UNUMPROVIDENT

State of Maryland
Long Term Care Insurance Rates

3 YEAR BENEFIT DURATION

	Plan 1				Plan 2			
	* Facility Care * Professional Home Care				* Facility Care * Professional Home Care * Nonforfeiture			
	Monthly Benefit				Monthly Benefit			
	$2,500	$3,000	$4,500	$6,000	$2,500	$3,000	$4,500	$6,000
AGE	Semi-Monthly Cost				Semi-Monthly Cost			
18 - 30	2.88	3.45	5.18	6.90	4.50	5.40	8.10	10.80
31	2.88	3.45	5.18	6.90	4.50	5.40	8.10	10.80
32	2.88	3.45	5.18	6.90	4.50	5.40	8.10	10.80
33	3.00	3.60	5.40	7.20	4.63	5.55	8.33	11.10
34	3.00	3.60	5.40	7.20	4.75	5.70	8.55	11.40
35	3.13	3.75	5.63	7.50	5.00	6.00	9.00	12.00
36	3.25	3.90	5.85	7.80	5.00	6.00	9.00	12.00
37	3.38	4.05	6.08	8.10	5.25	6.30	9.45	12.60
38	3.50	4.20	6.30	8.40	5.50	6.60	9.90	13.20
39	3.75	4.50	6.75	9.00	5.75	6.90	10.35	13.80
40	3.88	4.65	6.98	9.30	5.88	7.05	10.58	14.10
41	4.00	4.80	7.20	9.60	6.13	7.35	11.03	14.70
42	4.25	5.10	7.65	10.20	6.25	7.50	11.25	15.00
43	4.38	5.25	7.88	10.50	6.50	7.80	11.70	15.60
44	4.50	5.40	8.10	10.80	6.75	8.10	12.15	16.20
45	4.88	5.85	8.78	11.70	7.13	8.55	12.83	17.10
46	5.00	6.00	9.00	12.00	7.25	8.70	13.05	17.40
47	5.25	6.30	9.45	12.60	7.50	9.00	13.50	18.00
48	5.63	6.75	10.13	13.50	8.00	9.60	14.40	19.20
49	5.88	7.05	10.58	14.10	8.13	9.75	14.63	19.50
50	6.13	7.35	11.03	14.70	8.50	10.20	15.30	20.40
51	6.63	7.95	11.93	15.90	9.13	10.95	16.43	21.90
52	7.00	8.40	12.60	16.80	9.50	11.40	17.10	22.80
53	7.38	8.85	13.28	17.70	10.00	12.00	18.00	24.00
54	7.75	9.30	13.95	18.60	10.38	12.45	18.68	24.90
55	8.25	9.90	14.85	19.80	11.13	13.35	20.03	26.70
56	8.75	10.50	15.75	21.00	11.63	13.95	20.93	27.90
57	9.50	11.40	17.10	22.80	12.50	15.00	22.50	30.00

PLEASE NOTE:

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UNUMPROVIDENT

State of Maryland
Long Term Care Insurance Rates

3 YEAR BENEFIT DURATION

	Plan 1 (cont'd)				Plan 2 (cont'd)			
	* Facility Care * Professional Home Care				* Facility Care * Professional Home Care * Nonforfeiture			
	Monthly Benefit				Monthly Benefit			
	$2,500	$3,000	$4,500	$6,000	$2,500	$3,000	$4,500	$6,000
AGE	Semi-Monthly Cost				Semi-Monthly Cost			
58	10.13	12.15	18.23	24.30	13.25	15.90	23.85	31.80
59	10.88	13.05	19.58	26.10	14.25	17.10	25.65	34.20
60	11.88	14.25	21.38	28.50	15.25	18.30	27.45	36.60
61	12.88	15.45	23.18	30.90	16.50	19.80	29.70	39.60
62	14.25	17.10	25.65	34.20	18.13	21.75	32.63	43.50
63	15.50	18.60	27.90	37.20	19.63	23.55	35.33	47.10
64	17.13	20.55	30.83	41.10	21.38	25.65	38.48	51.30
65	19.50	23.40	35.10	46.80	24.00	28.80	43.20	57.60
66	21.63	25.95	38.93	51.90	26.38	31.65	47.48	63.30
67	24.13	28.95	43.43	57.90	29.38	35.25	52.88	70.50
68	26.63	31.95	47.93	63.90	32.25	38.70	58.05	77.40
69	29.63	35.55	53.33	71.10	35.50	42.60	63.90	85.20
70	32.75	39.30	58.95	78.60	39.00	46.80	70.20	93.60
71	36.50	43.80	65.70	87.60	43.00	51.60	77.40	103.20
72	40.38	48.45	72.68	96.90	47.25	56.70	85.05	113.40
73	44.88	53.85	80.78	107.70	52.00	62.40	93.60	124.80
74	49.63	59.55	89.33	119.10	57.00	68.40	102.60	136.80
75	59.75	71.70	107.55	143.40	67.63	81.15	121.73	162.30
76	65.63	78.75	118.13	157.50	73.50	88.20	132.30	176.40
77	72.13	86.55	129.83	173.10	80.00	96.00	144.00	192.00
78	79.13	94.95	142.43	189.90	87.88	105.45	158.18	210.90
79	86.88	104.25	156.38	208.50	95.50	114.60	171.90	229.20
80	95.38	114.45	171.68	228.90	105.00	126.00	189.00	252.00
81	105.13	126.15	189.23	252.30	114.63	137.55	206.33	275.10
82	116.63	139.95	209.93	279.90	127.13	152.55	228.83	305.10
83	128.88	154.65	231.98	309.30	139.25	167.10	250.65	334.20
84	142.00	170.40	255.60	340.80	153.38	184.05	276.08	368.10

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UNUMPROVIDENT

State of Maryland
Long Term Care Insurance Rates

3 YEAR BENEFIT DURATION

	Plan 3				Plan 4			
	* Facility Care * Professional Home Care * Compound Uncapped Inflation				* Facility Care * Professional Home Care * Compound Uncapped Inflation & Nonforfeiture			
	Monthly Benefit				Monthly Benefit			
	$2,500	$3,000	$4,500	$6,000	$2,500	$3,000	$4,500	$6,000
AGE	Semi-Monthly Cost				Semi-Monthly Cost			
18 - 30	9.00	10.80	16.20	21.60	14.13	16.95	25.43	33.90
31	9.13	10.95	16.43	21.90	14.38	17.25	25.88	34.50
32	9.38	11.25	16.88	22.50	14.63	17.55	26.33	35.10
33	9.63	11.55	17.33	23.10	15.00	18.00	27.00	36.00
34	9.75	11.70	17.55	23.40	15.38	18.45	27.68	36.90
35	10.13	12.15	18.23	24.30	16.00	19.20	28.80	38.40
36	10.38	12.45	18.68	24.90	16.38	19.65	29.48	39.30
37	10.63	12.75	19.13	25.50	16.75	20.10	30.15	40.20
38	11.00	13.20	19.80	26.40	17.38	20.85	31.28	41.70
39	11.50	13.80	20.70	27.60	17.75	21.30	31.95	42.60
40	11.75	14.10	21.15	28.20	17.88	21.45	32.18	42.90
41	12.13	14.55	21.83	29.10	18.38	22.05	33.08	44.10
42	12.50	15.00	22.50	30.00	18.75	22.50	33.75	45.00
43	12.88	15.45	23.18	30.90	19.13	22.95	34.43	45.90
44	13.25	15.90	23.85	31.80	19.50	23.40	35.10	46.80
45	13.75	16.50	24.75	33.00	20.13	24.15	36.23	48.30
46	14.13	16.95	25.43	33.90	20.38	24.45	36.68	48.90
47	14.50	17.40	26.10	34.80	20.75	24.90	37.35	49.80
48	15.00	18.00	27.00	36.00	21.38	25.65	38.48	51.30
49	15.50	18.60	27.90	37.20	21.75	26.10	39.15	52.20
50	15.88	19.05	28.58	38.10	22.13	26.55	39.83	53.10
51	16.50	19.80	29.70	39.60	22.88	27.45	41.18	54.90
52	17.13	20.55	30.83	41.10	23.50	28.20	42.30	56.40
53	17.63	21.15	31.73	42.30	23.88	28.65	42.98	57.30
54	18.25	21.90	32.85	43.80	24.38	29.25	43.88	58.50
55	19.13	22.95	34.43	45.90	25.63	30.75	46.13	61.50
56	20.00	24.00	36.00	48.00	26.38	31.65	47.48	63.30
57	21.00	25.20	37.80	50.40	27.50	33.00	49.50	66.00

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UNUMPROVIDENT

State of Maryland
Long Term Care Insurance Rates

3 YEAR BENEFIT DURATION

	Plan 3 (cont'd)			
	* Facility Care * Professional Home Care * Compound Uncapped Inflation			
	Monthly Benefit			
	$2,500	$3,000	$4,500	$6,000
AGE	Semi-Monthly Cost			
58	22.00	26.40	39.60	52.80
59	23.00	27.60	41.40	55.20
60	24.25	29.10	43.65	58.20
61	25.88	31.05	46.58	62.10
62	28.00	33.60	50.40	67.20
63	29.88	35.85	53.78	71.70
64	32.25	38.70	58.05	77.40
65	35.88	43.05	64.58	86.10
66	38.88	46.65	69.98	93.30
67	42.25	50.70	76.05	101.40
68	45.63	54.75	82.13	109.50
69	49.63	59.55	89.33	119.10
70	53.38	64.05	96.08	128.10
71	58.38	70.05	105.08	140.10
72	63.50	76.20	114.30	152.40
73	68.88	82.65	123.98	165.30
74	74.75	89.70	134.55	179.40
75	88.38	106.05	159.08	212.10
76	95.88	115.05	172.58	230.10
77	103.25	123.90	185.85	247.80
78	111.75	134.10	201.15	268.20
79	120.13	144.15	216.23	288.30
80	130.13	156.15	234.23	312.30
81	141.38	169.65	254.48	339.30
82	154.63	185.55	278.33	371.10
83	168.38	202.05	303.08	404.10
84	182.63	219.15	328.73	438.30

	Plan 4 (cont'd)			
	* Facility Care * Professional Home Care * Compound Uncapped Inflation & Nonforfeiture			
	Monthly Benefit			
	$2,500	$3,000	$4,500	$6,000
	Semi-Monthly Cost			
58	28.75	34.50	51.75	69.00
59	29.88	35.85	53.78	71.70
60	31.25	37.50	56.25	75.00
61	33.13	39.75	59.63	79.50
62	35.63	42.75	64.13	85.50
63	37.63	45.15	67.73	90.30
64	40.25	48.30	72.45	96.60
65	44.13	52.95	79.43	105.90
66	47.38	56.85	85.28	113.70
67	51.63	61.95	92.93	123.90
68	55.25	66.30	99.45	132.60
69	59.50	71.40	107.10	142.80
70	63.50	76.20	114.30	152.40
71	69.00	82.80	124.20	165.60
72	74.38	89.25	133.88	178.50
73	80.00	96.00	144.00	192.00
74	86.00	103.20	154.80	206.40
75	99.88	119.85	179.78	239.70
76	107.38	128.85	193.28	257.70
77	114.50	137.40	206.10	274.80
78	124.00	148.80	223.20	297.60
79	132.13	158.55	237.83	317.10
80	143.13	171.75	257.63	343.50
81	154.13	184.95	277.43	369.90
82	168.50	202.20	303.30	404.40
83	181.88	218.25	327.38	436.50
84	197.25	236.70	355.05	473.40

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UNUMPROVIDENT

State of Maryland
Long Term Care Insurance Rates

6 YEAR BENEFIT DURATION

AGE	Plan 1 * Facility Care * Professional Home Care — Monthly Benefit $2,500	$3,000	$4,500	$6,000	Plan 2 * Facility Care * Professional Home Care * Nonforfeiture — Monthly Benefit $2,500	$3,000	$4,500	$6,000
	Semi-Monthly Cost				Semi-Monthly Cost			
18 - 30	3.75	4.50	6.75	9.00	5.75	6.90	10.35	13.80
31	3.88	4.65	6.98	9.30	6.00	7.20	10.80	14.40
32	3.88	4.65	6.98	9.30	6.13	7.35	11.03	14.70
33	4.00	4.80	7.20	9.60	6.25	7.50	11.25	15.00
34	4.00	4.80	7.20	9.60	6.38	7.65	11.48	15.30
35	4.25	5.10	7.65	10.20	6.63	7.95	11.93	15.90
36	4.38	5.25	7.88	10.50	6.88	8.25	12.38	16.50
37	4.50	5.40	8.10	10.80	7.13	8.55	12.83	17.10
38	4.75	5.70	8.55	11.40	7.38	8.85	13.28	17.70
39	4.88	5.85	8.78	11.70	7.63	9.15	13.73	18.30
40	5.13	6.15	9.23	12.30	7.75	9.30	13.95	18.60
41	5.25	6.30	9.45	12.60	8.00	9.60	14.40	19.20
42	5.63	6.75	10.13	13.50	8.38	10.05	15.08	20.10
43	5.88	7.05	10.58	14.10	8.63	10.35	15.53	20.70
44	6.13	7.35	11.03	14.70	9.00	10.80	16.20	21.60
45	6.50	7.80	11.70	15.60	9.50	11.40	17.10	22.80
46	6.75	8.10	12.15	16.20	9.75	11.70	17.55	23.40
47	7.13	8.55	12.83	17.10	10.13	12.15	18.23	24.30
48	7.50	9.00	13.50	18.00	10.75	12.90	19.35	25.80
49	7.75	9.30	13.95	18.60	10.88	13.05	19.58	26.10
50	8.25	9.90	14.85	19.80	11.38	13.65	20.48	27.30
51	8.63	10.35	15.53	20.70	11.88	14.25	21.38	28.50
52	9.25	11.10	16.65	22.20	12.63	15.15	22.73	30.30
53	9.75	11.70	17.55	23.40	13.13	15.75	23.63	31.50
54	10.25	12.30	18.45	24.60	13.75	16.50	24.75	33.00
55	11.00	13.20	19.80	26.40	14.75	17.70	26.55	35.40
56	11.63	13.95	20.93	27.90	15.38	18.45	27.68	36.90
57	12.50	15.00	22.50	30.00	16.38	19.65	29.48	39.30

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State of Maryland
Long Term Care Insurance Rates

6 YEAR BENEFIT DURATION

AGE	Plan 1 (cont'd) * Facility Care * Professional Home Care — Monthly Benefit $2,500	$3,000	$4,500	$6,000	Plan 2 (cont'd) * Facility Care * Professional Home Care * Nonforfeiture — Monthly Benefit $2,500	$3,000	$4,500	$6,000
	Semi-Monthly Cost				Semi-Monthly Cost			
58	13.38	16.05	24.08	32.10	17.50	21.00	31.50	42.00
59	14.38	17.25	25.88	34.50	18.63	22.35	33.53	44.70
60	15.38	18.45	27.68	36.90	19.88	23.85	35.78	47.70
61	16.88	20.25	30.38	40.50	21.63	25.95	38.93	51.90
62	18.50	22.20	33.30	44.40	23.50	28.20	42.30	56.40
63	20.25	24.30	36.45	48.60	25.63	30.75	46.13	61.50
64	22.25	26.70	40.05	53.40	27.88	33.45	50.18	66.90
65	25.25	30.30	45.45	60.60	31.13	37.35	56.03	74.70
66	28.00	33.60	50.40	67.20	34.13	40.95	61.43	81.90
67	31.13	37.35	56.03	74.70	38.00	45.60	68.40	91.20
68	34.38	41.25	61.88	82.50	41.63	49.95	74.93	99.90
69	38.00	45.60	68.40	91.20	45.63	54.75	82.13	109.50
70	42.00	50.40	75.60	100.80	50.00	60.00	90.00	120.00
71	46.75	56.10	84.15	112.20	55.13	66.15	99.23	132.30
72	51.75	62.10	93.15	124.20	60.50	72.60	108.90	145.20
73	57.13	68.55	102.83	137.10	66.25	79.50	119.25	159.00
74	63.25	75.90	113.85	151.80	72.63	87.15	130.73	174.30
75	76.00	91.20	136.80	182.40	85.88	103.05	154.58	206.10
76	83.50	100.20	150.30	200.40	93.50	112.20	168.30	224.40
77	91.63	109.95	164.93	219.90	101.63	121.95	182.93	243.90
78	100.38	120.45	180.68	240.90	111.38	133.65	200.48	267.30
79	110.00	132.00	198.00	264.00	121.13	145.35	218.03	290.70
80	120.75	144.90	217.35	289.80	132.75	159.30	238.95	318.60
81	132.75	159.30	238.95	318.60	144.63	173.55	260.33	347.10
82	146.88	176.25	264.38	352.50	160.13	192.15	288.23	384.30
83	162.00	194.40	291.60	388.80	175.00	210.00	315.00	420.00
84	178.13	213.75	320.63	427.50	192.38	230.85	346.28	461.70

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State of Maryland
Long Term Care Insurance Rates

6 YEAR BENEFIT DURATION

	Plan 3				Plan 4			
	* Facility Care * Professional Home Care * Compound Uncapped Inflation				* Facility Care * Professional Home Care * Compound Uncapped Inflation & Nonforfeiture			
	Monthly Benefit				Monthly Benefit			
	$2,500	$3,000	$4,500	$6,000	$2,500	$3,000	$4,500	$6,000
AGE	Semi-Monthly Cost				Semi-Monthly Cost			
18 - 30	11.88	14.25	21.38	28.50	18.63	22.35	33.53	44.70
31	12.25	14.70	22.05	29.40	19.25	23.10	34.65	46.20
32	12.50	15.00	22.50	30.00	19.63	23.55	35.33	47.10
33	12.88	15.45	23.18	30.90	20.25	24.30	36.45	48.60
34	13.13	15.75	23.63	31.50	20.63	24.75	37.13	49.50
35	13.63	16.35	24.53	32.70	21.38	25.65	38.48	51.30
36	13.88	16.65	24.98	33.30	21.75	26.10	39.15	52.20
37	14.38	17.25	25.88	34.50	22.50	27.00	40.50	54.00
38	14.75	17.70	26.55	35.40	23.25	27.90	41.85	55.80
39	15.13	18.15	27.23	36.30	23.50	28.20	42.30	56.40
40	15.63	18.75	28.13	37.50	23.88	28.65	42.98	57.30
41	16.00	19.20	28.80	38.40	24.25	29.10	43.65	58.20
42	16.63	19.95	29.93	39.90	24.88	29.85	44.78	59.70
43	17.00	20.40	30.60	40.80	25.38	30.45	45.68	60.90
44	17.63	21.15	31.73	42.30	26.00	31.20	46.80	62.40
45	18.25	21.90	32.85	43.80	26.63	31.95	47.93	63.90
46	18.88	22.65	33.98	45.30	27.13	32.55	48.83	65.10
47	19.25	23.10	34.65	46.20	27.50	33.00	49.50	66.00
48	19.88	23.85	35.78	47.70	28.25	33.90	50.85	67.80
49	20.50	24.60	36.90	49.20	28.75	34.50	51.75	69.00
50	21.00	25.20	37.80	50.40	29.13	34.95	52.43	69.90
51	21.75	26.10	39.15	52.20	30.00	36.00	54.00	72.00
52	22.50	27.00	40.50	54.00	30.88	37.05	55.58	74.10
53	23.25	27.90	41.85	55.80	31.38	37.65	56.48	75.30
54	24.13	28.95	43.43	57.90	32.38	38.85	58.28	77.70
55	25.13	30.15	45.23	60.30	33.63	40.35	60.53	80.70
56	26.13	31.35	47.03	62.70	34.50	41.40	62.10	82.80
57	27.38	32.85	49.28	65.70	35.75	42.90	64.35	85.80

PLEASE NOTE:

** All plans have a 90 day Elimination Period*

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UNUMPROVIDENT

State of Maryland
Long Term Care Insurance Rates

6 YEAR BENEFIT DURATION

	Plan 3 (cont'd)			
	* Facility Care * Professional Home Care * Compound Uncapped Inflation			
	Monthly Benefit			
	$2,500	$3,000	$4,500	$6,000
AGE	Semi-Monthly Cost			
58	28.75	34.50	51.75	69.00
59	30.00	36.00	54.00	72.00
60	31.38	37.65	56.48	75.30
61	33.75	40.50	60.75	81.00
62	36.25	43.50	65.25	87.00
63	38.63	46.35	69.53	92.70
64	41.63	49.95	74.93	99.90
65	46.13	55.35	83.03	110.70
66	50.00	60.00	90.00	120.00
67	54.38	65.25	97.88	130.50
68	58.63	70.35	105.53	140.70
69	63.38	76.05	114.08	152.10
70	68.25	81.90	122.85	163.80
71	74.50	89.40	134.10	178.80
72	81.00	97.20	145.80	194.40
73	87.50	105.00	157.50	210.00
74	95.00	114.00	171.00	228.00
75	112.00	134.40	201.60	268.80
76	121.50	145.80	218.70	291.60
77	130.63	156.75	235.13	313.50
78	141.13	169.35	254.03	338.70
79	151.75	182.10	273.15	364.20
80	164.13	196.95	295.43	393.90
81	177.88	213.45	320.18	426.90
82	194.13	232.95	349.43	465.90
83	211.13	253.35	380.03	506.70
84	228.63	274.35	411.53	548.70

	Plan 4 (cont'd)			
	* Facility Care * Professional Home Care * Compound Uncapped Inflation & Nonforfeiture			
	Monthly Benefit			
	$2,500	$3,000	$4,500	$6,000
AGE	Semi-Monthly Cost			
58	37.63	45.15	67.73	90.30
59	39.00	46.80	70.20	93.60
60	40.50	48.60	72.90	97.20
61	43.25	51.90	77.85	103.80
62	46.13	55.35	83.03	110.70
63	48.75	58.50	87.75	117.00
64	52.00	62.40	93.60	124.80
65	56.75	68.10	102.15	136.20
66	61.00	73.20	109.80	146.40
67	66.38	79.65	119.48	159.30
68	70.88	85.05	127.58	170.10
69	76.00	91.20	136.80	182.40
70	81.13	97.35	146.03	194.70
71	88.00	105.60	158.40	211.20
72	94.88	113.85	170.78	227.70
73	101.50	121.80	182.70	243.60
74	109.13	130.95	196.43	261.90
75	126.50	151.80	227.70	303.60
76	136.00	163.20	244.80	326.40
77	145.00	174.00	261.00	348.00
78	156.63	187.95	281.93	375.90
79	166.88	200.25	300.38	400.50
80	180.50	216.60	324.90	433.20
81	193.88	232.65	348.98	465.30
82	211.50	253.80	380.70	507.60
83	228.00	273.60	410.40	547.20
84	247.00	296.40	444.60	592.80

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