

Government of the United States Virgin Islands
Semi-Monthly Payroll Deductions
Employee & Employer Shares
Effective October 1, 2024

Active Employees	Employee Share	Employer Share	Semi-Monthly Total
Health Coverage* *(Medical="M" Dental="D")			
Employee "M&D"	\$136.96	\$393.25	\$530.21
Employee "M&D" + Family "M" (only)	\$236.97	\$682.50	\$919.47
Employee "M&D" + Family "M&D"	\$242.14	\$693.16	\$935.30
(Life Coverage)			
Basic Life & AD&D (\$10,000)	N/A	\$0.51	\$0.51
Dependent Child Life	\$0.34	N/A	\$0.34
Employee Supplemental Life *	Age-banded	N/A	Age-banded
Dependent Spouse Life *	Age-banded	N/A	Age-banded
Vision (Voluntary)			
Employee	\$1.98	N/A	\$1.98
Employee & Family	\$5.22	N/A	\$5.22
* For age-banded rates please refer to the Supplemental & Dependent Life Payroll Deduction Worksheet.			
Dental costs included in above rates			
Employee Dental Only	\$3.34	\$6.86	\$10.20
Employee + Family Dental Only	\$8.51	\$17.52	\$26.03

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Retirees Health Coverage	Retiree Share	Employer Share	Semi-Monthly Total
Under age 65			
Retiree Medical & Dental	\$176.57	\$507.83	\$684.40
Retiree Medical & Dental + Family Medical Only	\$312.97	\$902.23	\$1,215.20
Family Medical & Dental	\$318.14	\$912.89	\$1,231.03
Over age 65 Medicare Advantage			
Retiree Medical & Dental	\$47.88	\$127.44	\$175.32
Retiree Medical & Dental + Spouse Medical Only	\$92.41	\$248.03	\$340.44
Retiree + Spouse Medical & Dental	\$97.58	\$836.97	\$934.55
Retiree Over 65 + Family Under 65 Medical Only	\$221.11	\$628.41	\$849.52
Retiree Over 65 + Family Under 65 Medical & Dental	\$226.28	\$639.07	\$865.35
Retiree + Spouse Over 65 + Family Under 65 Medical Only	\$274.50	\$740.14	\$1,014.64
Retiree + Spouse Over 65 + Family Under 65 Medical & Dental	\$279.87	\$750.60	\$1,030.47
Under/Over age 65			
Retiree Under 65 & Family Over 65 Medical Only	\$242.10	\$697.30	\$939.40
Retiree Under 65 & Family Over 65 Medical & Dental	\$247.27	\$707.96	\$955.23
(Life Coverage)			
Basic Life (\$5,000)	N/A	\$1.68	\$1.68
Dependent Child Life	\$0.34	N/A	\$0.34
Supplemental & Dependent Spouse Life *	Age-banded	N/A	Age-banded
* For age-banded rates please refer to the Supplemental & Dependent Life Payroll Deduction Worksheet			
Vision (Voluntary)			
Retiree	\$1.98	N/A	\$1.98
Retiree & Family	\$5.22	N/A	\$5.22
Dental Inclusive in above rates			
Retiree	\$3.34	\$6.86	\$10.20
Retiree & Family	\$8.51	\$17.52	\$26.03