

**UNUM LONG TERM CARE PLAN
Policy 550053**

Connecticut Rates

BASE PLAN:		OPTIONS:	
Facility Monthly Benefit	\$1,000	Home Care Level	TOTAL
Home Monthly Benefit	\$500		
Facility Benefit Duration	3 YEARS	Inflation Protection	SIMPLE CAPPED
Home Benefit	50%		
Lifetime Maximum	\$36,000		
Elimination Period	90 DAY		
Home Care Level	PROFESSIONAL		
Return of Premium	UNDER 65		

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Total Home Health Care Option	Plan 3 Base Plan With Simple Inflation Option	Plan 4 Base Plan With Simple Inflation and Total Home Health Care Option
18-30	3.80	5.70	5.20	8.10
31	3.80	5.70	5.30	8.10
32	3.80	5.90	5.50	8.50
33	3.90	6.00	5.70	8.60
34	4.00	6.10	6.00	9.10
35	4.30	6.40	6.20	9.20
36	4.30	6.50	6.50	9.80
37	4.60	6.80	6.80	10.10
38	4.70	7.20	7.20	10.70
39	4.90	7.40	7.50	11.20
40	5.20	7.70	7.80	11.60
41	5.30	8.10	8.30	12.20
42	5.60	8.50	8.70	12.90
43	5.90	8.70	9.10	13.40
44	6.10	9.10	9.60	14.20
45	6.50	9.60	10.30	15.00
46	6.80	10.10	10.70	15.70
47	7.20	10.70	11.20	16.50
48	7.50	11.30	12.00	17.70
49	7.80	12.00	12.50	18.60
50	8.20	12.50	13.10	19.50
51	8.70	13.30	13.90	20.70
52	9.20	14.20	14.70	22.00
53	9.90	15.00	15.60	23.30
54	10.30	15.60	16.30	24.30
55	10.90	16.60	17.30	25.60
56	11.60	17.80	18.20	27.00
57	12.50	18.90	19.40	28.60
58	13.30	20.20	20.80	30.60
59	14.20	21.50	22.20	32.50
60	15.30	23.00	23.80	34.60
61	16.50	24.70	25.60	36.80
62	18.30	26.90	28.00	39.90

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Facility Monthly Benefit	\$1,000	Home Care Level	TOTAL
Home Monthly Benefit	\$500		
Facility Benefit Duration	3 YEARS	Inflation Protection	SIMPLE CAPPED
Home Benefit	50%		
Lifetime Maximum	\$36,000		
Elimination Period	90 DAY		
Home Care Level	PROFESSIONAL		
Return of Premium	UNDER 65		

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Total Home Health Care Option	Plan 3 Base Plan With Simple Inflation Option	Plan 4 Base Plan With Simple Inflation and Total Home Health Care Option
63	19.90	29.30	30.30	43.00
64	21.70	31.50	32.90	46.10
65	24.80	35.20	37.30	51.40
66	27.40	38.40	41.00	55.50
67	30.60	42.00	45.10	60.50
68	33.90	45.90	49.30	65.10
69	37.60	50.10	54.50	70.90
70	41.60	54.70	59.40	76.40
71	46.30	60.10	65.40	83.20
72	51.40	65.80	72.00	90.60
73	56.90	72.30	78.70	98.00
74	62.90	79.00	86.50	106.60
75	75.90	94.30	102.80	125.70
76	83.50	102.60	112.20	136.00
77	91.50	111.50	121.30	146.00
78	100.50	121.40	132.20	157.70
79	110.20	132.10	142.90	169.30
80	121.20	143.90	155.90	183.00
81	133.50	157.00	170.60	198.50
82	148.20	173.00	186.00	215.30
83	163.70	190.20	204.10	235.00
84	180.40	208.40	221.40	253.90

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Home Monthly Benefit	\$500		
Facility Benefit Duration	3 YEARS	Inflation Protection	SIMPLE CAPPED
Home Benefit	50%		
Lifetime Maximum	\$36,000		
Elimination Period	90 DAY		
Home Care Level	PROFESSIONAL		
Return of Premium	UNDER 65		

		Monthly Rates		
		Plan 2	Plan 3	Plan 4
		Base Plan With	Base Plan With	Base Plan With
		Total Home Health	Simple Inflation	Simple Inflation and
Insurance Age	Plan 1	Care	Option	Total Home Health
	Base Plan	Option		Care
				Option

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Connecticut Rates

BASE PLAN:		OPTIONS:	
Facility Monthly Benefit	\$1,000	Home Care Level	TOTAL
Home Monthly Benefit	\$500		
Facility Benefit Duration	6 YEARS	Inflation Protection	SIMPLE CAPPED
Home Benefit	50%		
Lifetime Maximum	\$72,000		
Elimination Period	90 DAY		
Home Care Level	PROFESSIONAL		
Return of Premium	UNDER 65		

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Total Home Health Care Option	Plan 3 Base Plan With Simple Inflation Option	Plan 4 Base Plan With Simple Inflation and Total Home Health Care Option
18-30	4.90	7.70	6.90	10.70
31	5.10	7.80	7.20	10.90
32	5.20	7.90	7.40	11.40
33	5.30	8.20	7.80	11.70
34	5.50	8.30	7.90	12.10
35	5.70	8.70	8.50	12.70
36	5.90	9.00	8.80	13.40
37	6.10	9.20	9.10	13.80
38	6.40	9.80	9.60	14.40
39	6.60	10.00	10.00	15.10
40	6.90	10.40	10.50	15.90
41	7.20	10.80	11.10	16.50
42	7.50	11.40	11.60	17.40
43	7.80	11.80	12.20	18.20
44	8.20	12.50	12.90	19.10
45	8.70	13.10	13.80	20.30
46	9.10	13.80	14.30	21.30
47	9.60	14.60	15.10	22.60
48	10.10	15.50	15.90	23.90
49	10.50	16.10	16.60	25.20
50	10.90	17.00	17.40	26.40
51	11.60	17.90	18.20	28.00
52	12.20	19.10	19.40	29.60
53	13.00	20.40	20.70	31.60
54	13.70	21.30	21.50	33.00
55	14.40	22.80	22.80	34.70
56	15.30	24.30	24.20	36.80
57	16.40	25.70	25.50	39.00
58	17.60	27.60	27.30	41.60
59	18.60	29.30	28.90	43.90
60	20.00	31.30	30.90	46.80
61	21.70	33.80	33.40	50.30
62	23.80	36.90	36.40	54.50

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Home Monthly Benefit	\$500		
Facility Benefit Duration	6 YEARS	Inflation Protection	SIMPLE CAPPED
Home Benefit	50%		
Lifetime Maximum	\$72,000		
Elimination Period	90 DAY		
Home Care Level	PROFESSIONAL		
Return of Premium	UNDER 65		

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Total Home Health Care Option	Plan 3 Base Plan With Simple Inflation Option	Plan 4 Base Plan With Simple Inflation and Total Home Health Care Option
63	26.00	40.20	39.40	58.60
64	28.30	43.30	42.60	63.10
65	32.10	48.40	48.00	70.10
66	35.60	52.90	52.70	75.80
67	39.50	57.90	58.20	82.80
68	43.70	63.20	63.40	89.30
69	48.20	69.00	69.70	96.90
70	53.30	75.40	76.10	104.80
71	59.30	82.80	83.50	114.10
72	65.70	90.70	91.80	124.20
73	72.50	99.50	100.20	134.30
74	80.20	108.80	110.00	146.00
75	96.50	130.00	130.40	172.10
76	106.10	141.40	142.20	186.20
77	116.40	154.10	153.70	200.10
78	127.50	167.60	167.40	216.30
79	139.80	182.40	180.70	232.30
80	153.30	198.50	196.70	250.90
81	168.50	216.60	214.60	271.80
82	186.60	238.40	234.00	295.10
83	205.80	261.80	256.00	321.60
84	226.20	286.80	277.30	347.50

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Home Monthly Benefit	\$500		
Facility Benefit Duration	6 YEARS	Inflation Protection	SIMPLE CAPPED
Home Benefit	50%		
Lifetime Maximum	\$72,000		
Elimination Period	90 DAY		
Home Care Level	PROFESSIONAL		
Return of Premium	UNDER 65		

		Monthly Rates		
		Plan 2	Plan 3	Plan 4
		Base Plan With	Base Plan With	Base Plan With
		Total Home Health	Simple Inflation	Simple Inflation and
Insurance Age	Plan 1	Care	Option	Total Home Health
	Base Plan	Option		Care
				Option

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Connecticut Rates

BASE PLAN:		OPTIONS:	
Facility Monthly Benefit	\$1,000	Home Care Level	TOTAL
Home Monthly Benefit	\$500		
Facility Benefit Duration	UNLIMITED	Inflation Protection	SIMPLE CAPPED
Home Benefit	50%		
Lifetime Maximum	UNLIMITED		
Elimination Period	90 DAY		
Home Care Level	PROFESSIONAL		
Return of Premium	UNDER 65		

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Total Home Health Care Option	Plan 3 Base Plan With Simple Inflation Option	Plan 4 Base Plan With Simple Inflation and Total Home Health Care Option
18-30	6.90	10.90	9.50	15.20
31	6.90	11.10	9.80	15.60
32	7.20	11.30	10.30	16.30
33	7.20	11.40	10.40	16.50
34	7.30	11.70	10.80	17.00
35	7.70	12.20	11.30	17.90
36	7.90	12.60	11.80	18.60
37	8.20	13.00	12.40	19.50
38	8.50	13.50	12.90	20.30
39	8.80	14.00	13.50	21.20
40	9.20	14.60	14.00	22.10
41	9.80	15.20	14.80	23.10
42	10.00	15.90	15.50	24.10
43	10.50	16.50	16.40	25.50
44	11.10	17.30	17.20	26.70
45	11.60	18.20	18.10	28.20
46	12.10	19.20	19.10	29.60
47	12.70	20.30	20.00	31.50
48	13.40	21.50	21.20	33.30
49	13.90	22.60	22.10	35.10
50	14.70	23.80	23.00	36.70
51	15.30	25.20	24.30	39.00
52	16.30	26.70	25.60	41.30
53	17.20	28.50	27.00	43.80
54	17.90	29.90	28.30	46.00
55	18.90	31.60	29.50	47.80
56	20.20	33.80	31.30	51.00
57	21.30	35.90	33.10	54.00
58	22.80	38.40	35.40	57.50
59	24.10	40.80	37.30	60.80
60	25.90	43.70	39.60	64.70
61	28.00	47.20	42.60	69.40

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Home Benefit	50%		
Lifetime Maximum	UNLIMITED		
Elimination Period	90 DAY		
Home Care Level	PROFESSIONAL		
Return of Premium	UNDER 65		

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Total Home Health Care Option	Plan 3 Base Plan With Simple Inflation Option	Plan 4 Base Plan With Simple Inflation and Total Home Health Care Option
62	30.40	51.40	46.40	75.10
63	33.30	56.00	50.10	81.10
64	35.90	60.20	53.80	86.80
65	40.70	67.30	60.70	96.70
66	45.10	73.60	66.40	104.70
67	49.90	80.30	73.20	114.10
68	55.10	87.90	79.70	123.00
69	60.80	95.80	87.60	133.30
70	67.20	104.70	95.60	144.20
71	74.60	114.70	104.80	156.80
72	82.40	125.30	114.80	170.00
73	90.70	136.80	124.80	183.30
74	100.00	149.10	136.50	198.50
75	120.10	177.60	161.60	233.50
76	131.80	193.20	176.30	252.50
77	144.60	210.10	190.50	271.20
78	158.10	228.30	207.00	292.60
79	173.00	248.00	223.30	314.10
80	189.40	269.40	242.50	338.40
81	207.70	292.90	264.00	365.60
82	229.50	321.40	287.20	395.70
83	252.30	351.70	313.40	429.50
84	276.50	383.20	338.10	462.00

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Facility Benefit Duration	UNLIMITED	Inflation Protection	SIMPLE CAPPED
Home Benefit	50%		
Lifetime Maximum	UNLIMITED		
Elimination Period	90 DAY		
Home Care Level	PROFESSIONAL		
Return of Premium	UNDER 65		

Monthly Rates

		Plan 2	Plan 3	Plan 4
		Base Plan With	Base Plan With	Base Plan With
		Total Home Health	Simple Inflation	Simple Inflation
Insurance Age	Plan 1	Care	Option	and Total Home
	Base Plan	Option		Health Care
				Option