

# Transparency in Coverage

The [Transparency in Coverage rule](#) from the U.S. Departments of Health and Human Services, Labor, and Treasury requires health insurance issuers offering non-grandfathered health insurance coverage in the individual and group markets and group health plans to publicly disclose price information for covered items and services.

## Please note:

- **For price information on specific procedures or services, eligible members should use the [cost calculator](#).** The provider rates in the files below are not specific to a member's benefit plan out-of-pocket cost.
- **The files below are very large and in a JSON file format that's impractical for direct consumer use.** The goal of the Transparency in Coverage rule is to give researchers and third-party developers the comprehensive data they need to create solutions that help people understand the costs associated with health care, make better price comparisons and choose the care that's right for them.

## In-network provider-negotiated payment rates between plans and providers

This file includes applicable in-network rates for certain HealthPartners networks, including rates from contracted network partners. Posted rates include negotiated rates, claims-derived amounts for providers who are reimbursed on a discount from billed charges and underlying fee schedule rates where reimbursement is based on another methodology.

[Download now for the Open Access network \(covers most members\) \(ZIP\)](#)

## Allowed amounts for services provided by out-of-network (non-contracted) providers

This file includes historical payments to, and billed charges from, non-contracted providers. Rates are displayed only for providers with 20 or more claims to HealthPartners during the previous three-month reporting period.

[Download now \(JSON\)](#)