
FEHB Program Carrier Letter
All FEHB and PSHB Carriers**U.S. Office of Personnel Management**
Healthcare and InsuranceFEHB ☒ PSHB ☒

Letter Number 2025-13**Date: October 9, 2025**

Fee-for-service [11]

Experience-rated HMO [11]

Community-rated HMO [11]

Subject: Advancing Healthcare Price Transparency

Providing consumers and patients with accurate pricing information to make informed healthcare choices is an ongoing priority of the Trump Administration. [Executive Order 14221](#), Making America Healthy Again by Empowering Patients with Clear, Accurate, and Actionable Healthcare Pricing Information, expands upon [Executive Order 13877](#), Improving Price and Quality Transparency in American Healthcare to Put Patients First. This Carrier Letter applies to both Federal Employees Health Benefits (FEHB) Program and Postal Service Health Benefits (PSHB) Program Carriers (for brevity, referred to throughout this document as Carriers).

Transparency in Coverage

The 2020 Transparency in Coverage (TiC) final rule, finalized by the Centers for Medicare & Medicaid Services (CMS) required Carriers to disclose price and cost-sharing information for covered health care items and services, including prescription drugs, to help members understand healthcare costs and potentially reduce health-care spending by enabling them to make more informed decisions. Using a standardized format, Carriers must publicly post machine-readable files (MRFs)¹ which contain detailed pricing information on negotiated in-network rates, historical out-of-network billed charted and allowed amounts, and prescription drug pricing information. Carriers were

¹ [FAQs about the Implementation of the Affordable Care Act Part 61](#)

also required to provide online tools, or in paper form if requested, that display real-time cost estimates for covered items and services, in-network and out of-network services, including pharmacy, for all covered services.

Compliance Demonstration Requirements

In order to better monitor compliance and improve access to the required MRFs, Carriers must provide the URL location of their In-Network Rate File (INN), Allowed Amount File (Out-of-Network File – ONN) and provider reference files (if used) specific to their FEHB and PSHB contracts to ROVRSupport@opm.gov and copy their Health Insurance Specialist (HIS) within ten business days from the date of this Carrier Letter. If a table of contents is used, the URL location of the table of contents and the PSHB and FEHB identifiers to allow for extraction of the appropriate files must be provided to OPM.

Carriers must ensure the MRFs follow the naming convention of schema 1.0,² noted here:

Single Plan Files: <YYYY-MM-DD>_<payer or issuer name>_<plan name>_<file type name>.<file extension>

Table of Contents (Multiple Plans Per File): <YYYY-MM-DD>_<payer or issuer name>_index.<file extension>

Carriers must retain files in keeping with OPM's record retention policy.

Carriers' compliance will be considered as a component under the Plan Performance Assessment.

Transparency in Coverage Schema 2.0

On May 22, 2025, in response to EO 14221, the Tri-Departments announced a plan to improve the machine-readable file formats to better support full transparency for consumers and patients.³ They intend to release schema

² The interim final rule entitled, "[Prescription Drug and Health Care Spending](#)," published on November 23, 2021 is now known as schema 1.0

³ [FAQs about the Affordable Care Act Implementation Part 70](#)

version 2.0, which will implement revised technical requirements for the in-network file and out-of-network allowed amount and billed charges file. This new version is expected to be released in October 2025. The final compliance date is scheduled to begin on February 2, 2026, to give plans and issuers approximately four months to complete the necessary updates to build compliant files. By that date, plans and issuers will be required to publicly disclose information related to in-network rates and out-of-network allowed amounts and billed charges will be assessed using schema version 2.0. Carriers must comply with the updated schema when finalized according to the dates set forth by the Tri-Departments.

We appreciate Carriers' prompt attention to this important topic.

Sincerely,

D. Shane Stevens
Associate Director
Healthcare and Insurance