

**UNUM LONG TERM CARE PLAN  
027569**

## Connecticut Rates

**BASE PLAN:**

Facility Monthly Benefit	<b>\$1,000</b>
Home Monthly Benefit	<b>\$500</b>
Facility Benefit Duration	<b>3 Years</b>
Home Benefit	<b>50%</b>
Lifetime Maximum	<b>\$36,000</b>
Elimination Period	<b>90 Days</b>
Home Care Level	<b>Home and Community- Based Care</b>

**OPTIONS:**

Home Care Level	<b>Home, Community- Based and Immediate Family Member Care</b>
Inflation Protection	<b>Simple Capped</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 Home, Community Based and Immediate Family Member Care Option	Base Plan With Simple Inflation Option	Base Plan With Simple Inflation and Home, Community Based and Immediate Family Member Care Option
<b>18-30</b>	2.70	4.00	3.80	5.60
<b>31</b>	2.70	4.00	3.80	5.70
<b>32</b>	2.70	4.20	3.90	5.90
<b>33</b>	2.90	4.20	4.00	6.00
<b>34</b>	2.90	4.30	4.30	6.40
<b>35</b>	3.00	4.40	4.30	6.50
<b>36</b>	3.00	4.60	4.60	6.80
<b>37</b>	3.10	4.70	4.70	7.00
<b>38</b>	3.40	4.90	5.10	7.40
<b>39</b>	3.50	5.20	5.30	7.80
<b>40</b>	3.60	5.30	5.50	8.10
<b>41</b>	3.80	5.60	5.70	8.50
<b>42</b>	3.90	5.90	6.10	9.00
<b>43</b>	4.20	6.10	6.40	9.40
<b>44</b>	4.30	6.40	6.80	9.90
<b>45</b>	4.60	6.60	7.20	10.30
<b>46</b>	4.70	7.00	7.40	10.90
<b>47</b>	4.90	7.30	7.80	11.40
<b>48</b>	5.20	7.80	8.30	12.20
<b>49</b>	5.50	8.20	8.70	12.90
<b>50</b>	5.70	8.70	9.20	13.50
<b>51</b>	6.10	9.20	9.60	14.40
<b>52</b>	6.50	9.80	10.30	15.20
<b>53</b>	6.90	10.40	10.80	16.10
<b>54</b>	7.20	10.90	11.30	17.00
<b>55</b>	7.70	11.70	12.00	17.80
<b>56</b>	8.10	12.40	12.70	18.90
<b>57</b>	8.70	13.30	13.50	20.20
<b>58</b>	9.40	14.20	14.60	21.50
<b>59</b>	10.00	15.20	15.60	23.00
<b>60</b>	10.80	16.30	16.60	24.40

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Home Monthly Benefit	<b>\$500</b>
Facility Benefit Duration	<b>3 Years</b>
Home Benefit	<b>50%</b>
Lifetime Maximum	<b>\$36,000</b>
Elimination Period	<b>90 Days</b>
Home Care Level	<b>Home and Community- Based Care</b>

**OPTIONS:**

Home Care Level	<b>Home, Community- Based and Immediate Family Member Care</b>
Inflation Protection	<b>Simple Capped</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 Home, Community Based and Immediate Family Member Care Option	Base Plan With Simple Inflation Option	Base Plan With Simple Inflation and Home, Community Based and Immediate Family Member Care Option
<b>61</b>	11.70	17.60	18.10	26.10
<b>62</b>	12.90	19.20	19.80	28.30
<b>63</b>	14.00	20.80	21.30	30.60
<b>64</b>	15.50	22.60	23.30	32.90
<b>65</b>	17.60	25.20	26.40	36.70
<b>66</b>	19.50	27.40	28.90	39.50
<b>67</b>	21.70	30.00	31.90	43.00
<b>68</b>	23.90	32.60	34.70	46.30
<b>69</b>	26.50	35.60	38.40	50.30
<b>70</b>	29.40	38.90	41.90	54.20
<b>71</b>	32.60	42.60	46.00	59.00
<b>72</b>	36.10	46.70	50.60	64.20
<b>73</b>	40.00	51.20	55.30	69.40
<b>74</b>	44.30	55.90	60.70	75.40
<b>75</b>	53.40	66.70	72.20	88.90
<b>76</b>	58.60	72.50	78.70	96.10
<b>77</b>	64.20	78.80	85.00	103.10
<b>78</b>	70.50	85.70	92.70	111.30
<b>79</b>	77.40	93.20	100.10	119.30
<b>80</b>	84.90	101.40	109.10	129.00

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## Connecticut Rates

**BASE PLAN:**

Facility Monthly Benefit	<b>\$1,000</b>
Home Monthly Benefit	<b>\$500</b>
Facility Benefit Duration	<b>6 Years</b>
Home Benefit	<b>50%</b>
Lifetime Maximum	<b>\$72,000</b>
Elimination Period	<b>90 Days</b>
Home Care Level	<b>Home and Community- Based Care</b>

**OPTIONS:**

Home Care Level	<b>Home, Community- Based and Immediate Family Member Care</b>
Inflation Protection	<b>Simple Capped</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 Home, Community Based and Immediate Family Member Care Option	Base Plan With Simple Inflation Option	Base Plan With Simple Inflation and Home, Community Based and Immediate Family Member Care Option
<b>18-30</b>	3.50	5.50	4.90	7.50
<b>31</b>	3.60	5.50	5.10	7.70
<b>32</b>	3.60	5.60	5.30	8.10
<b>33</b>	3.80	5.70	5.50	8.30
<b>34</b>	3.90	5.90	5.60	8.50
<b>35</b>	4.00	6.10	5.90	8.80
<b>36</b>	4.20	6.20	6.20	9.20
<b>37</b>	4.30	6.50	6.40	9.60
<b>38</b>	4.40	6.80	6.80	10.00
<b>39</b>	4.70	7.00	7.00	10.50
<b>40</b>	4.80	7.30	7.40	11.10
<b>41</b>	4.90	7.50	7.70	11.60
<b>42</b>	5.20	7.90	8.10	12.10
<b>43</b>	5.50	8.30	8.60	12.70
<b>44</b>	5.70	8.70	9.00	13.30
<b>45</b>	6.10	9.10	9.60	14.00
<b>46</b>	6.40	9.60	10.00	14.80
<b>47</b>	6.60	10.10	10.50	15.70
<b>48</b>	7.00	10.70	11.10	16.50
<b>49</b>	7.30	11.20	11.60	17.40
<b>50</b>	7.70	11.80	12.10	18.30
<b>51</b>	8.10	12.50	12.70	19.40
<b>52</b>	8.60	13.40	13.50	20.50
<b>53</b>	9.10	14.20	14.30	22.00
<b>54</b>	9.60	15.00	15.10	23.10
<b>55</b>	10.10	16.00	15.90	24.20
<b>56</b>	10.80	17.00	16.80	25.70
<b>57</b>	11.60	18.20	17.90	27.40
<b>58</b>	12.40	19.50	19.10	29.30
<b>59</b>	13.30	20.80	20.40	31.20
<b>60</b>	14.20	22.20	21.70	33.10

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## Connecticut Rates

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Facility Monthly Benefit	<b>\$1,000</b>
Home Monthly Benefit	<b>\$500</b>
Facility Benefit Duration	<b>6 Years</b>
Home Benefit	<b>50%</b>
Lifetime Maximum	<b>\$72,000</b>
Elimination Period	<b>90 Days</b>
Home Care Level	<b>Home and Community- Based Care</b>

**OPTIONS:**

Home Care Level	<b>Home, Community- Based and Immediate Family Member Care</b>
Inflation Protection	<b>Simple Capped</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 Home, Community Based and Immediate Family Member Care Option	Base Plan With Simple Inflation Option	Base Plan With Simple Inflation and Home, Community Based and Immediate Family Member Care Option
61	15.50	24.20	23.70	35.90
62	16.90	26.40	25.70	38.90
63	18.50	28.60	27.80	41.70
64	20.20	31.20	30.40	45.20
65	22.90	34.70	34.10	50.20
66	25.40	38.00	37.30	54.20
67	28.10	41.50	41.20	59.20
68	30.90	45.20	45.00	63.70
69	34.20	49.30	49.30	69.20
70	37.80	54.00	53.80	74.80
71	42.00	59.20	59.00	81.40
72	46.40	64.70	64.90	88.40
73	51.40	70.90	70.70	95.60
74	56.70	77.60	77.60	103.90
75	68.10	92.60	91.90	122.50
76	74.90	100.60	100.20	132.30
77	82.00	109.60	108.30	142.10
78	90.00	119.10	117.90	153.50
79	98.50	129.60	127.30	164.80
80	108.00	140.90	138.50	177.80

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**Connecticut Rates**

<b>BASE PLAN:</b>		<b>OPTIONS:</b>	
Facility Monthly Benefit	\$1,000	Home	Home, Community-Based and Immediate Family Member Care
Home Monthly Benefit	\$500		
Facility Benefit Duration	Unlimited		
Home Benefit	50%		
Lifetime Maximum	Unlimited	Inflation Protection	Simple Capped
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 Base Plan	Plan 2	Plan 3	Plan 4
		Base Plan With Home, Community Based and Immediate Family Member Care Option	Base Plan With Simple Inflation Option	Base Plan With Simple Inflation and Home, Community Based and Immediate Family Member Care Option
<b>18-30</b>	4.90	7.70	6.80	10.70
<b>31</b>	4.90	7.80	7.00	11.10
<b>32</b>	5.10	8.10	7.30	11.40
<b>33</b>	5.20	8.20	7.40	11.70
<b>34</b>	5.20	8.30	7.70	12.10
<b>35</b>	5.50	8.60	8.10	12.60
<b>36</b>	5.60	8.80	8.30	13.00
<b>37</b>	5.90	9.10	8.70	13.70
<b>38</b>	6.00	9.40	9.10	14.20
<b>39</b>	6.20	9.80	9.50	14.80
<b>40</b>	6.50	10.30	10.00	15.50
<b>41</b>	6.90	10.70	10.50	16.10
<b>42</b>	7.20	11.10	10.90	16.90
<b>43</b>	7.40	11.60	11.60	17.80
<b>44</b>	7.80	12.10	12.10	18.60
<b>45</b>	8.20	12.70	12.70	19.60
<b>46</b>	8.60	13.40	13.40	20.70
<b>47</b>	9.00	14.20	14.00	22.00
<b>48</b>	9.40	15.00	14.80	23.10
<b>49</b>	9.80	15.70	15.50	24.40
<b>50</b>	10.40	16.80	16.30	25.70
<b>51</b>	10.80	17.70	17.00	27.30
<b>52</b>	11.40	18.70	17.90	28.90
<b>53</b>	12.10	19.90	19.00	30.60
<b>54</b>	12.70	21.10	20.00	32.40
<b>55</b>	13.30	22.20	20.80	33.70
<b>56</b>	14.20	23.80	22.00	35.80
<b>57</b>	15.10	25.50	23.40	38.20
<b>58</b>	16.10	27.20	25.00	40.60
<b>59</b>	17.20	29.10	26.50	43.30
<b>60</b>	18.50	31.20	28.20	46.00

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<b>BASE PLAN:</b>		<b>OPTIONS:</b>	
Facility Monthly Benefit	\$1,000	Home	Home, Community-Based and Immediate Family Member Care
Home Monthly Benefit	\$500		
Facility Benefit Duration	Unlimited		
Home Benefit	50%		
Lifetime Maximum	Unlimited	Inflation Protection	Simple Capped
Elimination Period	90 Days		
Home Care Level	Home and Community-Based Care		

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

Insurance Age	Monthly Rates			
	Plan 1 Base Plan	Plan 2 Base Plan With Home, Community Based and Immediate Family Member Care Option	Plan 3 Base Plan With Simple Inflation Option	Plan 4 Base Plan With Simple Inflation and Home, Community Based and Immediate Family Member Care Option
61	20.00	33.90	30.60	49.80
62	21.80	36.90	33.00	53.80
63	23.80	40.20	35.60	58.10
64	25.90	43.60	38.60	62.70
65	29.10	48.60	43.40	69.70
66	32.40	53.20	47.50	75.40
67	35.80	58.00	52.30	82.00
68	39.40	63.30	56.80	88.40
69	43.60	68.90	62.40	95.70
70	48.00	75.30	68.10	103.50
71	53.20	82.40	74.50	112.50
72	58.80	90.00	81.60	121.90
73	64.60	98.20	88.70	131.30
74	71.10	107.00	97.00	142.10
75	85.40	127.30	114.80	167.20
76	93.70	138.50	125.10	180.60
77	102.70	150.40	135.10	194.00
78	112.20	163.40	146.60	209.00
79	122.70	177.50	158.20	224.40
80	134.30	192.50	171.70	241.50