HOW CAN I USE MY EMPLOYER BENEFITS TO HELP PAY FOR THERAPY?

A one-page planning guide for using insurance, pre-tax benefits, and employer resources to make ongoing mental health care more affordable.

Start with your real goal: Estimate how often you expect to attend therapy and what it costs over a full year. Then compare benefits based on your **total annual cost** - not just the insurance premium or copay.

1. USE YOUR HEALTH INSURANCE - INCLUDING OUT-OF-NETWORK BENEFITS

In-network: Compare copays/coinsurance, deductible, visit requirements, and whether your current therapist participates. **Out-of-network (OON):** Some plans reimburse part of psychotherapy with a clinician outside the network. Ask whether you may submit a **superbill**, your OON deductible, reimbursement percentage, and the plan's **allowed amount** for your CPT code. A plan saying it pays “60% OON” may mean 60% of its allowed amount - not 60% of your therapist's fee. Also ask whether OON costs count toward an OON out-of-pocket maximum.

2. PUT PRE-TAX DOLLARS ASIDE FOR THERAPY

HSA (Health Savings Account): If you enroll in an HSA-eligible health plan, you may be able to contribute pre-tax money for qualified medical expenses, including eligible psychotherapy. HSA funds generally roll over from year to year and remain yours. Ask whether your employer contributes money, too. **FSA (Flexible Spending Account):** If offered, you can generally elect pre-tax payroll deductions for eligible health expenses. Estimate carefully and review your employer's current carryover/grace-period rules. **Why this matters:** Paying an eligible $150 therapy bill with pre-tax dollars can reduce its effective after-tax cost compared with paying the same $150 from ordinary take-home pay.

3. LOOK FOR EMPLOYER MONEY YOU MAY BE LEAVING UNUSED

Check the benefits portal or ask HR about **employer HSA contributions, wellness or lifestyle benefits, mental-health benefits, EAP sessions, reimbursement accounts, and other health-related stipends.** EAP care may be brief and may not replace ongoing psychotherapy, but available sessions or resources can still be useful. Confirm eligibility, confidentiality, provider choice, and whether a benefit can be used alongside your regular treatment.

4. UNDERSTAND THE TAX PIECE

Employer-sponsored health insurance and eligible HSA/FSA contributions can provide tax advantages. An HSA may offer additional tax advantages when eligibility requirements are met. For most people, the practical strategy is to use available **pre-tax employer benefits** before assuming ordinary psychotherapy bills will create a separate tax deduction. Individual tax deductions depend on current tax law, eligible medical expenses, income, itemization, and other circumstances - ask a tax professional about your situation.

5. PLAN FOR THE WHOLE YEAR - INCLUDING THE DEDUCTIBLE RESET

January can be expensive because many deductibles reset at the beginning of the plan year. If you know you want to maintain weekly or higher-frequency therapy, build those early-year costs into your HSA/FSA election and household budget. Also consider predictable periods with an extra paycheck, bonuses, tax refunds, or other income when deciding how you will fund care across the year.

QUESTIONS WORTH ASKING BEFORE YOU ENROLL

Insurance	Do I have OON mental-health benefits? What are my deductible, allowed amount, reimbursement rate, and OON maximum?
Your care	What would this plan reimburse for the CPT code(s) my therapist uses? Can I submit superbills electronically?
HSA / FSA	Am I eligible? How much can I elect? Does my employer contribute? What are the rollover/carryover rules?
Employer	Are there EAP, wellness, reimbursement, or other mental-health benefits in addition to the medical plan?

MY THERAPY PLAN: Fee/session $_____ x _____ sessions/month = $_____ monthly | Estimated insurance reimbursement $_____ | HSA/FSA set-aside $_____ | My planned monthly cost $_____

Keep care consistent: The least expensive premium is not always the least expensive plan for someone who uses psychotherapy regularly. The goal is to know what your care will cost, identify every benefit available to you, and make that cost part of your annual spending plan.

Educational information only; not insurance, legal, financial, or tax advice. Coverage, reimbursement, HSA/FSA eligibility and limits, employer contributions, and tax treatment vary by plan, employer, year, and individual circumstances. Confirm current rules with your benefits administrator, insurer, plan documents, and tax professional.