

**UNUM LONG TERM CARE PLAN  
Policy 520594**

## Connecticut Rates

**BASE PLAN:**

Facility Monthly Benefit	<b>\$1,000</b>
Facility Benefit Duration	<b>3 Years</b>
Lifetime Maximum	<b>\$36,000</b>
Elimination Period	<b>90 Days</b>

**OPTIONS:**

Home Monthly Benefit	<b>\$500</b>
Home Benefit	<b>50%</b>
Inflation Protection	<b>Simple Capped</b>
Home Care Level	<b>Total</b>

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

**Monthly Rates**

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Simple Inflation Option	Plan 3 Base Plan With Total Home Health Care Option	Plan 4 Base Plan With Simple Inflation and Total Home Health Care Option
<b>18-30</b>	1.30	2.50	4.30	7.70
<b>31</b>	1.40	2.60	4.70	8.20
<b>32</b>	1.40	2.60	4.80	8.30
<b>33</b>	1.60	3.00	5.10	8.80
<b>34</b>	1.70	3.30	5.30	9.40
<b>35</b>	1.80	3.30	5.50	9.60
<b>36</b>	2.00	3.50	5.90	10.40
<b>37</b>	2.10	3.80	6.10	10.80
<b>38</b>	2.20	4.20	6.50	11.40
<b>39</b>	2.30	4.40	6.90	12.10
<b>40</b>	2.50	4.60	7.20	12.60
<b>41</b>	2.60	4.90	7.50	13.30
<b>42</b>	2.90	5.20	8.10	14.20
<b>43</b>	3.00	5.50	8.60	15.00
<b>44</b>	3.30	6.10	9.10	15.90
<b>45</b>	3.40	6.40	9.60	16.80
<b>46</b>	3.80	6.90	10.30	17.80
<b>47</b>	4.00	7.40	10.90	19.00
<b>48</b>	4.30	8.10	11.60	20.00
<b>49</b>	4.70	8.60	12.40	21.10
<b>50</b>	4.90	9.10	13.10	22.40
<b>51</b>	5.50	9.90	14.00	23.80
<b>52</b>	5.90	10.90	15.10	25.60
<b>53</b>	6.40	11.70	16.10	27.00
<b>54</b>	7.00	12.90	17.30	29.00
<b>55</b>	7.50	13.70	18.50	30.70
<b>56</b>	8.50	15.30	20.20	33.30
<b>57</b>	9.50	17.00	22.00	36.10
<b>58</b>	10.40	18.70	23.80	38.90
<b>59</b>	11.70	20.80	26.00	42.00
<b>60</b>	13.00	23.00	28.20	45.20

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## Connecticut Rates

**BASE PLAN:**

Facility Monthly Benefit	<b>\$1,000</b>
Facility Benefit Duration	<b>3 Years</b>
Lifetime Maximum	<b>\$36,000</b>
Elimination Period	<b>90 Days</b>

**OPTIONS:**

Home Monthly Benefit	<b>\$500</b>
Home Benefit	<b>50%</b>
Inflation Protection	<b>Simple Capped</b>
Home Care Level	<b>Total</b>

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

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Simple Inflation Option	Plan 3 Base Plan With Total Home Health Care Option	Plan 4 Base Plan With Simple Inflation and Total Home Health Care Option
61	14.70	25.90	30.80	49.10
62	16.60	28.70	33.50	53.20
63	18.60	31.90	36.50	57.30
64	21.10	35.50	39.80	61.90
65	24.70	41.60	44.70	69.30
66	27.70	45.60	48.40	74.10
67	30.90	50.30	52.30	79.30
68	34.60	55.40	56.70	84.90
69	38.70	61.20	61.40	91.40
70	43.00	66.70	66.60	97.40
71	50.40	77.20	75.30	109.10
72	57.70	87.20	84.00	120.60
73	65.30	97.10	92.70	131.70
74	72.70	106.20	101.50	142.00
75	80.10	116.20	110.40	153.10
76	88.70	126.00	120.00	163.70
77	98.40	137.70	130.70	176.20
78	109.20	150.80	142.70	190.30
79	120.80	165.40	155.40	205.70
80	133.40	179.90	169.10	221.10
81	147.30	195.80	184.10	237.80
82	162.50	212.80	200.30	255.20
83	179.70	233.60	218.80	276.90
84	196.80	251.80	237.30	296.40

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## Connecticut Rates

**BASE PLAN:**

Facility Monthly Benefit	<b>\$1,000</b>
Facility Benefit Duration	<b>6 Years</b>
Lifetime Maximum	<b>\$72,000</b>
Elimination Period	<b>90 Days</b>

**OPTIONS:**

Home Monthly Benefit	<b>\$500</b>
Home Benefit	<b>50%</b>
Inflation Protection	<b>Simple Capped</b>
Home Care Level	<b>Total</b>

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

**Monthly Rates**

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Simple Inflation Option	Plan 3 Base Plan With Total Home Health Care Option	Plan 4 Base Plan With Simple Inflation and Total Home Health Care Option
<b>18-30</b>	1.80	3.40	5.30	9.40
<b>31</b>	1.80	3.40	5.50	9.80
<b>32</b>	2.00	3.80	5.90	10.30
<b>33</b>	2.10	4.00	6.00	10.70
<b>34</b>	2.20	4.00	6.20	10.90
<b>35</b>	2.30	4.30	6.50	11.60
<b>36</b>	2.50	4.60	6.90	12.10
<b>37</b>	2.60	4.80	7.30	12.90
<b>38</b>	2.70	5.10	7.70	13.50
<b>39</b>	3.00	5.70	8.20	14.40
<b>40</b>	3.30	6.00	8.60	15.20
<b>41</b>	3.40	6.20	9.00	15.90
<b>42</b>	3.60	6.80	9.60	17.00
<b>43</b>	3.90	7.30	10.30	18.10
<b>44</b>	4.20	7.70	10.80	19.00
<b>45</b>	4.40	8.20	11.60	20.20
<b>46</b>	4.70	8.70	12.20	21.30
<b>47</b>	5.20	9.60	13.00	22.80
<b>48</b>	5.50	10.30	13.90	24.20
<b>49</b>	6.00	11.10	14.80	25.50
<b>50</b>	6.40	11.70	15.90	27.20
<b>51</b>	7.00	13.00	17.20	29.30
<b>52</b>	7.50	13.80	18.20	30.90
<b>53</b>	8.20	15.00	19.50	32.90
<b>54</b>	9.00	16.40	21.10	35.50
<b>55</b>	9.80	17.70	22.50	37.40
<b>56</b>	10.80	19.50	24.60	40.70
<b>57</b>	12.10	21.60	26.90	44.20
<b>58</b>	13.40	23.90	29.30	47.70
<b>59</b>	15.00	26.70	32.00	52.10
<b>60</b>	16.60	29.30	34.80	55.90

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Lifetime Maximum	<b>\$72,000</b>
Elimination Period	<b>90 Days</b>

**OPTIONS:**

Home Monthly Benefit	<b>\$500</b>
Home Benefit	<b>50%</b>
Inflation Protection	<b>Simple Capped</b>
Home Care Level	<b>Total</b>

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

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Simple Inflation Option	Plan 3 Base Plan With Total Home Health Care Option	Plan 4 Base Plan With Simple Inflation and Total Home Health Care Option
61	18.60	32.60	38.10	60.70
62	21.10	36.30	41.70	66.00
63	23.50	40.30	45.50	71.50
64	26.70	45.10	50.10	77.90
65	31.20	52.40	56.40	87.60
66	34.80	57.50	61.20	93.90
67	38.90	63.30	66.60	101.00
68	43.40	69.40	72.40	108.60
69	48.40	76.40	78.90	116.90
70	53.70	83.30	85.80	125.50
71	62.80	96.20	97.60	141.20
72	71.90	108.40	109.50	156.70
73	80.90	120.60	121.40	171.60
74	90.00	131.40	133.30	185.00
75	99.10	143.50	145.10	199.80
76	109.70	155.90	158.50	214.80
77	121.40	169.90	173.30	231.80
78	134.70	185.80	190.10	251.20
79	148.70	203.70	207.90	272.40
80	163.90	221.40	227.40	294.20
81	180.60	240.20	247.90	316.80
82	198.90	260.50	270.40	340.60
83	219.30	285.20	295.60	369.90
84	239.70	306.80	321.20	396.60

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## Connecticut Rates

**BASE PLAN:**

Facility Monthly Benefit	<b>\$1,000</b>
Facility Benefit Duration	<b>UNLIMITED</b>
Lifetime Maximum	<b>UNLIMITED</b>
Elimination Period	<b>90 Days</b>

**OPTIONS:**

Home Monthly Benefit	<b>\$500</b>
Home Benefit	<b>50%</b>
Inflation Protection	<b>Simple Capped</b>
Home Care Level	<b>Total</b>

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

**Monthly Rates**

Insurance Age	Plan 1 Base Plan	Plan 2	Plan 3	Plan 4
		Base Plan With Simple Inflation Option	Base Plan With Total Home Health Care Option	Base Plan With Simple Inflation and Total Home Health Care Option
<b>18-30</b>	2.10	3.90	6.90	12.20
<b>31</b>	2.20	4.30	7.20	12.90
<b>32</b>	2.30	4.40	7.50	13.30
<b>33</b>	2.60	4.70	7.90	14.00
<b>34</b>	2.70	4.90	8.30	14.70
<b>35</b>	2.90	5.30	8.70	15.50
<b>36</b>	3.00	5.60	9.10	16.30
<b>37</b>	3.10	5.90	9.60	17.00
<b>38</b>	3.30	6.20	10.10	18.10
<b>39</b>	3.60	6.60	10.70	19.00
<b>40</b>	3.80	6.90	11.20	20.00
<b>41</b>	4.00	7.50	12.00	21.30
<b>42</b>	4.30	8.20	12.70	22.60
<b>43</b>	4.70	8.60	13.40	23.80
<b>44</b>	4.90	9.20	14.20	25.20
<b>45</b>	5.20	9.80	15.10	26.70
<b>46</b>	5.70	10.50	16.10	28.50
<b>47</b>	6.00	11.20	17.00	29.90
<b>48</b>	6.60	12.40	18.30	32.20
<b>49</b>	7.00	13.10	19.50	34.10
<b>50</b>	7.50	13.90	20.80	36.10
<b>51</b>	8.20	15.20	22.40	38.70
<b>52</b>	9.00	16.50	24.10	41.30
<b>53</b>	9.80	17.90	25.90	44.10
<b>54</b>	10.70	19.40	27.80	47.20
<b>55</b>	11.40	20.80	29.60	49.90
<b>56</b>	12.70	23.00	32.50	54.30
<b>57</b>	14.20	25.50	35.50	59.20
<b>58</b>	15.60	28.10	38.70	64.40
<b>59</b>	17.40	31.10	42.30	69.60
<b>60</b>	19.40	34.20	46.10	75.50

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Lifetime Maximum	<b>UNLIMITED</b>
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**OPTIONS:**

Home Monthly Benefit	<b>\$500</b>
Home Benefit	<b>50%</b>
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Home Care Level	<b>Total</b>

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

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Simple Inflation Option	Plan 3 Base Plan With Total Home Health Care Option	Plan 4 Base Plan With Simple Inflation and Total Home Health Care Option
61	21.70	38.10	50.60	82.20
62	24.40	42.40	55.50	89.20
63	27.40	46.80	60.80	97.00
64	30.80	52.00	66.70	105.20
65	36.10	60.70	75.40	118.40
66	40.30	66.60	82.00	127.40
67	45.00	73.30	89.40	137.30
68	50.20	80.30	97.40	147.80
69	55.90	88.30	106.10	159.10
70	62.00	96.20	115.30	170.80
71	72.40	110.80	130.90	191.50
72	82.70	124.90	146.50	212.30
73	93.00	138.30	162.00	231.50
74	103.20	150.70	177.50	250.10
75	113.60	164.70	193.10	269.60
76	125.60	178.40	210.60	289.60
77	139.00	194.70	230.10	313.00
78	153.90	212.30	251.60	337.40
79	169.90	233.00	274.30	365.40
80	187.10	252.60	298.40	392.90
81	205.50	273.40	324.00	420.40
82	225.90	296.00	352.00	451.10
83	248.40	323.10	383.00	487.10
84	270.90	346.80	413.40	519.40