

**UNUM LONG TERM CARE PLAN
Policy 105237**

Connecticut Rates

BASE PLAN:

Facility Monthly Benefit **1,000**
 Facility Benefit Duration **2 Years**
 Lifetime Maximum **24,000**
 Elimination Period **90 Days**

OPTIONS:

Home Monthly Benef **500**
 Home Benefit **50%**
 Inflation Protection **Simple Capped**
 Home Care Level **Total**

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Simple Inflation Option	Plan 3 Base Plan with Total Home Care Option	Plan 4 Base Plan with Simple Inflation and Total Home Care Option
18-30	1.00	2.00	3.60	6.50
31	1.00	2.00	3.80	6.60
32	1.20	2.20	4.00	7.20
33	1.20	2.30	4.20	7.40
34	1.30	2.60	4.40	7.90
35	1.30	2.60	4.60	8.20
36	1.60	2.70	4.80	8.50
37	1.70	3.00	5.20	9.10
38	1.70	3.00	5.30	9.50
39	1.80	3.40	5.70	10.00
40	2.00	3.60	6.00	10.50
41	2.10	3.90	6.40	11.20
42	2.20	4.20	6.80	12.00
43	2.30	4.60	7.20	12.70
44	2.60	4.70	7.50	13.10
45	2.70	4.90	7.90	13.90
46	2.90	5.30	8.30	14.60
47	3.10	5.90	9.10	15.70
48	3.50	6.50	9.60	16.80
49	3.60	6.60	10.30	17.40
50	3.90	7.30	10.90	18.60
51	4.30	7.90	11.70	19.80
52	4.70	8.70	12.60	21.20
53	5.10	9.40	13.40	22.50
54	5.60	10.10	14.30	23.90
55	6.00	11.10	15.30	25.40
56	6.60	12.10	16.60	27.40
57	7.50	13.40	18.20	29.60
58	8.30	15.00	19.60	32.00
59	9.20	16.50	21.30	34.50
60	10.40	18.30	23.30	37.20
61	11.80	20.50	25.20	40.20
62	13.10	22.80	27.40	43.30
63	14.80	25.40	29.90	46.70
64	16.80	28.30	32.40	50.30

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OPTIONS:

Home Monthly Benef	500
Home Benefit	50%
Inflation Protection	Simple Capped
Home Care Level	Total

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Simple Inflation Option	Plan 3 Base Plan with Total Home Care Option	Plan 4 Base Plan with Simple Inflation and Total Home Care Option
65	19.80	33.30	36.30	56.20
66	22.10	36.40	39.00	59.80
67	24.70	40.30	42.30	64.00
68	27.60	44.10	45.50	68.30
69	30.80	48.60	49.30	73.20
70	34.50	53.40	53.30	78.10
71	40.30	61.50	60.10	87.10
72	46.30	69.80	67.00	96.30
73	52.30	77.90	74.00	105.20
74	58.10	84.90	80.60	112.80
75	64.10	93.00	87.60	121.60
76	71.10	100.90	95.20	130.10
77	78.70	110.10	103.40	139.50
78	87.50	120.80	112.70	150.50
79	96.70	132.60	122.60	162.60
80	106.90	144.40	133.30	174.70
81	117.90	156.90	144.40	187.20
82	130.30	170.70	156.80	200.30
83	144.00	187.20	170.60	216.70
84	158.10	202.30	184.60	231.50

**UNUM LONG TERM CARE PLAN
Policy 105237**

Connecticut Rates

BASE PLAN:

Facility Monthly Benefit **1,000**
 Facility Benefit Duration **4 Years**
 Lifetime Maximum **48,000**
 Elimination Period **90 Days**

OPTIONS:

Home Monthly Benef **500**
 Home Benefit **50%**
 Inflation Protection **Simple Capped**
 Home Care Level **Total**

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Simple Inflation Option	Plan 3 Base Plan with Total Home Care Option	Plan 4 Base Plan with Simple Inflation and Total Home Care Option
18-30	1.60	2.90	4.90	8.60
31	1.60	2.90	4.90	8.70
32	1.70	3.30	5.30	9.20
33	1.80	3.50	5.60	9.90
34	2.00	3.50	5.70	10.10
35	2.10	3.80	6.00	10.70
36	2.20	4.00	6.40	11.30
37	2.30	4.40	6.80	12.00
38	2.50	4.60	7.20	12.50
39	2.60	4.80	7.40	13.10
40	2.70	5.20	7.80	13.80
41	3.00	5.50	8.20	14.60
42	3.30	6.00	9.00	15.90
43	3.40	6.40	9.40	16.60
44	3.60	6.80	10.00	17.40
45	3.90	7.20	10.50	18.20
46	4.20	7.70	11.20	19.50
47	4.60	8.60	12.00	20.90
48	4.90	9.10	12.70	22.10
49	5.20	9.80	13.50	23.40
50	5.70	10.50	14.40	24.80
51	6.10	11.40	15.60	26.50
52	6.60	12.20	16.60	28.20
53	7.30	13.40	17.80	30.00
54	7.90	14.60	19.10	32.00
55	8.60	15.70	20.40	33.90
56	9.60	17.30	22.40	36.90
57	10.70	19.20	24.30	40.00
58	12.00	21.50	26.70	43.60
59	13.30	23.70	28.90	46.90
60	15.00	26.30	31.50	50.70
61	16.60	29.30	34.20	54.70
62	18.90	32.60	37.60	59.40
63	21.20	36.30	41.00	64.20
64	23.80	40.20	44.70	69.40

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Connecticut Rates

BASE PLAN:		OPTIONS:	
Facility Monthly Benefit	1,000	Home Monthly Benef	500
Facility Benefit Duration	4 Years	Home Benefit	50%
Lifetime Maximum	48,000	Inflation Protection	Simple Capped
Elimination Period	90 Days	Home Care Level	Total

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Simple Inflation Option	Plan 3 Base Plan with Total Home Care Option	Plan 4 Base Plan with Simple Inflation and Total Home Care Option
65	28.10	47.20	50.20	78.00
66	31.30	51.60	54.30	83.50
67	35.10	57.10	59.00	89.70
68	39.30	62.80	64.00	95.90
69	43.70	68.90	69.40	103.10
70	48.60	75.40	75.40	110.60
71	56.90	87.10	85.50	124.00
72	65.30	98.50	95.70	137.20
73	73.70	109.70	106.00	150.30
74	81.90	119.60	116.00	161.90
75	90.20	130.80	126.10	174.70
76	100.00	142.00	137.50	187.50
77	110.80	155.10	150.00	201.80
78	122.90	169.50	164.10	218.30
79	136.00	186.30	179.40	236.70
80	150.00	202.70	195.80	255.30
81	165.50	220.20	213.30	274.70
82	182.40	238.80	232.40	294.80
83	201.40	261.70	254.00	320.20
84	220.60	282.50	276.30	343.60

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Connecticut Rates

BASE PLAN:

Facility Monthly Benefit
Facility Benefit Duration
Lifetime Maximum
Elimination Period

**1,000
Unlimited
Unlimited
90 Days**

OPTIONS:

Home Monthly Benef **500**
Home Benefit **50%**
Inflation Protection **Simple Capped**
Home Care Level **Total**

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Simple Inflation Option	Plan 3 Base Plan with Total Home Care Option	Plan 4 Base Plan with Simple Inflation and Total Home Care Option
18-30	2.10	3.90	6.90	12.20
31	2.20	4.30	7.30	12.90
32	2.30	4.40	7.50	13.40
33	2.60	4.70	7.90	14.00
34	2.70	4.90	8.30	14.70
35	2.90	5.30	8.70	15.50
36	3.00	5.60	9.10	16.30
37	3.10	5.90	9.60	17.00
38	3.30	6.20	10.10	18.10
39	3.60	6.60	10.80	19.00
40	3.80	6.90	11.30	20.00
41	4.00	7.50	12.00	21.30
42	4.30	8.20	12.70	22.60
43	4.70	8.60	13.50	23.80
44	4.90	9.20	14.30	25.20
45	5.30	9.90	15.10	26.80
46	5.70	10.50	16.10	28.50
47	6.00	11.20	17.20	30.00
48	6.60	12.40	18.50	32.40
49	7.20	13.10	19.60	34.20
50	7.50	13.90	20.90	36.10
51	8.20	15.20	22.50	38.90
52	9.00	16.50	24.20	41.50
53	9.80	17.90	25.90	44.20
54	10.70	19.50	27.80	47.30
55	11.40	20.80	29.60	50.10
56	12.70	23.00	32.50	54.50
57	14.20	25.50	35.60	59.30
58	15.70	28.10	38.70	64.50
59	17.40	31.10	42.40	69.70
60	19.50	34.20	46.30	75.70
61	21.80	38.10	50.70	82.30
62	24.60	42.40	55.60	89.40
63	27.40	46.90	61.00	97.20
64	30.90	52.10	66.80	105.40

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Home Care Level Total

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Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan with Simple Inflation Option	Plan 3 Base Plan with Total Home Care Option	Plan 4 Base Plan with Simple Inflation and Total Home Care Option
65	36.10	60.80	75.50	118.70
66	40.40	66.70	82.30	127.80
67	45.10	73.50	89.70	137.70
68	50.30	80.50	97.60	148.20
69	56.00	88.40	106.30	159.50
70	62.10	96.30	115.60	171.20
71	72.50	111.00	131.30	192.00
72	82.90	125.30	146.90	212.80
73	93.10	138.70	162.40	232.10
74	103.50	151.10	178.00	250.80
75	113.90	165.20	193.60	270.30
76	126.00	178.80	211.10	290.30
77	139.40	195.10	230.60	313.80
78	154.30	212.90	252.20	338.30
79	170.40	233.50	275.00	366.30
80	187.60	253.20	299.10	393.80
81	206.10	274.00	324.70	421.50
82	226.50	296.80	353.00	452.30
83	249.10	323.80	383.90	488.40
84	271.60	347.80	414.40	520.60