

**UNUM LONG TERM CARE PLAN
Policy 00215087**

Connecticut Rates

BASE PLAN:

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

OPTIONS:

Home Monthly Benefit	\$500
Home Benefit	50%
Home Care Level	Total

Inflation Protection

Compound Uncapped

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 Compound Inflation Option	Base Plan With Compound Inflation and Total Home Health Care Option
18-30	1.70	4.20	6.20	12.00
31	1.70	4.20	6.40	12.20
32	1.70	4.30	6.50	12.50
33	1.80	4.30	6.80	12.70
34	1.80	4.40	6.90	13.00
35	2.00	4.60	7.20	13.40
36	2.00	4.70	7.30	13.80
37	2.10	4.80	7.50	14.00
38	2.20	5.10	7.80	14.60
39	2.30	5.30	8.10	15.00
40	2.50	5.50	8.30	15.30
41	2.60	5.70	8.60	15.90
42	2.60	6.00	9.00	16.40
43	2.70	6.20	9.10	16.80
44	2.90	6.50	9.50	17.40
45	3.10	6.90	9.90	17.90
46	3.30	7.30	10.10	18.50
47	3.50	7.50	10.50	19.10
48	3.80	8.10	11.10	19.80
49	3.90	8.60	11.40	20.50
50	4.20	9.00	11.80	21.20
51	4.60	9.60	12.40	22.10
52	4.80	10.10	13.00	22.90
53	5.20	10.80	13.40	23.80
54	5.60	11.40	14.00	24.60
55	6.00	12.20	15.00	25.50
56	6.50	12.90	15.70	26.70
57	7.20	13.90	16.60	28.00
58	7.70	14.80	17.60	29.30
59	8.50	15.90	18.60	30.60
60	9.20	17.00	19.80	32.10

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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 Compound Inflation Option	Base Plan With Compound Inflation and Total Home Health Care Option
61	10.30	18.50	21.50	34.20
62	11.40	20.20	23.40	36.80
63	12.70	21.80	25.10	38.90
64	14.20	23.80	27.40	41.60
65	16.40	26.50	30.80	45.80
66	18.30	28.90	33.50	48.80
67	20.50	31.60	36.70	52.70
68	22.90	34.50	39.80	56.20
69	25.50	37.60	43.30	60.30
70	28.30	41.10	46.80	64.40
71	31.70	45.00	51.40	69.60
72	35.20	49.30	56.00	75.00
73	39.30	54.10	60.80	80.70
74	43.70	59.20	66.30	86.80
75	52.80	70.60	78.50	101.80
76	58.10	76.70	85.40	109.50
77	64.00	83.50	92.30	116.90
78	70.50	90.70	100.10	125.50
79	77.50	98.70	107.80	134.00
80	85.40	107.40	117.00	144.00

**UNUM LONG TERM CARE PLAN
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Connecticut Rates

BASE PLAN:

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

OPTIONS:

Home Monthly Benefit	\$500
Home Benefit	50%
Home Care Level	Total
Inflation Protection	Compound Uncapped

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 Compound Inflation Option	Base Plan With Compound Inflation and Total Home Health Care Option
18-30	2.20	5.60	8.10	16.00
31	2.30	5.70	8.50	16.50
32	2.30	5.90	8.60	16.90
33	2.50	5.90	9.00	17.30
34	2.50	6.00	9.10	17.70
35	2.60	6.20	9.40	18.20
36	2.60	6.40	9.60	18.60
37	2.70	6.60	10.00	19.10
38	2.90	6.90	10.30	19.80
39	3.00	7.20	10.50	20.30
40	3.10	7.40	10.90	20.80
41	3.30	7.80	11.20	21.30
42	3.50	8.20	11.60	22.10
43	3.60	8.60	12.00	22.60
44	3.80	9.00	12.40	23.40
45	4.00	9.40	12.70	24.20
46	4.30	9.90	13.30	25.00
47	4.60	10.40	13.70	25.70
48	4.80	11.10	14.30	26.80
49	5.10	11.60	14.80	27.70
50	5.50	12.20	15.30	28.60
51	5.90	13.00	16.00	29.80
52	6.20	13.80	16.60	30.80
53	6.80	14.70	17.40	32.10
54	7.20	15.60	18.20	33.30
55	7.80	16.60	19.20	34.50
56	8.30	17.70	20.20	35.90
57	9.10	19.00	21.30	37.70
58	9.90	20.30	22.60	39.50
59	10.80	21.70	23.80	41.30
60	11.70	23.30	25.10	43.40

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Connecticut Rates

BASE PLAN:

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

OPTIONS:

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Home Benefit	50%
Home Care Level	Total
Inflation Protection	Compound Uncapped

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 Compound Inflation Option	Base Plan With Compound Inflation and Total Home Health Care Option
61	13.10	25.40	27.30	46.50
62	14.60	27.70	29.60	49.80
63	16.10	30.00	31.90	52.90
64	17.90	32.80	34.60	56.70
65	20.70	36.50	38.90	62.10
66	23.10	39.90	42.30	66.70
67	25.90	43.70	46.10	71.90
68	28.70	47.60	49.90	76.70
69	31.90	52.00	54.10	82.30
70	35.40	56.80	58.50	87.90
71	39.50	62.30	64.10	95.30
72	43.90	68.30	69.80	102.70
73	48.80	74.80	75.50	110.40
74	54.00	81.80	82.20	118.80
75	65.10	97.60	97.10	139.20
76	71.90	106.20	105.60	149.90
77	79.00	115.60	113.80	160.30
78	86.80	125.70	123.20	171.90
79	95.40	136.90	132.60	184.00
80	104.90	148.90	143.80	197.70

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Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	\$1,000
Facility Benefit Duration	Unlimited
Lifetime Maximum	Unlimited
Elimination Period	90 Days

OPTIONS:

Home Monthly Benefit	\$500
Home Benefit	50%
Home Care Level	Total
Inflation Protection	
Compound Uncapped	

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

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		Base Plan With Total Home Health Care Option	Base Plan With Compound Inflation Option	Base Plan With Compound Inflation and Total Home Health Care Option
18-30	2.90	7.90	10.40	22.40
31	2.90	7.90	10.70	22.90
32	3.00	8.20	11.10	23.40
33	3.00	8.30	11.20	23.90
34	3.10	8.60	11.40	24.40
35	3.30	8.80	11.80	25.10
36	3.40	9.10	12.20	25.60
37	3.50	9.40	12.50	26.40
38	3.60	9.60	12.90	27.00
39	3.80	10.10	13.30	27.80
40	3.90	10.50	13.70	28.60
41	4.20	10.90	14.20	29.40
42	4.30	11.30	14.40	30.30
43	4.60	11.80	15.00	31.10
44	4.80	12.50	15.50	32.10
45	4.90	13.10	15.90	33.00
46	5.30	13.80	16.50	34.20
47	5.70	14.60	17.20	35.40
48	6.00	15.50	17.80	36.80
49	6.40	16.30	18.50	38.00
50	6.90	17.30	19.10	39.40
51	7.30	18.20	19.90	41.00
52	7.80	19.40	20.80	42.40
53	8.30	20.70	21.70	44.20
54	9.00	21.80	22.60	45.80
55	9.50	23.00	23.80	46.90
56	10.30	24.70	25.00	49.10
57	11.20	26.50	26.30	51.70
58	12.10	28.30	27.70	54.20
59	13.30	30.40	29.30	56.80
60	14.40	32.50	30.80	59.50

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61	16.00	35.50	33.40	63.70
62	17.70	38.60	36.10	68.30
63	19.60	42.00	38.90	72.70
64	21.80	45.60	42.00	77.60
65	25.10	51.00	47.20	85.30
66	28.10	55.80	51.20	91.50
67	31.20	60.80	55.90	98.50
68	34.70	66.40	60.30	105.00
69	38.50	72.40	65.50	112.80
70	42.80	79.00	70.70	120.80
71	47.70	86.60	77.20	130.50
72	53.00	94.60	84.20	140.40
73	58.60	103.20	90.90	150.70
74	64.70	112.60	98.50	161.60
75	78.10	133.90	116.40	188.90
76	86.10	145.70	126.50	203.50
77	94.60	158.30	136.40	217.20
78	103.90	172.00	147.60	232.70
79	114.00	186.80	158.60	248.80
80	125.20	202.80	171.60	266.90