



APPLICABILITY

- The price comparison tool changes apply to plan years beginning on or after **Jan. 1, 2027**.
- The MRF changes apply in phases:
 - Changes to the In-network Rate and Allowed Amount Files, as well as the new attestation requirement, apply beginning **March 6, 2027**, with the first quarterly posting due April 1, 2027.
 - The Utilization File, Taxonomy File, Text File and website footer link apply beginning **Sept. 6, 2027**.
 - The Utilization File must be posted annually beginning **July 1, 2028**.

Final Rule Updates Transparency in Coverage Requirements

On Oct. 5, 2026, the Departments of Labor, Health and Human Services, and the Treasury (Departments) released a [final rule](#) to improve price transparency requirements for non-grandfathered group health plans and health insurance issuers. The rule amends the 2020 Transparency in Coverage (TiC) Final Rules and implements President Donald Trump's February 2025 [executive order](#) on improving health care price transparency. Key changes affect the **machine-readable file (MRF)** and **price comparison tool** requirements.

Background

Group health plans and health insurance issuers are subject to many transparency and consumer protection requirements under the TiC Final Rules and the Consolidated Appropriations Act, 2021 (CAA), both of which were finalized in late 2020. The reforms broadly apply to group health plans (including fully insured, self-insured and level-funded plans) and issuers of group and individual coverage. In general, most employers rely on their issuers, third-party administrators (TPAs), and other service providers to satisfy these obligations, but should confirm that those arrangements are in writing and monitor compliance.

Price Comparison Tool Changes

Under the TiC final rules, group health plans and issuers must provide participants, beneficiaries and enrollees with a free internet-based price comparison tool, and a paper version upon request. The CAA separately requires plans and issuers to offer a price comparison tool on their website and to provide price comparison guidance by telephone, upon request. In 2021, the Departments called the internet-based tools largely duplicative but noted that the CAA requires cost-sharing information by phone.

Accordingly, the final rule requires that **the same information required under the TiC Final Rules also be provided over the phone, upon request**, and establishes that doing so satisfies the CAA's cost-sharing tool requirement (including for grandfathered group health plans and issuers offering grandfathered group and individual health coverage that are not otherwise subject to the TiC Final Rules).

MRF Changes

The TiC Final Rules require group health plans and issuers to disclose detailed pricing information on a public website in three separate MRFs: an In-network Rate File (containing negotiated rates for covered items and services), an Allowed Amount File (containing historical payments to and billed charges from out-of-network providers), and a Prescription Drug File (containing negotiated rates and historical net prices for covered drugs).

Beginning in 2027, the final rule **requires the In-network Rate and Allowed Amount Files to be updated quarterly (Jan. 1, April 1, July 1 and Oct. 1) rather than monthly**. It also adds a Utilization File and a Taxonomy File and requires plans and issuers to attest that their MRFs are accurate and complete. To improve the findability of MRFs, including the Prescription Drug File, the final rule requires a Text File containing contact information for the files and a footer with website URLs.