



# 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 Optometric 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>True Own Occupation Definition of Disability</b>	True "Own Occupation" available to all occupation classes Specialty language for medical and dental occupations
<b>Residual Disability Benefit</b>	A 15% loss of income benefit trigger only Replaces lost income dollar for dollar up to the monthly benefit for the first 12 months, proportional thereafter
<b>Recovery Benefit</b>	Proportional benefits may be payable for up to the entire benefit period A prior period of disability for which benefits were paid is not required to qualify for a recovery benefit
<b>Lump Sum Disability Benefit</b>	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 Disability need not be continuous to qualify
<b>Waiver of Premium</b>	Refund of premium attributable to the period of disability regardless of when premium was paid Waives premiums for 6 months after recovery
<b>Waiver of Elimination Period</b>	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
<b>Presumptive Total Disability Benefits</b>	Loss need not be irrecoverable for Presumptive Benefits
<b>Mental/Nervous Limitations</b>	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
<b>Automatic Benefit Enhancement Rider</b>	4% compound increase for 6 years

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# The ProVider Plus Detailed Comparison

Provision	Berkshire ProVider Plus 1400	Berkshire ProVider Plus Limited 1400	American Optometric Association Group Plan (Unimerica Life Insurance Co.)
<b>Non-cancellable &amp; Guaranteed Renewable to 65/67</b>	Yes	Same	No
<b>Conditionally Renewable after 65/67</b>	Yes – for life	Same	Yes – annually renewable if master contract remains in force, insured is actively working and a member of the association. Premiums are not guaranteed.
<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	90 days

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<b>True Own Occupation Total Disability Definition</b>	✓ 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.  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.  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.	Same	Not available- See Modified Own Occupation Total Disability Definition
<b>Modified Own Occupation Total Disability Definition</b>	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.	Same	When it is determined that you are limited from performing the material and substantial duties of your regular occupation due to sickness or injury and you have a 20% or more loss in your indexed monthly earnings due to the same sickness or injury.

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Provision	Berkshire ProVider Plus 1400	Berkshire ProVider Plus Limited 1400	American Optometric Association Group Plan (Unimerica Life Insurance Co.)
<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>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%.	Income benefit payable is based on loss of earnings; earnings loss must be at least 20%; loss greater than 80% = 100%.
<b>Qualification Period</b>		No prior period of total disability is required	No prior period of total disability is required
<b>Pre-Disability Indexing</b>		Yes – CPI-U tied; no cap	No
<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>	Yes – If elimination period for disability is satisfied, you return to work at your regular occupation full time with employer on the earlier of – the date your disability ends or the date your benefits cease; you have a 20% or more loss in your indexed monthly earnings due to same disability; and you have received 3 months or more of disability payments for that disability under the plan.

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<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	Considered a continuation of prior disability if it is from same or related cause and it occurs within 6 months.
<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	Yes – Premium is waived while the insured is receiving Long Term Disability (LTD) benefits
<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 disabilities only
<b>Presumptive Disability Benefit?</b>	✓ Yes – need not be irrecoverable. Elimination period will be waived.	Same	Not available
<b>Occupational Rehabilitation, Modification and Access Benefits</b>	Yes	Same	Yes

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<b>Catastrophic Disability</b>	✓ Due to injury or sickness you are: <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> 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.	Same	Not available

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<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>Not available</p>

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<b>Benefit Purchase Option</b>	Not available – see Future Increase Option	<p>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.</p> <p>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&amp;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.</p> <p>Benefit Purchase Options are not available while disabled.</p>	Not available
<b>Automatic Benefit Enhancement Rider</b>	<p>✓ Automatic 4% compounded increases. Renewable every 6 years. Refusal of 2 consecutive increases, forfeits any future increases and the rider terminates.</p>	Same	Not available
<b>Cost Of Living Benefit</b>	<p>✓</p> <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> <p>No cap; upon recovery increases of \$200 or more remain on the policy without additional premium</p>	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.	Yes – COLA after insured has received 2 full years of disability payments. Payments will increase by 3% beginning on the second anniversary of payments and each following anniversary not to exceed 5 anniversary adjustment periods while insured continues to receive payments for disability.

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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)	24 month maximum benefit for mental disorders/substance abuse in all states

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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 act of war, declared or undeclared;</li> <li>• intentionally self-inflicted injury while sane;</li> <li>• commission or attempt to commit a felony or engagement in an illegal occupation;</li> <li>• participation in a riot;</li> <li>• suspension, revocation or surrender of professional license;</li> <li>• normal pregnancy;</li> <li>• incarceration;</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>• Conversion</li> <li>• Disability Plus</li> <li>• Education Benefit</li> <li>• Extended Recurrent Disability Benefit</li> <li>• Recovery Income Protection Benefit</li> <li>• Revenue Protection</li> <li>• Spouse Disability Benefit</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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