

**FY25 Member Fee Subsidy Schedule  
Preble County Mental Health & Recovery Board**

**ATTACHMENT 2**

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

Rider Code NM: 0% Client Responsibility		
Level of Poverty	Family Size	Monthly Income
		From To
0%-138%	1	0 \$ 1,677
0%-138%	2	0 2,268
0%-138%	3	0 2,859
0%-138%	4	0 3,450
0%-138%	5	0 4,041
0%-138%	6	0 4,632
0%-138%	7	0 5,223
0%-138%	8	0 5,814
0%-138%	9	0 6,406
0%-138%	10	0 6,997

Rider Code AA: 0% Client Responsibility		
Level of Poverty	Family Size	Monthly Income
		From To
139%-200%	1	\$ 1,678 \$ 2,430
139%-200%	2	2,269 3,287
139%-200%	3	2,860 4,143
139%-200%	4	3,451 5,000
139%-200%	5	4,042 5,857
139%-200%	6	4,633 6,713
139%-200%	7	5,224 7,570
139%-200%	8	5,815 8,427
139%-200%	9	6,407 9,283
139%-200%	10	6,998 10,140

Rider Code BB: 25% Client Responsibility		
Level of Poverty	Family Size	Monthly Income
		From To
201%-225%	1	\$ 2,431 \$ 2,734
201%-225%	2	3,288 \$ 3,698
201%-225%	3	4,144 \$ 4,661
201%-225%	4	5,001 \$ 5,625
201%-225%	5	5,858 \$ 6,589
201%-225%	6	6,714 \$ 7,553
201%-225%	7	7,571 \$ 8,516
201%-225%	8	8,428 \$ 9,480
201%-225%	9	9,284 \$ 10,444
201%-225%	10	10,141 \$ 11,408

**Rider Code CC: 50% Client Responsibility**

Monthly Income		
Level of Poverty	Family Size	From To
		226%-240%
226%-240%	2	\$ 3,699 3,944
226%-240%	3	\$ 4,662 4,972
226%-240%	4	\$ 5,626 6,000
226%-240%	5	\$ 6,590 7,028
226%-240%	6	\$ 7,554 8,056
226%-240%	7	\$ 8,517 9,084
226%-240%	8	\$ 9,481 10,112
226%-240%	9	\$ 10,445 11,140
226%-240%	10	\$ 11,409 12,168

**Rider Code DD: 75% Client Responsibility**

Monthly Income		
Level of Poverty	Family Size	From To
		241%-250%
241%-250%	2	3,945 4,108
241%-250%	3	4,973 5,179
241%-250%	4	6,001 6,250
241%-250%	5	7,029 7,321
241%-250%	6	8,057 8,392
241%-250%	7	9,085 9,464
241%-250%	8	10,113 10,534
241%-250%	9	11,141 11,604
241%-250%	10	12,169 12,676

**Rider Code FF: 100% Client Responsibility**

Monthly Income		
Level of Poverty	Family Size	>
		> 250%
> 250%	2	4,108
> 250%	3	5,179
> 250%	4	6,250
> 250%	5	7,321
> 250%	6	8,392
> 250%	7	9,464
> 250%	8	10,534
> 250%	9	11,604
> 250%	10	12,676

**Federal Poverty Guidelines**

* Family Size	Annual	**Monthly
1	\$ 14,580	\$ 1,215
2	19,720	1,643
3	24,860	2,072
4	30,000	2,500
5	35,140	2,928
6	40,280	3,357
7	45,420	3,785
8	50,560	4,213
9	55,700	4,642
10	60,840	5,070

\* Based on 2023 Poverty Guidelines as published in the Federal Register, Volume 88, No. 12, January 19, 2023  
For families/households with more than 10 persons, add \$5,140 for each additional person.

Effective 6/1/2024