**Federal transparency and customer protection mandates: Requirements for Transparency in Coverage rule and Consolidated Appropriations Act, 2021/No Surprises Act**

On October 29, 2020, the U.S. Departments of Health and Human Services, Labor, and the Treasury issued a final rule on transparency in coverage, which requires most group health plans and health insurers to disclose price and cost-sharing information for all covered services. The Transparency in Coverage rule requires Cigna, as the health plan and owner of the data, to create three machine-readable files with in-network rates, out-of-network allowed amounts and billed charges, and prescription drug rates.

The Consolidated Appropriations Act, 2021 (CAA) was signed into law on December 27, 2020. The CAA is sometimes referred to as the No Surprises Act. However, the No Surprises Act is only one section of the CAA that focuses on surprise billing provisions. It contains a number of health care reforms, the most impactful of which focus on surprise billing and transparency. Many provisions also require health care provider compliance and impact our direct care businesses.

The Transparency in Coverage rule and CAA have many related and overlapping requirements with differing effective dates, which we are assessing.

Cigna is actively preparing for the upcoming requirements and has established a rigorous compliance implementation program in connection with these requirements. The rulemaking process is likely to produce additional requirements prior to the scheduled January 1, 2022, effective date, applicable to most CAA provisions. We will be evaluating the anticipated rulemaking and will work to address the final requirements as they are issued. We expect to have additional information available by the end of September.