Open Enrollment Checklist

Questions to Ask About Your Out-of-Network Benefits for Therapy

Choosing the right insurance plan during Open Enrollment can make a big difference in how accessible therapy is for you. Use this checklist to guide your conversations with your insurance company or as you compare new plans.

compare new plans.
Step 1: Confirm You Have Out-of-Network Benefits
Does my plan include out-of-network coverage for mental health/behavioral health services?
Is there a separate deductible for out-of-network care? If so, how much is it?
Step 2: Understand Reimbursement
After I meet my deductible, what percentage of therapy costs will be reimbursed?
What is the "allowed amount" my plan uses to calculate reimbursement for therapy sessions?
Is there a session limit for mental health coverage each year?
Step 3: Clarify Costs
What is my annual out-of-network deductible?
Do out-of-network therapy costs also apply toward my in-network deductible or out-of-pocket maximum?
Is there a maximum amount my plan will cover for mental health services per year?



Step 4: Make Using Benefits Easier
Do I need to submit claims myself, or can I use a platform like Mentaya to do it for me?
How long does it usually take for out-of-network claims to be processed and reimbursed?
Step 5: Compare During Open Enrollment
When reviewing new plans, look for ones that:
Offer reasonable out-of-network reimbursement rates (ideally 60–80% after deductible).
Have an affordable deductible for out-of-network services.
Don't place unnecessary limits on therapy sessions.
Why This Matters

Specialized trauma therapy, such as **EMDR**, **IFS**, **and polyvagal-informed care**, often requires going out-of-network because these providers can be difficult to find on insurance panels. Choosing a plan with strong out-of-network benefits gives you the flexibility to invest in the care you truly need.



Pro Tip: Save time and stress by using Mentaya to submit claims and track reimbursement automatically.

