

**UNUM LONG TERM CARE PLAN
529058**

Connecticut Rates

BASE PLAN:		OPTIONS:
Facility Monthly Benefit	\$1,000	Home Care Level
Home Monthly Benefit	\$500	
Facility Benefit Duration	3 YEARS	Inflation Protection
Home Benefit	50%	
Lifetime Maximum	\$36,000	
Elimination Period	90 DAY	
Home Care Level	PROFESSIONAL	

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

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	3.00	4.60	4.00	6.20
31	3.00	4.60	4.20	6.40
32	3.00	4.60	4.30	6.60
33	3.10	4.70	4.40	6.80
34	3.10	4.80	4.70	7.20
35	3.30	4.90	4.80	7.30
36	3.40	5.10	5.10	7.50
37	3.50	5.30	5.20	7.80
38	3.60	5.50	5.50	8.30
39	3.80	5.70	5.90	8.70
40	3.90	6.00	6.00	9.00
41	4.20	6.20	6.40	9.50
42	4.30	6.50	6.80	10.00
43	4.60	6.80	7.00	10.40
44	4.70	7.20	7.40	10.90
45	5.10	7.40	7.80	11.60
46	5.20	7.80	8.20	12.20
47	5.50	8.20	8.60	12.70
48	5.70	8.80	9.10	13.70
49	6.00	9.20	9.60	14.40
50	6.40	9.80	10.10	15.20
51	6.80	10.40	10.80	16.30
52	7.20	11.10	11.30	17.20
53	7.50	11.70	12.10	18.20
54	7.90	12.40	12.70	19.20
55	8.60	13.10	13.40	20.20
56	9.10	14.00	14.20	21.30
57	9.80	15.10	15.20	22.80
58	10.40	16.00	16.40	24.30
59	11.20	17.30	17.60	26.00
60	12.10	18.50	18.90	27.70

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Home Monthly Benefit	\$500	
Facility Benefit Duration	3 YEARS	Inflation Protection
Home Benefit	50%	
Lifetime Maximum	\$36,000	
Elimination Period	90 DAY	
Home Care Level	PROFESSIONAL	

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

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
61	13.30	20.00	20.40	29.80
62	14.60	21.80	22.40	32.40
63	16.00	23.70	24.20	34.70
64	17.60	25.70	26.40	37.60
65	20.00	28.70	30.00	41.90
66	22.10	31.30	32.90	45.10
67	24.70	34.20	36.30	49.10
68	27.30	37.30	39.60	52.90
69	30.30	40.80	43.80	57.60
70	33.50	44.50	47.80	62.10
71	37.20	48.80	52.50	67.50
72	41.20	53.40	57.90	73.60
73	45.80	58.60	63.20	79.40
74	50.60	64.10	69.40	86.50
75	61.00	76.40	82.60	101.90
76	67.00	83.20	90.10	110.10
77	73.60	90.40	97.50	118.20
78	80.70	98.30	106.20	127.70
79	88.50	106.90	114.70	136.90
80	97.40	116.40	125.10	147.90
81	107.30	127.00	136.90	160.40
82	119.00	139.90	149.40	173.90
83	131.40	153.70	163.80	189.90
84	144.80	168.40	177.70	205.00

**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	6 YEARS
Home Benefit	50%
Lifetime Maximum	\$72,000
Elimination Period	90 DAY
Home Care Level	PROFESSIONAL

OPTIONS:

Home Care Level
Inflation Protection

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 Total Home Health Care Option	Base Plan With Simple Inflation Option	Base Plan With Simple Inflation and Total Home Health Care Option
18-30	3.80	6.00	5.50	8.50
31	3.90	6.10	5.50	8.60
32	4.00	6.20	5.70	9.00
33	4.20	6.40	6.00	9.20
34	4.20	6.50	6.10	9.50
35	4.40	6.80	6.50	9.90
36	4.60	7.00	6.80	10.40
37	4.70	7.30	7.00	10.80
38	4.90	7.50	7.30	11.20
39	5.10	7.80	7.70	11.70
40	5.30	8.10	8.10	12.40
41	5.50	8.50	8.50	12.90
42	5.70	8.80	9.00	13.50
43	6.00	9.20	9.40	14.20
44	6.40	9.60	9.90	14.80
45	6.80	10.10	10.50	15.70
46	7.00	10.80	10.90	16.50
47	7.30	11.30	11.60	17.60
48	7.80	12.00	12.20	18.50
49	8.10	12.60	12.70	19.60
50	8.50	13.30	13.40	20.70
51	9.00	14.00	14.20	21.80
52	9.50	15.00	15.00	23.10
53	10.00	16.00	16.00	24.70
54	10.70	16.90	16.80	26.00
55	11.30	18.10	17.70	27.40
56	12.00	19.10	18.90	29.00
57	12.90	20.50	20.00	31.10
58	13.80	22.00	21.50	33.10
59	14.80	23.50	22.90	35.40
60	15.90	25.20	24.40	37.60

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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 DAY
Home Care Level	PROFESSIONAL

OPTIONS:

Home Care Level
Inflation Protection

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 Total Home Health Care Option	Base Plan With Simple Inflation Option	Base Plan With Simple Inflation and Total Home Health Care Option
61	17.30	27.40	26.70	40.80
62	19.00	29.90	29.10	44.20
63	20.80	32.60	31.50	47.60
64	22.90	35.50	34.30	51.60
65	25.90	39.60	38.70	57.30
66	28.70	43.30	42.40	61.90
67	31.90	47.30	46.80	67.60
68	35.10	51.60	51.10	72.80
69	38.90	56.30	56.00	78.90
70	43.00	61.50	61.20	85.30
71	47.70	67.50	67.20	93.00
72	52.90	74.00	73.80	101.10
73	58.40	81.00	80.60	109.20
74	64.60	88.70	88.40	118.70
75	77.60	105.80	104.80	140.00
76	85.30	115.10	114.40	151.30
77	93.60	125.30	123.60	162.60
78	102.60	136.20	134.60	175.80
79	112.50	148.30	145.30	188.60
80	123.20	161.30	158.10	203.70
81	135.50	175.90	172.50	220.60
82	150.00	193.60	188.10	239.50
83	165.40	212.60	205.80	260.90
84	181.90	232.70	222.80	281.80

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Home Monthly Benefit	\$500	
Facility Benefit Duration	UNLIMITED	Inflation Protection
Home Benefit	50%	
Lifetime Maximum	UNLIMITED	
Elimination Period	90 DAY	
Home Care Level	PROFESSIONAL	

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	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	5.30	8.60	7.40	12.00
31	5.30	8.70	7.50	12.20
32	5.50	9.00	7.90	12.70
33	5.60	9.10	8.10	13.00
34	5.70	9.20	8.30	13.40
35	5.90	9.50	8.70	14.00
36	6.10	9.80	9.10	14.60
37	6.40	10.10	9.50	15.20
38	6.50	10.50	9.90	15.70
39	6.90	10.90	10.40	16.50
40	7.20	11.30	10.90	17.20
41	7.40	11.80	11.40	18.10
42	7.70	12.40	11.80	18.70
43	8.10	12.90	12.60	19.90
44	8.50	13.50	13.10	20.80
45	9.00	14.20	13.90	22.00
46	9.40	15.00	14.70	23.10
47	9.80	15.70	15.50	24.40
48	10.30	16.60	16.30	25.90
49	10.80	17.60	16.90	27.30
50	11.30	18.70	17.80	28.90
51	12.00	19.80	18.90	30.70
52	12.60	20.90	19.90	32.40
53	13.30	22.40	20.90	34.30
54	14.00	23.70	22.10	36.40
55	14.70	25.00	23.00	37.80
56	15.70	26.80	24.40	40.30
57	16.80	28.70	26.10	43.20
58	17.90	30.70	27.80	45.90
59	19.10	32.90	29.60	49.00
60	20.50	35.20	31.50	52.10

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Elimination Period	90 DAY	
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	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
61	22.40	38.40	34.20	56.40
62	24.40	41.70	37.20	61.10
63	26.70	45.50	40.00	65.90
64	29.00	49.50	43.40	71.20
65	32.90	55.30	49.00	79.30
66	36.40	60.50	53.60	85.80
67	40.30	65.90	59.00	93.50
68	44.50	72.00	64.40	100.60
69	49.10	78.50	70.60	109.10
70	54.20	85.70	77.10	117.90
71	60.20	93.90	84.40	128.20
72	66.40	102.60	92.40	139.00
73	73.20	111.80	100.60	149.80
74	80.60	121.90	110.00	162.10
75	96.70	145.10	130.30	190.70
76	106.20	157.80	142.00	206.10
77	116.50	171.60	153.40	221.40
78	127.40	186.40	166.70	238.70
79	139.40	202.40	179.80	256.10
80	152.50	219.70	195.10	275.90
81	167.30	238.90	212.60	297.80
82	184.70	262.00	231.10	322.40
83	203.10	286.70	252.20	350.00
84	222.60	312.30	272.10	376.40