



# The ProVider Plus Advantage

## ✓ The ProVider Plus Competitive Advantage

Here are some noteworthy product features to distinguish Berkshire's ProVider Plus flagship product offering when in competition with **American Dental Association Group Plan**

These competitive advantages are based on our ProVider Plus flagship product offering. See the following pages with the Detailed Comparison for further information about our ProVider Plus Limited product offering.

<b>Residual Disability Benefit</b>	<p>A 15% loss of income benefit trigger only</p> <p>Replaces lost income dollar for dollar up to the monthly benefit for the first 12 months, proportional thereafter</p>
<b>Recovery Benefit</b>	<p>Proportional benefits may be payable for up to the entire benefit period</p> <p>A prior period of disability for which benefits were paid is not required to qualify for a recovery benefit</p>
<b>Lump Sum Disability Benefit</b>	<p>Provides a lump sum benefit equal to 35% of all benefits paid for total and/or residual disability, automatically payable at age 65 or 67 if the policy remains in force until that time</p> <p>Disability need not be continuous to qualify</p>
<b>Waiver of Premium</b>	<p>Refund of premium attributable to the period of disability regardless of when premium was paid</p> <p>Waives premiums for 6 months after recovery</p>
<b>Waiver of Elimination Period</b>	<p>Elimination period waived for any disability within 5 years of a prior disability that lasted for at least 6 months and for which benefits were paid</p>
<b>Presumptive Total Disability Benefits</b>	<p>Loss need not be irrecoverable for Presumptive Benefits</p>
<b>Mental/Nervous Limitations</b>	<p>24-month limitation applies to all contracts in CA, FL, Guaranteed Standard Issue cases as part of a group conversion and in all states for Anesthesiologists, Anesthetists (MD, DO or CRNA), Emergency Room Physicians, or Pain Management Physicians</p>
<b>Automatic Benefit Enhancement Rider</b>	<p>4% compound increase for 6 years</p>
<b>Cost of Living Adjustment Riders</b>	<p>Three optional riders are available with a guaranteed 3% compound minimum</p> <p>COLA increases remain on the policy upon recovery at no additional cost to the insured</p>

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# The ProVider Plus Detailed Comparison

Provision	Berkshire ProVider Plus 1400	Berkshire ProVider Plus Limited 1400	American Dental Association Group Plan (Great West Life)
<b>Non-cancellable &amp; Guaranteed Renewable to 65/67</b>	Yes	Same	No
<b>Conditionally Renewable after 65/67</b>	Yes – for life	Same	Coverage is guaranteed renewable to age 70, as long as you work at least 20 hours a week, remain an ADA member, and pay your premiums when due.
<b>Benefit Periods</b>	To age 67, to age 65, 10 years, 5 years, 2 years (Graded Lifetime Indemnity for Total Disability available via rider with to age 65 or to age 67 benefit periods).	To age 67, to age 65, 10 years, 5 years, 2 years (Graded Lifetime Indemnity for Total Disability is <u>not</u> available).	To age 65
<b>Elimination Periods</b>	30, 60, 90, 180, 360, or 720 days	90, 180 or 360 days	30, 60, 90 or 180 consecutive days

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Provision	Berkshire ProVider Plus 1400	Berkshire ProVider Plus Limited 1400	American Dental Association Group Plan (Great West Life)
<p><b>True Own Occupation Total Disability Definition</b></p>	<p>✓</p> <p>Solely due to injury or sickness you are not able to perform the material and substantial duties of your occupation, even if you are gainfully employed in another occupation.</p> <p>For medical and dental occupations – if you have limited your occupation to the performance of the material and substantial duties of a single medical specialty or to a single dental specialty, we will deem that specialty to be your occupation.</p> <p>California Policies – as a result of sickness or injury, you are unable to perform with reasonable continuity the substantial and material acts necessary to pursue Your Usual Occupation in the usual and customary way.</p>	<p>Same</p>	<p>Due to an illness or injury, you are unable to practice in your special area of dentistry (including general dentistry or one of the ADA-recognized specialties), even if you choose to work in another occupation.</p> <p>Relation of Earnings to Insurance Provision included in the policy. Monthly income benefits will be reduced if insurance benefits from all sources exceed the insured's prior net monthly income. Sources include Social Security, Worker's Compensation, unemployment compensation, group LTD and individual disability benefits.</p>
<p><b>Modified Own Occupation Total Disability Definition</b></p>	<p>Solely due to injury or sickness you are not able to perform the material and substantial duties of your occupation and you are not gainfully employed.</p>	<p>Same</p>	<p>Not available</p>

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Provision	Berkshire ProVider Plus 1400	Berkshire ProVider Plus Limited 1400	American Dental Association Group Plan (Great West Life)
<p><b>Residual Disability</b> <i>(Titled Partial Disability Benefit Rider in California)</i></p> <p>✓</p> <p><b>Qualification Period</b></p> <p><b>Pre-Disability Indexing</b></p> <p><b>Recovery Provision</b></p>	<p>Gainfully employed and not totally disabled, but solely due to an injury or sickness, income loss is at least 15% of prior income; loss greater than 75% = 100%.</p> <p>For the first 12 months, the loss of income indemnity to be paid is equal to loss of income, less any individual disability benefits received or eligible for, up to the maximum monthly indemnity. Thereafter, a proportional benefit is provided while residually disabled and entitled to benefits.</p> <p>No prior period of total disability is required.</p> <p>Yes – CPI-U tied; no cap</p> <p>Yes – for up to the entire benefit period if:</p> <ul style="list-style-type: none"> <li>• Loss of income is at least 15% of prior income, and</li> <li>• Loss of income is the result of the injury or sickness that caused the disability</li> </ul>	<p>Not available – see Basic Residual Disability Benefit</p>	<p>Not available – see Basic Residual Disability Benefit</p>

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<b>Provision</b>	<b>Berkshire ProVider Plus 1400</b>	<b>Berkshire ProVider Plus Limited 1400</b>	<b>American Dental Association Group Plan (Great West Life)</b>
<b>Basic Residual Disability Benefit</b>	Not available – see Residual Disability	Gainfully employed and not totally disabled, but solely due to an injury or sickness, income loss is at least 20% of prior income and either you are able to perform one or more of the material and substantial duties of your occupation or you are able to perform all of the material and substantial duties of your occupation but not for the length of time they normally require. Loss greater than 75% = 100%. Minimum benefit during the first six months will not be less than 50%.	Due to an accident or sickness, an insured member is able to do some but not all of the substantial and material duties of his profession or occupation, or is able to do all of the substantial and material duties of that profession or occupation but for less than full time, the member is not totally disabled, and monthly income from all sources does not exceed 80% of the pre-disability monthly income. During the first six months of compensable disability – minimum 50%. Loss greater than 80% = 100%.
<b>Qualification Period</b>		No prior period of total disability is required	Yes – 30 days unless Residual Plus Option is added to policy.
<b>Pre-Disability Indexing</b>		Y– CPI-U tied; no cap	Yes – CPI tied
<b>Recovery Provision</b>		Yes – for up to the entire benefit period if: <ul style="list-style-type: none"> <li>• Insured returns to work full time following a disability for which we paid benefits;</li> <li>• Loss of income is at least 20% of prior income, and</li> <li>• Loss of income is the result of the injury or sickness that caused the disability</li> </ul>	No

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<b>Provision</b>	<b>Berkshire ProVider Plus 1400</b>	<b>Berkshire ProVider Plus Limited 1400</b>	<b>American Dental Association Group Plan (Great West Life)</b>
<b>Recurrent Disability Benefit</b> ✓	After a period of disability ends, and if disabled again, the subsequent disability will be considered a continuation of the previous disability if from the same cause or causes and is not separated by a recovery of more than 12 months (6 months in VT and VA). No new elimination period will be required.	Same	The company will treat separate periods of total or residual disability as a maximum period if such disabilities are from the same or related cause and such disabilities are separated by fewer than 90 consecutive days of actively working full time.
<b>Waiver of Premium</b> ✓	Yes – premiums are waived during periods of disability after the elimination period and premiums paid that are attributable to the period of disability are refunded. Waiver continues for 6 months after benefits end.	Same	If the member is totally disabled and receiving benefits the member may be eligible for waiver of premium based on the premium billing frequency as follows: <ul style="list-style-type: none"> <li>– semiannual premium due either May 1 or November 1 after the member has been totally disabled for six consecutive months will be waived; or</li> <li>– the member's monthly autopay that is due starting May 1 or November 1 after the member has been totally disabled for a period of six consecutive months will be waived.</li> </ul>
<b>Waiver of Elimination Period</b> ✓	Yes – if disabled within 5 years after the end of a prior period of disability which lasted more than 6 months for which benefits were paid (regardless of cause). Also for presumptive and recurrent disabilities.	Same	For recurrent disability only
<b>Presumptive Disability Benefit?</b> ✓	Yes – need not be irrecoverable. Elimination period will be waived.	Same	No

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<b>Provision</b>	<b>Berkshire ProVider Plus 1400</b>	<b>Berkshire ProVider Plus Limited 1400</b>	<b>American Dental Association Group Plan (Great West Life)</b>
<b>Occupational Rehabilitation, Modification and Access Benefits</b>	Yes	Same	Yes
<b>Catastrophic Disability</b> ✓	<p>Due to injury or sickness you are:</p> <ul style="list-style-type: none"> <li>• unable to perform two or more of the activities of daily living without human standby assistance; or</li> <li>• cognitively impaired; or</li> <li>• irrecoverably (presumptive) disabled.</li> </ul> <p>At the end of each 12 months of catastrophic disability the benefit will be adjusted by a fixed, 3%, compounded adjustment factor up to two times the original benefit. Not available in California, Connecticut or Texas.</p>	Same	No

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Provision	Berkshire ProVider Plus 1400	Berkshire ProVider Plus Limited 1400	American Dental Association Group Plan (Great West Life)
<b>Future Increase Option</b>	<p>✓</p> <p>Financial eligibility required; annual options to age 55 and special option date if group LTD coverage terminates or for a company declared date.</p> <p>Maximum of two times the base benefit plus in-force coverage with Berkshire and Guardian; three times the base benefit for medical/dental residents and first year physicians and dentists applying under the Special Limits for New Professionals Program.</p> <p>An option may be exercised during a disability but benefits will only become payable for a new and separate disability.</p> <p>Before age 45, can exercise up to the full amount remaining; from age 45 to age 55 up to 1/3 of the original amount or, if less than \$1,000 remains or loss of group LTD, the full amount can be exercised.</p>	<p>Not available – see Benefit Purchase Option</p>	<p>Five options to increase coverage, with financial eligibility, up to age 55. The option amounts are limited to \$1000 per year subject to the plans overall maximum of \$15,000.</p>

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<b>Benefit Purchase Option</b>	Not available – see Future Increase Option	The insured must purchase at least 75% of eligible benefits at the time of policy issue for this no cost rider to be added to the policy.  Options to purchase additional coverage are available every 3 years up to age 55 with evidence of financial eligibility. Maximum on each option date is determined by then current I&P limits. A Special Benefit Purchase option is available if group LTD coverage is discontinued, or insured is no longer eligible to participate in employer's group LTD, or insured has at least a 50% increase in income.  Benefit Purchase Options are not available while disabled.	Not available
<b>Automatic Benefit Enhancement Rider</b>	✓ Automatic 4% compounded increases. Renewable every 6 years. Refusal of 2 consecutive increases, forfeits any future increases and the rider terminates.	Same	No
<b>Cost Of Living Benefit</b>	✓ <ul style="list-style-type: none"> <li>Guaranteed 3% compounded; or</li> <li>Compounded, CPI tied, 6% maximum with a 3% minimum; or</li> <li>4-Year Delayed, guaranteed 3% compounded</li> </ul> No cap; upon recovery increases of \$200 or more remain on the policy without additional premium	Compounded, CPI tied with 3% maximum. No cap; upon recovery increases of at least \$200 or more will remain on the policy without additional premium.	CPI- tied up to a maximum of 9%

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<b>Lump Sum Disability Benefit</b>	✓ A lump sum disability benefit equal to 35% of all contributing payments (cumulative benefits paid for all periods of total and/or residual disability) will be payable at the later of the expiration date of the policy or the end of the benefit period if disabled. The rider must be in force and the sum of the contributing payments must be equal to or greater than the qualifying amount shown on the schedule page (12 times the monthly indemnity issued).	Not available	Not available
<b>Mental and/or Substance-Related Disorders</b>	A 24-month maximum benefit for mental and/or substance-related disorders will be applied to all contracts issued: <ul style="list-style-type: none"> <li>- to Anesthesiologists, Anesthetists (MD, DO &amp; CRNA), Emergency Room Physicians, Pain Management Physicians (N/A in Vermont);</li> <li>- in FL and CA;</li> <li>- on a guaranteed standard issue basis as a result of a Group conversion (N/A in Vermont)</li> </ul>	A 24-month maximum benefit for mental and/or substance-related disorders will be applied to all contracts (N/A in Vermont)	limitation of 12 months due to alcohol, drug or chemical abuse, dependency or addiction and related mental illness, if any.

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<b>Exclusions and Limitations</b>	<p>For:</p> <ul style="list-style-type: none"> <li>• Military training, military action, military conflict, or war, whether declared or undeclared, while serving;</li> <li>• Any period of time in which insured is incarcerated;</li> <li>• Commission of, or attempt to commit, a criminal offense as defined under local, state, or federal law;</li> <li>• Engagement in an illegal occupation (N/A in Vermont);</li> <li>• Suspension, revocation or surrender of professional or occupational license or certification (N/A in California &amp; Vermont);</li> <li>• Intentionally self-inflicted injury;</li> <li>• During the first 3 months of disability or the elimination period, if longer, from normal pregnancy or childbirth;</li> <li>• Loss excluded by name or specific description.</li> <li>• Must be living full time in the U.S, District of Columbia. or Canada (or Mexico in California)</li> </ul>	<p>All exclusions and limitations are the same except for the 24-month maximum benefit for mental and/or substance-related disorders which is required on all ProVider Plus Limited contracts.</p>	<p>For:</p> <ul style="list-style-type: none"> <li>• war or acts of war;</li> <li>• suicide or attempted suicide or intentionally self-inflicted injury;</li> <li>• active full-time service in the military;</li> <li>• operating or riding in any kind of aircraft being used for training, testing or experimental purposes;</li> <li>• normal pregnancy, childbirth or abortion;</li> <li>• participation in the commission or attempted commission of a felony;</li> <li>• 24-month limitation for unintentional self-inflicted injury or wound by the insured member from a gunshot or discharge of any firearms; payable only after the policy is in force for 24 months.</li> </ul>

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<b>Additional Benefits/Riders Available</b>	<ul style="list-style-type: none"> <li>• Capital Sum Benefit (<i>built-in</i>)</li> <li>• Retirement Protection Plus Disability Benefit Rider</li> <li>• Social Insurance Substitute Rider</li> <li>• Additional Monthly Benefit Rider</li> <li>• Partial Disability Rider (<i>Titled Residual Disability Benefit Rider in California</i>)</li> <li>• Unemployment Waiver of Premium Rider</li> <li>• Graded Lifetime Indemnity for Total Disability Rider (<i>In California this rider is only available with successful exercises of FIO, FPO or GDR options when graded lifetime is on the original policy.</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• Capital Sum Benefit (<i>built-in</i>)</li> <li>• Retirement Protection Plus Disability Benefit Rider</li> <li>• Social Insurance Substitute Rider</li> <li>• Unemployment Waiver of Premium Rider</li> </ul>	<ul style="list-style-type: none"> <li>• Partial Disability (built in)</li> </ul>

The competitive advantages  $\checkmark$  are based on Berkshire's ProVider Plus flagship product offering. All provisions may not be a competitive advantage when comparing with Berkshire's Provider Plus Limited product offering.

If you have any questions, please contact: National Sales and Product Support Center for Producers  
Hours: 8:00 a.m. – 6:00 p.m. ET  
By phone: 1-866-590-8845 (toll free)  
By e-mail: [product\\_support@berkshirelife.com](mailto:product_support@berkshirelife.com)

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