

**UNUM LONG TERM CARE PLAN
536134**

Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	500
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 Uncapped

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 Non Forfeiture Option
18-30	1.15	1.80	1.95	1.45
31	1.15	1.80	2.10	1.45
32	1.15	1.80	2.10	1.45
33	1.25	1.90	2.15	1.50
34	1.25	1.95	2.30	1.55
35	1.30	2.00	2.30	1.65
36	1.35	2.10	2.40	1.65
37	1.35	2.15	2.55	1.70
38	1.50	2.20	2.65	1.75
39	1.55	2.35	2.80	1.90
40	1.65	2.40	2.85	1.90
41	1.70	2.55	3.05	2.00
42	1.75	2.65	3.10	2.10
43	1.80	2.75	3.30	2.15
44	1.90	2.85	3.45	2.30
45	2.00	3.00	3.65	2.40
46	2.10	3.20	3.75	2.45
47	2.20	3.30	3.90	2.60
48	2.35	3.60	4.15	2.75
49	2.40	3.70	4.30	2.85
50	2.55	3.90	4.55	3.00
51	2.75	4.25	4.75	3.20
52	2.85	4.50	5.00	3.40
53	3.05	4.75	5.25	3.60
54	3.25	5.00	5.55	3.70
55	3.45	5.35	5.85	4.05
56	3.65	5.65	6.20	4.25
57	3.95	6.10	6.55	4.55
58	4.25	6.50	6.90	4.90
59	4.55	6.95	7.40	5.25
60	4.90	7.50	7.95	5.65
61	5.35	8.05	8.60	6.20
62	5.90	8.85	9.35	6.75
63	6.45	9.55	10.10	7.40
64	7.10	10.40	11.00	8.15

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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 Non Forfeiture Option
65	8.05	11.65	12.40	9.30
66	8.90	12.60	13.60	10.20
67	9.95	13.85	14.90	11.30
68	11.00	15.10	16.25	12.55
69	12.20	16.45	17.75	13.90
70	13.50	17.95	19.35	15.40
71	15.00	19.70	21.30	16.95
72	16.65	21.60	23.45	18.85
73	18.55	23.65	25.70	20.75
74	20.40	25.85	28.20	22.90
75	24.65	30.90	33.55	27.35
76	27.05	33.55	36.40	30.05
77	29.70	36.45	39.65	32.70
78	32.55	39.70	42.85	35.80
79	35.75	43.15	46.65	39.35
80	39.25	47.00	50.50	43.25
81	43.29	51.29	55.25	47.19
82	48.04	56.49	60.32	52.33
83	53.04	62.01	66.17	57.85
84	58.44	67.99	71.76	63.12

**UNUM LONG TERM CARE PLAN
536134**

Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	500
Home Monthly Benefit	500
Facility Benefit Duration	4 Years
Home Benefit	50%
Lifetime Maximum	48,000
Elimination Period	90 Days
Home Care Level	Professional

OPTIONS:

Home Care Level	Total
Inflation Protection	Simple Uncapped

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 Non Forfeiture Option
18-30	1.35	2.10	2.30	1.65
31	1.35	2.15	2.30	1.65
32	1.45	2.20	2.40	1.70
33	1.45	2.20	2.45	1.70
34	1.50	2.30	2.65	1.80
35	1.50	2.30	2.65	1.80
36	1.55	2.40	2.80	1.90
37	1.65	2.55	2.95	2.00
38	1.70	2.60	3.05	2.10
39	1.75	2.65	3.20	2.15
40	1.80	2.80	3.30	2.20
41	1.95	2.95	3.45	2.35
42	2.00	3.05	3.60	2.40
43	2.10	3.10	3.75	2.45
44	2.20	3.30	4.05	2.65
45	2.30	3.45	4.15	2.75
46	2.40	3.70	4.35	2.85
47	2.55	3.85	4.55	3.00
48	2.65	4.10	4.75	3.10
49	2.85	4.35	5.00	3.30
50	3.00	4.60	5.25	3.50
51	3.10	4.80	5.45	3.65
52	3.30	5.20	5.80	3.90
53	3.50	5.55	6.10	4.10
54	3.70	5.85	6.35	4.30
55	3.95	6.20	6.70	4.60
56	4.25	6.65	7.15	4.95
57	4.50	7.00	7.50	5.20
58	4.90	7.60	8.00	5.60
59	5.20	8.15	8.50	6.05
60	5.60	8.65	9.05	6.50
61	6.10	9.45	9.80	7.10
62	6.75	10.25	10.65	7.75
63	7.35	11.10	11.55	8.45
64	8.15	12.15	12.55	9.30

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Elimination Period	90 Days
Home Care Level	Professional

OPTIONS:

Home Care Level	Total
Inflation Protection	Simple Uncapped

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 Non Forfeiture Option
65	9.25	13.60	14.15	10.60
66	10.20	14.75	15.55	11.65
67	11.40	16.10	17.05	12.95
68	12.55	17.60	18.55	14.30
69	13.90	19.25	20.20	15.85
70	15.40	21.00	22.10	17.55
71	17.15	23.05	24.30	19.35
72	19.00	25.20	26.70	21.45
73	21.00	27.65	29.20	23.45
74	23.20	30.25	32.05	26.00
75	27.95	36.10	38.05	31.00
76	30.70	39.25	41.20	34.05
77	33.65	42.70	44.90	37.05
78	37.05	46.55	48.60	40.70
79	40.55	50.55	52.85	44.60
80	44.60	55.05	57.20	49.00
81	49.01	60.00	62.53	53.43
82	54.34	66.11	68.25	59.22
83	60.00	72.28	74.75	65.39
84	66.11	79.63	81.06	71.37

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Connecticut Rates

BASE PLAN:

Facility Monthly Benefit	500
Home Monthly Benefit	500
Facility Benefit Duration	6 Years
Home Benefit	50%
Lifetime Maximum	72,000
Elimination Period	90 Days
Home Care Level	Professional

OPTIONS:

Home Care Level	Total
Inflation Protection	Simple Uncapped
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 Non Forfeiture Option
18-30	1.55	2.40	2.65	1.90
31	1.65	2.45	2.65	1.95
32	1.65	2.55	2.80	1.95
33	1.70	2.60	2.95	2.00
34	1.70	2.65	3.00	2.10
35	1.75	2.75	3.10	2.15
36	1.80	2.80	3.25	2.20
37	1.90	2.95	3.40	2.30
38	1.95	3.05	3.60	2.40
39	2.10	3.10	3.70	2.45
40	2.15	3.25	3.85	2.55
41	2.20	3.40	3.95	2.65
42	2.35	3.60	4.25	2.80
43	2.40	3.70	4.35	2.95
44	2.55	3.90	4.60	3.05
45	2.75	4.10	4.80	3.20
46	2.85	4.35	5.05	3.40
47	3.00	4.55	5.25	3.50
48	3.10	4.80	5.55	3.70
49	3.25	5.05	5.80	3.75
50	3.45	5.40	6.05	4.05
51	3.60	5.65	6.30	4.25
52	3.85	6.05	6.65	4.50
53	4.05	6.45	6.95	4.70
54	4.30	6.85	7.30	4.95
55	4.55	7.30	7.75	5.25
56	4.90	7.75	8.15	5.60
57	5.20	8.30	8.65	6.05
58	5.60	8.90	9.10	6.45
59	6.00	9.50	9.75	6.90
60	6.35	10.20	10.25	7.40
61	7.00	11.10	11.20	8.15
62	7.65	12.10	12.10	8.85
63	8.40	13.15	13.20	9.70
64	9.25	14.30	14.25	10.60

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Home Care Level	Total
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Non Forfeiture	Shortened Benefit Period

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65	10.45	16.00	16.00	12.05
66	11.55	17.50	17.55	13.20
67	12.85	19.10	19.25	14.65
68	14.15	20.85	20.95	16.20
69	15.65	22.75	22.75	17.90
70	17.35	24.85	24.90	19.75
71	19.30	27.25	27.30	21.80
72	21.30	29.85	30.05	24.10
73	23.60	32.70	32.75	26.40
74	26.05	35.80	35.95	29.20
75	31.35	42.70	42.60	34.80
76	34.45	46.50	46.15	38.20
77	37.75	50.55	50.25	41.55
78	41.40	55.00	54.35	45.55
79	45.35	59.85	59.10	49.90
80	49.80	65.15	63.85	54.75
81	54.73	71.05	69.62	59.61
82	60.58	78.13	75.92	65.98
83	66.76	85.80	83.07	72.80
84	73.39	93.99	89.96	79.30