

**FY19 Member Fee Subsidy Schedule  
Montgomery County ADAMHS**

**Rider Code NM = Non-Medicaid Services Only**

Rider Code NM: 0% Client Responsibility			
Level of Guideline	Family Size	Monthly Income	
		From	To
0%-138%	1	0	\$ 1,396
0%-138%	2	0	1,893
0%-138%	3	0	2,390
0%-138%	4	0	2,887
0%-138%	5	0	3,383
0%-138%	6	0	3,880
0%-138%	7	0	4,377
0%-138%	8	0	4,874
0%-138%	9	0	5,371
0%-138%	10	0	5,867

Rider Code AA: 0% Client Responsibility			
Level of Guideline	Family Size	Monthly Income	
		From	To
139%-200%	1	\$ 1,397	\$ 2,023
139%-200%	2	1,894	2,743
139%-200%	3	2,391	3,463
139%-200%	4	2,888	4,183
139%-200%	5	3,384	4,903
139%-200%	6	3,881	5,623
139%-200%	7	4,378	6,343
139%-200%	8	4,875	7,063
139%-200%	9	5,372	7,783
139%-200%	10	5,868	8,503

Rider Code BB: 25% Client Responsibility			
Level of Guideline	Family Size	Monthly Income	
		From	To
201%-225%	1	\$ 2,024	\$ 2,276
201%-225%	2	2,744	3,086
201%-225%	3	3,464	3,896
201%-225%	4	4,184	4,706
201%-225%	5	4,904	5,516
201%-225%	6	5,624	6,326
201%-225%	7	6,344	7,136
201%-225%	8	7,064	7,946
201%-225%	9	7,784	8,756
201%-225%	10	8,504	9,566

Rider Code CC: 50% Client Responsibility			
Level of Guideline	Family Size	Monthly Income	
		From	To
226%-240%	1	\$ 2,277	\$ 2,428
226%-240%	2	3,087	3,292
226%-240%	3	3,897	4,156
226%-240%	4	4,707	5,020
226%-240%	5	5,517	5,884
226%-240%	6	6,327	6,748
226%-240%	7	7,137	7,612
226%-240%	8	7,947	8,476
226%-240%	9	8,757	9,340
226%-240%	10	9,567	10,204

Rider Code DD: 75% Client Responsibility			
Level of Guideline	Family Size	Monthly Income	
		From	To
241%-250%	1	\$ 2,429	\$ 2,529
241%-250%	2	3,293	3,429
241%-250%	3	4,157	4,329
241%-250%	4	5,021	5,229
241%-250%	5	5,885	6,129
241%-250%	6	6,749	7,029
241%-250%	7	7,613	7,929
241%-250%	8	8,477	8,829
241%-250%	9	9,341	9,729
241%-250%	10	10,205	10,629

Rider Code FF: 100% Client Responsibility		
Level of Guideline	Family Size	Monthly Income
> 250%	1	\$ 2,529
> 250%	2	3,429
> 250%	3	4,329
> 250%	4	5,229
> 250%	5	6,129
> 250%	6	7,029
> 250%	7	7,929
> 250%	8	8,829
> 250%	9	9,729
> 250%	10	10,629

Federal Poverty Guidelines		
* Family Size	Annual	**Monthly
1	\$ 12,140	\$ 1,012
2	16,460	1,372
3	20,780	1,732
4	25,100	2,092
5	29,420	2,452
6	33,740	2,812
7	38,060	3,172
8	42,380	3,532
9	46,700	3,892
10	51,020	4,252

\* Based on 2018 Poverty Guidelines as published in the Federal Register, Volume 83, No. 12, January 18, 2018