Insomnia is considered the most prevalent sleep disorder, with up to 30% of the general population afflicted chronically. Continued sleep disturbance and untreated. Left untreated, it could increase the risk of physical and mental health disorders. While numerous studies demonstrate the effectiveness of cognitive behavioral therapy for insomnia (CBTI), barriers to its use persist (lack of trained personnel, equitable access, and affordability). Alternative delivery methods including online CBTi have been evaluated to address these barriers. Large studies directly comparing online CBTi with face-to-face (FTF) treatments have been carried out. Online CBTi appears to be an acceptable alternative, cost effective, and as effective as FTF treatments, especially when delivered to non-treatment-seeking populations. However, a recent meta-analysis of 19 randomized controlled trials (RCTs) comparing online CBTi to at least one control condition found significant mental and sleep health benefits for online CBTi. Significant mental health benefits included improved mood, anxiety, and quality of life. Sleep health benefits included improved sleep efficiency, sleep latency, and total sleep time. The overall effect sizes of all studies were small to medium, with standardized mean differences ranging from 0.2 to 0.8, with larger effect sizes in the more recent studies and in those with higher quality. The primary outcomes for these studies were insomnia severity (IS), sleep efficiency (SE), sleep latency (SOL), total sleep time (TST), and nocturnal awakenings (NWAK). Secondary outcomes included wake after sleep onset (WASO), sleep onset latency (SOL), total sleep time (TST), and nocturnal awakenings (NWAK). The primary outcomes were between-group effects, while the secondary outcomes were within-group effects. The primary outcomes favored online CBTi over all control groups, with large and medium effects for IS and SE, small to medium effects for SOL, TST, WASO, and NWAK. The secondary outcomes were small to medium effects for IS and SE, with medium effects for SOL, TST, WASO, and NWAK. The quality of the studies was assessed using the PRISMA checklist and Cochrane Risk of Bias for quality/bias assessment per study. Review Manager (RevMan) 5.3 software was used to perform the meta-analysis. Publication bias was assessed using funnel plots. The results of this meta-analysis suggest that online CBTi is an effective and acceptable alternative to FTF treatments for chronic insomnia, especially for non-treatment-seeking populations. Future research should focus on improving the accessibility and affordability of online CBTi and expanding the evidence base to include more diverse populations.