

**UNUM LONG TERM CARE PLAN
Policy 547750**

Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	1,000
Home Monthly Benefit	500
Facility Benefit Duration	3 Years
Home Benefit	50%
Lifetime Maximum	36,000
Elimination Period	90 Days
Home Care Level	Professional
Non Forfeiture	Shortened Benefit Period

OPTIONS:

Home Care Level	Total
Inflation Protection	Simple Capped

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option	Plan 3 Base Plan with Simple Inflation Option	Plan 4 Base Plan with Simple Inflation and Total Home Care Option
18-30	3.00	4.60	4.20	6.40
32	3.00	4.70	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	7.70
37	3.50	5.30	5.20	7.90
38	3.60	5.60	5.60	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	6.60	9.90
43	4.40	6.80	7.00	10.30
44	4.70	7.00	7.30	10.90
45	4.90	7.30	7.70	11.30
46	5.10	7.70	8.10	12.00
47	5.30	8.10	8.50	12.60
48	5.60	8.60	9.00	13.40
49	5.90	9.00	9.40	14.00
50	6.10	9.50	9.90	14.80
51	6.60	10.10	10.40	15.70
52	7.00	10.80	11.10	16.60
53	7.30	11.30	11.70	17.60
54	7.70	12.00	12.20	18.60
55	8.20	12.70	13.00	19.50
56	8.70	13.50	13.70	20.50
57	9.50	14.60	14.70	22.00
58	10.00	15.50	15.90	23.50
59	10.80	16.60	16.90	25.20
60	11.70	17.80	18.20	26.80
61	12.70	19.20	19.80	28.70
62	13.90	20.90	21.30	30.90
63	15.20	22.60	23.10	33.30
64	16.80	24.60	25.40	36.00
65	19.10	27.60	28.70	40.00

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Home Benefit	50%
Lifetime Maximum	36,000
Elimination Period	90 Days
Home Care Level	Professional
Non Forfeiture	Shortened Benefit Period

OPTIONS:

Home Care Level	Total
Inflation Protection	Simple Capped

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option	Plan 3 Base Plan with Simple Inflation Option	Plan 4 Base Plan with Simple Inflation and Total Home Care Option
66	21.10	29.60	31.20	42.90
67	23.40	32.50	34.50	46.70
68	25.90	35.40	37.60	50.20
69	28.70	38.70	41.50	54.60
70	31.70	42.30	45.40	58.90
71	35.00	45.90	49.40	63.60
72	38.90	50.20	54.30	69.20
73	42.60	54.60	58.90	74.10
74	47.20	59.80	64.70	80.60
75	56.40	70.60	76.30	94.10
76	61.90	76.80	83.20	101.80
77	67.30	82.70	89.20	108.20
78	73.80	90.00	97.20	116.90
79	81.10	97.90	105.00	125.30
80	89.10	106.60	114.50	135.50
81	97.20	115.20	124.20	145.50
82	107.90	126.90	135.50	157.80
83	119.20	139.40	148.60	172.30
84	130.10	151.30	159.80	184.30

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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 Days**
 Home Care Level **Professional**
 Non Forfeiture **Shortened Benefit Period**

OPTIONS:

Home Care Level **Total**
 Inflation Protection **Simple Capped**

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option	Plan 3 Base Plan with Simple Inflation Option	Plan 4 Base Plan with Simple Inflation and Total Home Care Option
18-30	3.90	6.10	5.50	8.50
31	4.00	6.20	5.60	8.70
32	4.00	6.40	5.90	9.10
33	4.20	6.50	6.10	9.20
34	4.30	6.60	6.20	9.50
35	4.40	6.90	6.50	10.00
36	4.60	7.00	6.90	10.40
37	4.70	7.30	7.00	10.80
38	4.90	7.50	7.40	11.30
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	8.70	8.80	13.40
43	6.00	9.10	9.20	14.00
44	6.20	9.60	9.80	14.70
45	6.60	10.00	10.40	15.50
46	6.90	10.50	10.80	16.30
47	7.20	11.10	11.40	17.30
48	7.50	11.70	11.80	18.10
49	7.80	12.20	12.40	19.10
50	8.20	13.00	13.10	20.20
51	8.70	13.70	13.80	21.30
52	9.20	14.60	14.60	22.60
53	9.80	15.30	15.30	23.90
54	10.30	16.30	16.10	25.10
55	10.90	17.40	17.00	26.40
56	11.60	18.50	18.20	28.10
57	12.40	19.90	19.40	30.00
58	13.30	21.20	20.80	32.00
59	14.30	22.80	22.10	34.10
60	15.30	24.30	23.70	36.30
61	16.80	26.50	25.70	39.40
62	18.20	28.70	27.80	42.30
63	19.90	31.20	30.00	45.50
64	21.80	33.90	32.90	49.40

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BASE PLAN:		OPTIONS:	
Facility Monthly Benefit	1,000	Home Care Level	Total
Home Monthly Benefit	500	Inflation Protection	Simple Capped
Facility Benefit Duration	6 Years		
Home Benefit	50%		
Lifetime Maximum	72,000		
Elimination Period	90 Days		
Home Care Level	Professional		
Non Forfeiture	Shortened Benefit Period		

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Total Home Care Option	Plan 3 Base Plan with Simple Inflation Option	Plan 4 Base Plan with Simple Inflation and Total Home Care Option
65	24.70	38.00	37.10	54.90
66	27.20	41.10	40.20	58.80
67	30.20	44.90	44.50	64.10
68	33.40	49.00	48.50	69.00
69	36.90	53.40	53.20	74.90
70	40.80	58.40	58.10	81.00
71	44.90	63.60	63.20	87.40
72	49.70	69.60	69.40	95.00
73	54.50	75.50	75.10	101.80
74	60.20	82.70	82.40	110.60
75	71.80	97.80	96.90	129.40
76	78.80	106.30	105.70	139.90
77	85.70	114.70	113.10	148.90
78	93.90	124.80	123.20	160.90
79	103.00	135.70	133.00	172.80
80	112.80	147.70	144.70	186.60
81	123.00	159.60	156.50	200.10
82	136.10	175.60	170.70	217.40
83	150.00	192.80	186.70	236.70
84	163.40	209.30	200.30	253.40