65	20.90	35.20	34.60	54.10
66	23.30	38.50	37.20	57.50
67	26.10	42.50	40.30	61.90
68	29.10	46.70	43.60	66.00
69	32.60	51.50	47.20	70.90
70	36.40	56.40	51.40	76.10
71	42.50	65.00	58.20	85.30
72	48.90	73.80	65.40	94.80
73	55.30	82.40	72.40	104.00
74	61.40	89.70	79.30	111.90
75	67.70	98.30	86.50	121.00
76	75.10	106.70	94.30	129.90
77	83.20	116.50	102.80	139.80
78	92.40	127.70	112.60	151.30
79	102.30	140.10	122.70	163.90
80	113.10	152.80	134.00	176.80
81	124.70	165.90	145.70	189.90
82	137.80	180.40	158.90	204.10
83	152.40	198.00	173.40	221.40
84	167.10	214.00	188.10	237.10

**UNUM LONG TERM CARE PLAN
Policy 220634**

Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	1,000
Facility Benefit Duration	4 Years
Lifetime Maximum	48,000
Elimination Period	90 Days

OPTIONS:

Home Monthly Benefit	500
Home Benefit	50%
Inflation Protection	Simple Capped
Home Care Level	Total

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Simple Inflation Option	Plan 3 Base Plan with Total Home Care Option	Plan 4 Base Plan with Simple Inflation and Total Home Care Option
18-30	1.60	3.00	4.40	7.70
31	1.60	3.00	4.40	7.80
32	1.80	3.30	4.80	8.50
33	2.00	3.50	5.10	9.00
34	2.00	3.60	5.20	9.20
35	2.10	3.90	5.50	9.80
36	2.20	4.20	5.70	10.30
37	2.30	4.60	6.10	10.90
38	2.60	4.70	6.50	11.40
39	2.70	4.90	6.90	12.10
40	2.90	5.30	7.20	12.70
41	3.00	5.60	7.50	13.40
42	3.40	6.20	8.20	14.60
43	3.50	6.50	8.60	15.30
44	3.80	7.00	9.20	16.10
45	4.00	7.40	9.60	16.90
46	4.30	7.90	10.30	17.90
47	4.80	9.00	11.10	19.40
48	5.10	9.40	11.70	20.40
49	5.50	10.00	12.50	21.60
50	5.90	10.90	13.40	23.00
51	6.40	11.80	14.40	24.70
52	6.90	12.70	15.30	26.30
53	7.50	13.90	16.60	28.10
54	8.30	15.10	17.80	30.00
55	9.00	16.40	19.10	32.00
56	10.00	18.10	20.90	34.80
57	11.20	20.20	22.90	38.00
58	12.60	22.50	25.10	41.50
59	13.90	24.80	27.40	44.90
60	15.70	27.60	29.80	48.40
61	17.60	30.70	32.50	52.40
62	19.90	34.30	35.60	56.90
63	22.40	38.20	39.00	61.90
64	25.10	42.50	42.50	66.80

**UNUM LONG TERM CARE PLAN
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Connecticut Rates

BASE PLAN:		OPTIONS:	
Facility Monthly Benefit	1,000	Home Monthly Benefit	500
Facility Benefit Duration	4 Years	Home Benefit	50%
Lifetime Maximum	48,000	Inflation Protection	Simple Capped
Elimination Period	90 Days	Home Care Level	Total

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Simple Inflation Option	Plan 3 Base Plan with Total Home Care Option	Plan 4 Base Plan with Simple Inflation and Total Home Care Option
65	29.60	49.90	48.00	75.30
66	33.10	54.60	51.90	80.50
67	37.10	60.50	56.60	86.80
68	41.50	66.40	61.40	93.10
69	46.10	72.90	66.60	100.00
70	51.50	79.80	72.70	107.60
71	60.20	92.20	82.80	121.30
72	69.00	104.10	93.10	134.80
73	77.90	116.00	103.50	148.20
74	86.60	126.50	113.60	160.00
75	95.40	138.30	123.90	173.20
76	105.70	150.20	135.50	186.20
77	117.10	164.10	148.30	201.00
78	129.90	179.30	162.60	217.90
79	143.80	197.00	178.20	237.00
80	158.70	214.20	195.00	256.10
81	175.00	232.80	212.90	276.10
82	192.80	252.60	232.60	297.10
83	212.90	276.80	254.70	323.10
84	233.40	298.70	277.40	347.10

**UNUM LONG TERM CARE PLAN
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Connecticut Rates

BASE PLAN:

Facility Monthly Benefit
Facility Benefit Duration
Lifetime Maximum
Elimination Period

1,000
Unlimited
Unlimited
90 Days

OPTIONS:

Home Monthly Benefit 500
Home Benefit 50%
Inflation Protection Simple Capped
Home Care Level Total

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Simple Inflation Option	Plan 3 Base Plan with Total Home Care Option	Plan 4 Base Plan with Simple Inflation and Total Home Care Option
18-30	2.10	4.00	6.10	11.10
31	2.30	4.30	6.50	11.60
32	2.50	4.40	6.80	12.10
33	2.60	4.80	7.20	12.70
34	2.70	5.10	7.50	13.40
35	2.90	5.50	7.80	14.00
36	3.10	5.70	8.30	14.80
37	3.30	6.00	8.70	15.50
38	3.40	6.40	9.20	16.50
39	3.60	6.80	9.80	17.40
40	3.90	7.20	10.30	18.30
41	4.20	7.80	10.90	19.50
42	4.40	8.50	11.60	20.80
43	4.80	8.80	12.40	22.00
44	5.10	9.50	13.10	23.30
45	5.50	10.10	13.90	24.60
46	5.90	10.90	14.80	26.10
47	6.20	11.60	15.60	27.60
48	6.90	12.90	16.90	29.80
49	7.40	13.70	17.90	31.50
50	7.80	14.40	19.10	33.30
51	8.60	15.90	20.70	35.90
52	9.40	17.20	22.20	38.50
53	10.30	18.70	23.90	41.10
54	11.10	20.30	25.70	44.10
55	12.00	21.70	27.60	46.80
56	13.30	24.10	30.30	51.10
57	14.80	26.70	33.10	55.60
58	16.40	29.40	36.30	60.60
59	18.30	32.60	39.80	65.80
60	20.40	35.90	43.30	71.10
61	22.90	40.00	47.60	77.70
62	25.90	44.60	52.00	84.20
63	29.00	49.50	57.20	91.90
64	32.60	55.10	62.70	99.50

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Facility Benefit Duration
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Elimination Period

1,000
Unlimited
Unlimited
90 Days

OPTIONS:

Home Monthly Benefit
Home Benefit
Inflation Protection
Home Care Level

500
50%
Simple Capped
Total

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Simple Inflation Option	Plan 3 Base Plan with Total Home Care Option	Plan 4 Base Plan with Simple Inflation and Total Home Care Option
65	38.20	64.40	70.70	112.10
66	42.80	70.50	76.80	120.30
67	47.70	77.70	84.00	130.00
68	53.20	85.20	91.30	139.50
69	59.20	93.50	99.20	149.90
70	65.70	101.90	108.20	161.30
71	76.70	117.40	123.20	181.60
72	87.60	132.50	138.30	201.90
73	98.50	146.60	153.40	220.70
74	109.50	159.80	168.50	238.80
75	120.40	174.70	183.70	258.10
76	133.10	189.00	200.70	277.60
77	147.40	206.40	219.70	300.40
78	163.20	225.20	240.90	324.50
79	180.20	246.90	263.10	352.20
80	198.40	267.80	286.80	379.20
81	217.90	289.80	312.00	406.60
82	239.50	313.80	339.80	437.20
83	263.40	342.40	370.20	472.90
84	287.20	367.60	400.50	504.80