
Addendum: for use with Florida Life and Health online ExamFX courses and study guides version #21623/21665en, per exam content outline updates effective 1/1/2022.

*The following are **content additions or revisions**, as indicated, to supplement your existing text:*

Florida Statutes, Rules, and Regulations Common to All Lines

E. Licensing

4. Maintaining a License

Continuing Education – section revised with update CE hours:

Continuing education (CE) rules are established to protect the public by maintaining high standards of professional competence in the insurance industry, and to maintain and improve the insurance skills and knowledge of licensed producers.

In Florida, agents licensed for *less than 6 years* must complete a minimum of **24 hours** of continuing education every 2 years in courses approved by the Department. Out of the 24 hours, agents are required to complete a **4-hour Law and Ethics update course** that covers insurance law updates, ethics, disciplinary trends and case studies, product suitability, and other insurance related topics required by the Department.

Agents who have been licensed for a period of *6 or more years* must complete **20 CE hours** every 2 years, including a **4-hour** Law and Ethics update course.

A licensee who has been licensed *for 25 years or more*, and holds a CLU or a CPCU designation, or an undergraduate degree in risk management and insurance must complete a **4-hour** Law and Ethics update course and 6 hours of elective credits, for a total of **10 hours of CE** every 2 years.

Florida Statutes, Rules, and Regulations Pertinent to Health Insurance

E. Long-Term Care Policies

4. Policy Standards and Required Provisions – additions to the existing text:

Long-term care policies issued in Florida CANNOT:

- Be cancelled, nonrenewed, or otherwise terminated on the grounds of the age or the deterioration of the mental or physical health of the insured;
- Contain a provision establishing a new waiting period if existing coverage is converted to or replaced by a new or other form within the same insurer or any affiliated insurer;
- Restrict coverage to care only in a nursing care or provide a higher level of coverage in a facility for skilled care than coverage for lower levels of care; or
- Contain an elimination period in excess of 180 days.

F. Requirements for Small Employers

Special Provisions – *new section*:

In addition to the provisions required of all accident and health insurance policies issued in Florida, small employer health plans must comply with the following special provisions:

- All statements by applicants or policyholders must be deemed representations and not warranties;
- Policy benefits may not be reduced without first being acknowledged in writing by the policyowner;
- An insurer must provide the policyowner and all insureds a certificate containing the group number and features of the insurance coverage;
- New employees, family members, and dependents may be added to a group health policy during open enrollment or during a special enrollment;
- An insurer must provide all insureds under a small group policy an identification card containing:
 - The name of the insurer;
 - The name of the certificateholder;
 - The type of health plan, an acknowledgement of whether the plan is self-funded, or the name of the network;
 - The member identification number, contract number, and policy or group number;
 - A contact phone number or email address for authorizations and admission certifications;
 - A contact phone number or email address for physicians; and
 - The national plan identifier set by the Department of Health and Human Services.

Termination and Nonrenewal – *new section*:

A small employer health plan must be renewable for all eligible employees and dependents at the option of the small employer, unless the following circumstances exist:

- Nonpayment of premium;
- Fraud or intentional misrepresentation;
- Noncompliance with the insurer's minimum participation requirement;
- Discontinuance of a particular type of coverage by the insurer; and/or
- Enrollees no longer live, reside, or work in a network plan service area.

An insurer may discontinue offering a **particular health insurance coverage** form only if the insurer

- Provides a **90-day** notice to each policyholder, insured, and beneficiary;
- Offers each policyowner or insured the option to purchase other health insurance coverage through the insurer; and
- Acts uniformly without regards to the claims experience or health status factors of insureds.

If an insurer decides to discontinue offering **all health insurance coverage** in the small employer market, the insurer must provide a **180-day** notice to each policyholder, insured, and beneficiary, as well as to the Office of Insurance Regulation. The insurer, then, must wait at least **5 years** before filing for approval any new policy forms for small employer health insurance in the market.