

**UNUM LONG TERM CARE PLAN
220281**

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

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
18-24	6.00	8.80	9.90	14.30
25	6.00	8.80	9.90	14.30
26	6.00	8.80	9.90	14.30
27	6.00	8.80	9.90	14.30
28	6.20	9.00	10.10	14.60
29	6.20	9.10	10.40	15.00
30	6.40	9.20	10.50	15.20
31	6.60	9.60	10.90	15.70
32	6.80	9.90	11.30	16.30
33	7.20	10.30	11.70	16.80
34	7.40	10.70	12.10	17.30
35	7.70	10.90	12.70	18.20
36	8.10	11.60	13.10	18.70
37	8.30	12.00	13.70	19.50
38	8.70	12.50	14.30	20.30
39	9.10	13.10	15.10	21.30
40	9.60	13.70	15.70	22.20
41	10.00	14.30	16.50	23.30
42	10.50	15.00	17.20	24.20
43	10.90	15.60	18.10	25.40
44	11.60	16.50	19.00	26.70
45	12.40	17.40	20.00	27.80
46	12.90	18.10	21.10	29.30
47	13.70	19.10	22.00	30.60
48	14.30	20.20	23.10	32.00
49	15.10	21.10	24.40	33.50
50	16.10	22.40	25.60	35.10
51	17.00	23.70	27.00	36.90
52	18.10	25.00	28.50	38.90
53	19.10	26.40	30.30	41.00
54	20.40	28.00	31.90	42.90
55	21.60	29.40	33.70	45.10
56	23.30	31.60	36.40	48.40
57	25.10	33.90	39.00	51.60
58	27.30	36.70	42.10	55.10

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Lifetime Maximum	36,000
Elimination Period	90 Days
Home Care Level	Professional

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
59	29.50	39.40	45.20	58.90
60	31.90	42.30	48.60	62.80
61	34.70	45.60	52.70	67.30
62	37.70	49.00	56.70	72.00
63	41.10	53.00	61.20	77.00
64	44.70	57.10	66.00	82.30
65	50.10	62.70	73.70	90.20
66	54.10	67.00	79.00	95.70
67	58.80	72.00	84.80	101.80
68	64.00	77.90	91.10	108.60
69	69.90	84.40	98.50	116.40
70	76.60	91.70	106.30	124.80
71	83.70	99.70	114.70	133.80
72	91.40	108.00	123.50	143.30
73	98.70	115.70	132.10	152.00
74	106.30	123.60	140.90	160.80
75	116.00	133.40	153.10	173.00
76	124.70	142.10	163.40	183.30
77	134.20	151.60	174.20	194.10
78	143.30	160.70	184.90	204.80
79	152.80	170.20	195.90	215.80
80	163.50	181.10	207.70	227.60

**UNUM LONG TERM CARE PLAN
220281**

Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	1,000
Home Monthly Benefit	500
Facility Benefit Duration	5 Years
Home Benefit	50%
Lifetime Maximum	60,000
Elimination Period	90 Days
Home Care Level	Professional

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
18-24	6.50	9.80	10.50	15.90
25	6.50	9.80	10.50	15.90
26	6.50	9.80	10.50	15.90
27	6.60	9.90	10.80	16.10
28	6.60	9.90	11.10	16.40
29	6.80	10.10	11.20	16.50
30	6.90	10.30	11.40	17.00
31	7.20	10.70	11.80	17.40
32	7.30	10.90	12.40	18.20
33	7.70	11.30	12.70	18.90
34	7.90	11.80	13.30	19.50
35	8.30	12.20	13.90	20.30
36	8.70	12.90	14.60	21.20
37	9.10	13.40	15.10	22.00
38	9.50	13.90	15.70	22.90
39	9.90	14.40	16.50	24.10
40	10.40	15.20	17.30	25.00
41	10.90	16.00	18.10	26.10
42	11.40	16.60	19.00	27.30
43	12.10	17.60	19.90	28.60
44	12.70	18.50	20.90	30.00
45	13.50	19.50	22.10	31.60
46	14.20	20.50	23.30	33.10
47	15.00	21.60	24.60	34.70
48	15.90	22.80	25.70	36.40
49	16.60	23.90	27.20	38.20
50	17.70	25.20	28.70	40.30
51	18.90	26.80	30.60	42.50
52	19.90	28.20	32.20	44.70
53	21.20	29.90	34.10	47.10
54	22.60	31.70	36.30	49.80
55	24.10	33.50	38.40	52.40
56	26.10	36.30	41.50	56.30
57	28.20	39.00	44.70	60.30
58	30.70	42.10	48.50	64.90

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BASE PLAN:

Facility Monthly Benefit	1,000
Home Monthly Benefit	500
Facility Benefit Duration	5 Years
Home Benefit	50%
Lifetime Maximum	60,000
Elimination Period	90 Days
Home Care Level	Professional

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
59	33.40	45.50	52.40	69.60
60	36.50	49.30	56.80	74.60
61	39.80	53.40	61.80	80.50
62	43.60	57.90	67.00	86.50
63	47.80	62.80	72.80	93.10
64	52.50	68.10	79.20	100.20
65	59.20	75.50	88.80	110.60
66	64.50	81.50	95.90	118.30
67	70.50	88.10	103.50	126.50
68	77.10	95.70	112.10	136.00
69	84.90	104.70	121.60	146.50
70	93.20	114.30	131.80	158.10
71	102.30	124.70	142.70	170.20
72	112.10	135.70	154.40	183.00
73	121.70	146.30	165.80	195.10
74	131.70	157.00	177.70	207.50
75	144.60	170.70	193.60	223.70
76	156.00	182.70	206.70	237.30
77	168.40	195.50	220.90	251.60
78	180.40	208.40	234.70	266.00
79	193.10	221.70	249.10	280.70
80	206.80	236.00	264.40	296.40

**UNUM LONG TERM CARE PLAN
220281**

Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	1,000
Home Monthly Benefit	500
Facility Benefit Duration	Unlimited
Home Benefit	50%
Lifetime Maximum	Unlimited
Elimination Period	90 Days
Home Care Level	Professional

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
18-24	7.20	11.20	11.70	18.20
25	7.20	11.20	11.70	18.20
26	7.20	11.20	11.70	18.30
27	7.30	11.30	12.00	18.50
28	7.30	11.40	12.10	18.90
29	7.40	11.60	12.40	19.10
30	7.50	11.80	12.70	19.60
31	7.90	12.20	13.10	20.30
32	8.10	12.60	13.70	20.90
33	8.50	13.00	14.20	21.70
34	8.80	13.70	14.70	22.50
35	9.10	14.20	15.30	23.40
36	9.60	14.70	16.00	24.40
37	10.00	15.30	16.60	25.40
38	10.40	16.00	17.40	26.50
39	11.10	16.80	18.50	27.80
40	11.40	17.60	19.20	29.00
41	12.10	18.50	20.20	30.40
42	12.60	19.20	21.20	31.90
43	13.40	20.30	22.20	33.40
44	14.20	21.30	23.50	35.00
45	14.80	22.50	24.80	36.80
46	15.90	23.80	26.10	38.70
47	16.60	25.10	27.60	40.70
48	17.70	26.40	29.00	42.80
49	18.60	27.80	30.80	45.10
50	19.90	29.50	32.50	47.50
51	20.90	31.20	34.60	50.30
52	22.50	33.10	36.70	53.00
53	23.90	35.10	39.00	56.00
54	25.50	37.20	41.30	59.20
55	27.30	39.60	44.10	62.70
56	29.50	42.90	47.70	67.50
57	32.10	46.40	51.70	72.70
58	35.10	50.30	56.00	78.30

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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	Unlimited		
Home Benefit	50%		
Lifetime Maximum	Unlimited		
Elimination Period	90 Days		
Home Care Level	Professional		

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
59	38.40	54.50	61.00	84.50
60	41.90	59.20	66.20	91.10
61	46.10	64.50	72.40	98.80
62	50.70	70.30	79.00	107.00
63	55.80	76.70	86.50	116.00
64	61.60	83.90	94.80	126.00
65	69.90	93.90	107.00	140.40
66	76.60	101.80	116.20	151.10
67	84.10	110.90	126.00	162.60
68	92.30	120.90	136.90	175.50
69	101.80	132.50	149.00	190.10
70	112.10	145.00	162.10	205.70
71	123.00	158.30	175.60	221.90
72	134.90	172.90	190.50	239.50
73	146.60	186.60	204.90	256.00
74	159.10	200.90	220.20	273.30
75	175.00	218.80	240.50	296.00
76	189.30	235.00	257.80	315.10
77	204.50	252.10	275.90	335.10
78	219.30	268.80	293.20	354.40
79	234.70	286.10	311.40	374.40
80	251.40	304.60	330.70	395.60