



2022 COBRA Rates - USVI

UNSUBSIDIZED Period - Full Coverage premium plus 2% of administration fee.

Medical				
Plan	Employee only	Employee + Spouse	Employee + Child(ren)	Employee + Family
CIGNA	\$ 707.16	\$ 1,555.69	\$ 1,343.54	\$ 2,262.82

Dental				
Plan	Employee only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Delta Dental of NJ	\$ 32.45	\$ 71.31	\$ 61.64	\$ 103.82

Vision				
Plan	Employee only	Employee + Spouse	Employee + Child(ren)	Employee + Family
EyeMed	\$ 5.34	\$ 10.16	\$ 10.70	\$ 15.73