

**CY2021 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	\$ 1,467
0%-138%	2	0	1,983
0%-138%	3	0	2,498
0%-138%	4	0	3,013
0%-138%	5	0	3,528
0%-138%	6	0	4,043
0%-138%	7	0	4,559
0%-138%	8	0	5,074
0%-138%	9	0	5,589
0%-138%	10	0	6,104

Rider Code AA: 0% Client Responsibility			
Monthly Income			
Level of Poverty	Family Size	From	To
139%-200%	1	\$ 1,468	\$ 2,127
139%-200%	2	1,984	2,873
139%-200%	3	2,499	3,620
139%-200%	4	3,014	4,367
139%-200%	5	3,529	5,113
139%-200%	6	4,044	5,860
139%-200%	7	4,560	6,607
139%-200%	8	5,075	7,353
139%-200%	9	5,590	8,100
139%-200%	10	6,105	8,847

Rider Code BB: 25% Client Responsibility			
Monthly Income			
Level of Poverty	Family Size	From	To
201%-225%	1	\$ 2,128	\$ 2,393
201%-225%	2	2,874	\$ 3,233
201%-225%	3	3,621	\$ 4,073
201%-225%	4	4,368	\$ 4,913
201%-225%	5	5,114	\$ 5,753
201%-225%	6	5,861	\$ 6,593
201%-225%	7	6,608	\$ 7,433
201%-225%	8	7,354	\$ 8,273
201%-225%	9	8,101	\$ 9,113
201%-225%	10	8,848	\$ 9,953

Rider Code CC: 50% Client Responsibility			
Monthly Income			
Level of Poverty	Family Size	From	To
226%-240%	1	\$ 2,394	\$ 2,552
226%-240%	2	\$ 3,234	3,448
226%-240%	3	\$ 4,074	4,344
226%-240%	4	\$ 4,914	5,240
226%-240%	5	\$ 5,754	6,136
226%-240%	6	\$ 6,594	7,032
226%-240%	7	\$ 7,434	7,928
226%-240%	8	\$ 8,274	8,824
226%-240%	9	\$ 9,114	9,720
226%-240%	10	\$ 9,954	10,616

Rider Code DD: 75% Client Responsibility			
Monthly Income			
Level of Poverty	Family Size	From	To
241%-250%	1	\$ 2,553	\$ 2,658
241%-250%	2	3,449	3,592
241%-250%	3	4,345	4,525
241%-250%	4	5,241	5,458
241%-250%	5	6,137	6,392
241%-250%	6	7,033	7,325
241%-250%	7	7,929	8,259
241%-250%	8	8,825	9,193
241%-250%	9	9,721	10,125
241%-250%	10	10,617	11,059

Rider Code FF: 100% Client Responsibility		
Monthly Income		
Level of Poverty	Family Size	>
> 250%	1	\$ 2,658
> 250%	2	3,592
> 250%	3	4,525
> 250%	4	5,458
> 250%	5	6,392
> 250%	6	7,325
> 250%	7	8,259
> 250%	8	9,193
> 250%	9	10,125
> 250%	10	11,059

Federal Poverty Guidelines		
* Family Size	Annual	**Monthly
1	\$ 12,760	\$ 1,063
2	17,240	1,437
3	21,720	1,810
4	26,200	2,183
5	30,680	2,557
6	35,160	2,930
7	39,640	3,303
8	44,120	3,677
9	48,600	4,050
10	53,080	4,423

* Based on 2020 Poverty Guidelines as published in the Federal Register, Volume 85, No. 12, January 17, 2020
For families/households with more than 10 persons, add \$4,480 for each additional person.

Effective 1/1/2021