FY26 Member Fee Subsidy Schedule
Preble County Mental Health & Recovery Board

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	$ 1,732
0%-138%	2	0	2,351
0%-138%	3	0	2,969
0%-138%	4	0	3,588
0%-138%	5	0	4,207
0%-138%	6	0	4,825
0%-138%	7	0	5,444
0%-138%	8	0	6,063
0%-138%	9	0	6,837
0%-138%	10	0	7,611

Rider Code AA: 0% Client Responsibility			
		Monthly Income	
Level of Poverty	Family Size	From	To
139%-200%	1	$ 1,733	$ 2,510
139%-200%	2	2,352	3,407
139%-200%	3	2,970	4,303
139%-200%	4	3,589	5,200
139%-200%	5	4,208	6,097
139%-200%	6	4,826	6,993
139%-200%	7	5,445	7,890
139%-200%	8	6,064	8,787
139%-200%	9	6,838	9,908
139%-200%	10	7,612	11,030

Rider Code BB: 25% Client Responsibility			
		Monthly Income	
Level of Poverty	Family Size	From	To
201%-225%	1	$ 2,511	$ 2,824
201%-225%	2	3,408	$ 3,833
201%-225%	3	4,304	$ 4,841
201%-225%	4	5,201	$ 5,850
201%-225%	5	6,098	$ 6,859
201%-225%	6	6,994	$ 7,868
201%-225%	7	7,891	$ 8,876
201%-225%	8	8,788	$ 9,885
201%-225%	9	9,909	$ 11,147
201%-225%	10	11,031	$ 12,409

Rider Code CC: 50% Client Responsibility			
		Monthly Income	
Level of Poverty	Family Size	From	To
226%-240%	1	$ 2,825	$ 3,012
226%-240%	2	$ 3,834	4,088
226%-240%	3	$ 4,842	5,164
226%-240%	4	$ 5,851	6,240
226%-240%	5	$ 6,860	7,316
226%-240%	6	$ 7,869	8,392
226%-240%	7	$ 8,877	9,468
226%-240%	8	$ 9,886	10,544
226%-240%	9	$ 11,148	11,890
226%-240%	10	$ 12,410	13,236

Rider Code DD: 75% Client Responsibility			
		Monthly Income	
Level of Poverty	Family Size	From	To
241%-250%	1	$ 3,013	$ 3,138
241%-250%	2	4,089	4,258
241%-250%	3	5,165	5,379
241%-250%	4	6,241	6,500
241%-250%	5	7,317	7,621
241%-250%	6	8,393	8,742
241%-250%	7	9,469	9,864
241%-250%	8	10,545	10,984
241%-250%	9	11,891	12,385
241%-250%	10	13,237	13,789

Rider Code FF: 100% Client Responsibility			
		Monthly Income	
Level of Poverty	Family Size	>	
> 250%	1	$ 3,138	
> 250%	2	4,258	
> 250%	3	5,379	
> 250%	4	6,500	
> 250%	5	7,621	
> 250%	6	8,742	
> 250%	7	9,864	
> 250%	8	10,984	
> 250%	9	12,385	
> 250%	10	13,789	

Federal Poverty Guidelines		
* Family Size	Annual	**Monthly
1	$ 15,060	$ 1,255
2	20,440	1,703
3	25,820	2,152
4	31,200	2,600
5	36,580	3,048
6	41,960	3,497
7	47,340	3,945
8	52,720	4,393
9	59,450	4,954
10	66,180	5,515

* Based on 2024 Poverty Guidelines as published in the Federal Register, Volume 89, No. 11, January 17, 2024
For families/households with more than 10 persons, add $6,730 for each additional person.

Effective 6/1/2025