

**CY2020 Member Fee Subsidy Schedule
ADAMHS Board for Montgomery County**

Rider Code NM = Non-Medicaid Services Only

Rider Code NM: 0% Client Responsibility			
Monthly Income			
Level of Poverty	Family Size	From	To
0%-138%	1	0	\$ 1,436
0%-138%	2	0	1,945
0%-138%	3	0	2,453
0%-138%	4	0	2,961
0%-138%	5	0	3,470
0%-138%	6	0	3,978
0%-138%	7	0	4,486
0%-138%	8	0	4,994
0%-138%	9	0	5,503
0%-138%	10	0	6,011

Rider Code AA: 0% Client Responsibility			
Monthly Income			
Level of Poverty	Family Size	From	To
139%-200%	1	\$ 1,437	\$ 2,082
139%-200%	2	1,946	2,818
139%-200%	3	2,454	3,555
139%-200%	4	2,962	4,292
139%-200%	5	3,471	5,028
139%-200%	6	3,979	5,765
139%-200%	7	4,487	6,502
139%-200%	8	4,995	7,238
139%-200%	9	5,504	7,975
139%-200%	10	6,012	8,712

Rider Code BB: 25% Client Responsibility			
Monthly Income			
Level of Poverty	Family Size	From	To
201%-225%	1	\$ 2,083	\$ 2,342
201%-225%	2	2,819	\$ 3,171
201%-225%	3	3,556	\$ 3,999
201%-225%	4	4,293	\$ 4,828
201%-225%	5	5,029	\$ 5,657
201%-225%	6	5,766	\$ 6,486
201%-225%	7	6,503	\$ 7,314
201%-225%	8	7,239	\$ 8,143
201%-225%	9	7,976	\$ 8,972
201%-225%	10	8,713	\$ 9,801

Rider Code CC: 50% Client Responsibility			
Monthly Income			
Level of Poverty	Family Size	From	To
226%-240%	1	\$ 2,343	\$ 2,498
226%-240%	2	\$ 3,172	3,382
226%-240%	3	\$ 4,000	4,266
226%-240%	4	\$ 4,829	5,150
226%-240%	5	\$ 5,658	6,034
226%-240%	6	\$ 6,487	6,918
226%-240%	7	\$ 7,315	7,802
226%-240%	8	\$ 8,144	8,686
226%-240%	9	\$ 8,973	9,570
226%-240%	10	\$ 9,802	10,454

Rider Code DD: 75% Client Responsibility			
Monthly Income			
Level of Poverty	Family Size	From	To
241%-250%	1	\$ 2,499	\$ 2,602
241%-250%	2	3,383	3,523
241%-250%	3	4,267	4,444
241%-250%	4	5,151	5,365
241%-250%	5	6,035	6,285
241%-250%	6	6,919	7,206
241%-250%	7	7,803	8,128
241%-250%	8	8,687	9,049
241%-250%	9	9,571	9,969
241%-250%	10	10,455	10,891

Rider Code FF: 100% Client Responsibility		
Monthly Income		
Level of Poverty	Family Size	>
> 250%	1	\$ 2,602
> 250%	2	3,523
> 250%	3	4,444
> 250%	4	5,365
> 250%	5	6,285
> 250%	6	7,206
> 250%	7	8,128
> 250%	8	9,049
> 250%	9	9,969
> 250%	10	10,891

Federal Poverty Guidelines		
* Family Size	Annual	**Monthly
1	\$ 12,490	\$ 1,041
2	16,910	1,409
3	21,330	1,778
4	25,750	2,146
5	30,170	2,514
6	34,590	2,883
7	39,010	3,251
8	43,430	3,619
9	47,850	3,988
10	52,270	4,356

* Based on 2019 Poverty Guidelines as published in the Federal Register, Volume 84, No. 22, February 1, 2019
For families/households with more than 10 persons, add \$4,420 for each additional person.

Effective 1/1/2020