

Transparency in Coverage Rule

The U.S. Department of Health & Human Services, U.S. Department of Labor and U.S. Department of the Treasury and employers issued the [Transparency in Coverage Rule](#) in 2020.

According to [CMS.gov](#), this requirement will empower consumers to compare costs between specific providers before receiving care. Insurance plans will be required to disclose, on a public website, their in-network negotiated rates, billed charges and the allowed amounts paid for out-of-network providers, and the negotiated rate and historical net price for prescription drugs.

For the first time, consumers will be able to get real-time and accurate estimates of their cost-sharing liability for health care items and services from different providers, allowing them to understand how costs for covered health care items and services are determined by their plan and compare health care costs before receiving care.

Beginning July 1, 2022, please link to Cigna's site to receive [pricing information for covered items and services](#). *This link leads to the machine readable files that are made available in response to the federal Transparency in Coverage Rule and includes negotiated service rates and out-of-network allowed amounts between health plans and healthcare providers. The machine-readable files are formatted to allow researchers, regulators, and application developers to more easily access and analyze data.*

More requirements will go into effect starting on January 1, 2023, and January 1, 2024 which will provide additional access to pricing information and enhance consumers' ability to shop for the health care that best meet their needs.

For more information go to <https://www.cms.gov/healthplan-price-transparency/consumers> or contact <mailto:benefits@wesleyan.edu>.