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Appendix A

Covered Services

The Contractor is responsible for providing the following Medicare and Medicaid Covered Services, as authorized by the Primary Care Physician or the Primary Care Team, in accordance with the clinical protocols developed by the Contractor. The Contractor may offer additional services, in accordance with clinical protocols developed by the Contractor.

Ambulatory Surgery — all outpatient surgical services and related diagnostic and medical services.

Adult Day Health — community-based services such as nursing, assistance with activities of daily living, social, therapeutic, recreation, nutrition at a site outside the home, and transportation to a site outside the home.

Adult Foster Care/Adult Group Care — daily assistance in personal care, managing medication, meals, snacks, homemaking, laundry, and medical transportation.

Audiologist — audiologist exams and evaluations. See related hearing aid services.

Behavioral Health Services — see **Appendix A, Exhibit 1**.

Chiropractic Services — chiropractic manipulative treatment and radiology services.

Community-Based Services — including but not limited to the following services: homemaker; personal care; respite care; dementia and social day care; environmental accessibility adaptations; transportation; chore and companion; and respite.

Day Habilitation — a structured, goal-oriented, active treatment program of medically oriented, therapeutic and habilitation services for developmentally disabled individuals who need active treatment.

Dental Services — including but not limited to the following services: emergency care visits, including X rays; extractions; dentures; and oral surgery.

Dialysis — including: laboratory; prescribed drugs; tubing change; adapter change; hemodialysis; intermittent peritoneal dialysis; continuous cycling peritoneal dialysis; continuous ambulatory peritoneal dialysis; and training related to dialysis services.

Durable Medical Equipment (DME) and Medical/Surgical Supplies

1. **durable medical equipment —** products that are: (a) fabricated primarily and customarily to fulfill a medical purpose; (b) generally not useful in the absence of illness or injury; (c) able to withstand repeated use over an extended period of time; and (d) appropriate for home use. Includes but is not limited to the purchase of medical equipment, replacement parts, and repairs for such items as: canes, crutches, wheelchairs (manual, motorized, custom fitted, and rentals), walkers, commodes, special beds, monitoring equipment, orthotic and prosthetic devices, and the rental of Personal Emergency Response Systems (PERS). Coverage includes related supplies and repair and replacement of the equipment.

2. **medical/surgical supplies —** medical/treatment products that: (a) are fabricated primarily and customarily to fulfill a medical or surgical purpose; (b) are used in the treatment of a specific medical condition; and (c) are non-reusable and disposable. Includes but is not limited to items such as urinary catheters, wound dressings, glucose monitors, and diapers.

Emergency Services — covered inpatient and outpatient services, including behavioral health services, that are furnished to an Enrollee by a provider qualified to furnish such services and that are needed to evaluate or stabilize an Enrollee's Emergency Medical Condition. Emergency services include post-stabilization services provided after an emergency is stabilized in order to maintain the stabilized condition or to improve or resolve the Enrollee's condition. The attending emergency physician, or the provider actually treating the Enrollee, is responsible for determining when the Enrollee is sufficiently stabilized for transfer.

Geriatric Support Services Coordination — services provided by a licensed social worker in accordance with **Subsection 2.4(A)(5)** of the Contract.

Hearing Aid Services — including but not limited to diagnostic services, hearing aids or instruments, and services related to the care and maintenance of hearing aids or instruments.

Home Health — all home health care services, including DME associated with such services; part-time or intermittent skilled nursing care and home health services; physical, occupational, and speech language therapy; and medical social services.

Hospice — a package of services such as nursing; medical social services; physician; counseling, including bereavement, dietary, spiritual, or other types of counseling; physical, occupational, and speech language therapy; homemaker/home health aid; medical supplies, drugs, biological supplies; and short term inpatient care.

Inpatient Hospital Services— all inpatient services, including but not limited to physician, surgery, radiology, nursing, laboratory, other diagnostic and treatment procedures, blood and blood derivatives, semi-private or private room and board, drugs and biologicals, medical supplies, durable medical equipment, and medical surgical/intensive care/coronary care unit, as necessary, at any of the following settings:

1. acute inpatient hospital;
2. chronic hospital;
3. rehabilitation hospital; or
4. psychiatric hospital.

Institutional Care — services such as nursing, medical social work, assistance with activities of daily living, therapies, nutrition, and drugs and biologicals provided at a skilled nursing facility or other nursing facility.

Laboratory — all services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of the health of Enrollees.

Orthotics — braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body, including therapeutic shoes for Enrollees who have diabetic foot disease.

Oxygen and Respiratory Therapy Equipment — ambulatory liquid oxygen systems and refills; aspirators; compressor-driven nebulizers; intermittent positive pressure breather (IPPB); oxygen; oxygen gas; oxygen-generating devices; and oxygen therapy equipment rental.

Personal Care Attendant Services — assistance with Activities of Daily Living (ADLs) such as bathing, dressing, grooming, eating, ambulating, toileting, and transferring.

Pharmacy — legend and non-legend drugs that are reasonable and necessary for the diagnosis or treatment of illness or injury. Legend drugs must also be approved by the U.S. Food and Drug Administration.

Physician (primary) — annual exams and continuing care, including medical, radiological, laboratory, anesthesia and surgical services.

Physician (specialty) — physician specialty services, including but not limited to the following list and second opinions upon the request of the Enrollee:

Anesthesiology	Neurology	Psychiatry
Audiology	Neurosurgery	Pulmonology
Cardiology	Oncology	Radiology
Dentistry	Ophthalmology	Rheumatology
Dermatology	Oral surgery	Surgery
Gastroenterology	Orthopedics	Thoracic surgery
Gynecology	Otorhinolaryngology	Vascular surgery
Internal Medicine	Podiatry	Urology
Nephrology		

Podiatry —care for medical conditions affecting the lower limbs, including routine foot care as defined by Medicare in Part III, Section 2323 of the Medicare Carriers Manual.

Private Duty Nursing — continuous, specialized skilled nursing services.

Prosthetic Services and Devices — prosthetic devices, including the evaluation, fabrication, and fitting of a prosthesis. Coverage includes related supplies, repair, and replacement.

Radiology and X-ray — all X-rays, including portable X-rays, magnetic resonance imagery (MRI), radiation therapy, and radiological services.

Therapy — individual treatment (including the design, fabrication, and fitting of an orthotic, prosthetic, or other assistive technology device), comprehensive evaluation, and group therapy.

1. **Physical —** evaluation, treatment, and restoration to normal or best possible functioning of neuromuscular, musculoskeletal, cardiovascular , and respiratory systems.

2. **Occupational —** evaluation and treatment of an Enrollee in his or her own environment for impaired physical functions.

3. **Speech and Hearing —** evaluation and treatment of speech, language, voice, hearing, fluency, and swallowing disorders.

Transportation — ambulance (air and land), taxi, and chaircar transport for medical reasons.

Vision Care Services — the professional care of the eyes for purposes of diagnosing and treating all pathological conditions. They include eye examinations, vision training, prescriptions, and glasses and contact lenses.

Appendix A

Exhibit 1: Behavioral Health (BH) Services

A. Inpatient Services — twenty-four-hour services that provide medical intervention for mental health or substance abuse diagnoses, or both, including:

1. **Inpatient Mental Health Services —** hospital services to stabilize an acute psychiatric condition that: 1) has a relatively sudden onset; 2) has a short, severe course; 3) poses a significant danger to self or other; or 4) has resulted in marked psycho-social dysfunction or grave mental disability.

2. **Detoxification —** Inpatient substance-abuse services that provide short-term medical treatment for substance-abuse withdrawal, individual medical assessment, evaluation, intervention, substance-abuse counseling, and post-detoxification referrals. These services may be provided in licensed freestanding or hospital-based programs.

B. Diversionary Services — those BH services that are provided as alternatives to inpatient services, including:

1. **Community Support —** services provided in a community setting, which are used to prevent hospitalization, and designed to respond to the needs of Enrollees whose pattern of utilization of services or clinical profile indicates high risk of readmission into 24-hour treatment settings.

2. **Crisis Stabilization —** services provided as an alternative to hospitalization which provides short-term psychiatric treatment in structured, community based therapeutic environments. Crisis stabilization provides continuous 24-hour observation and supervision for individuals who do not require the intensive medical treatment of hospital level of care.

3. **Observation/Holding Beds —** services to provide hospital level care for up to 24 hours to provide time for assessment, stabilization, and identification of appropriate resources for individuals.

4. **Partial Hospitalization —** an alternative to Inpatient Mental Health Services which offers short-term day mental health programming available seven days per week consisting of therapeutically intensive acute treatment within a stable therapeutic milieu and including daily psychiatric management.

5. **Psychiatric Day Treatment —** services that constitute a program of a planned combination of diagnostic, treatment, and rehabilitative services provided to mentally or emotionally disturbed persons who need more active or inclusive treatment than is typically available through a weekly visit to a mental health center, individual provider's office, or hospital outpatient department, but who do not need full-time hospitalization or institutionalization.

6. **Residential Substance Abuse Treatment —** short-term 24-hour therapeutically planned treatment and learning situation that provides continuity of care after detoxification for individuals engaging in recovery.

7. **Structured Outpatient Addiction Programs —** short-term clinically intensive structured day or evening substance-abuse services. Such a program can serve as a step-down service in the continuum of care for individuals being discharged from detoxification or can be utilized by individuals whose symptoms indicate a need for structured outpatient treatment beyond the standard outpatient benefit.

C. **BH Emergency Services —** Medically necessary services that are available seven days per week, 24 hours per day to provide treatment of any Enrollee who is experiencing a mental health or substance abuse problem, or both, including:

1. **Emergency Screening Services —** a face-to-face assessment, conducted by appropriate clinical personnel, of an individual presenting with an emergency in a home, residential program, clinic, hospital emergency room, police station, and other settings.

2. **Medication Management Services —** assessment for and prescribing of medication by qualified personnel as a component of emergency services.

3. **Short Term Crisis Counseling —** provision of individual therapy as a component of emergency services.

4. **Short-Term Crisis Stabilization Services —** any or all of the following: (1) Crisis Stabilization; (2) Observation/Holding Beds; (3) Specialing Services; (4) Medication Management Services; and (5) Short-Term Crisis Counseling.

5. **Specialing Services —** therapeutic services provided to an individual, in a variety of settings, on a one-to-one basis to maintain the individual's safety as a component of BH Emergency Services.

D. Outpatient Services – BH services provided in an ambulatory care setting, such as a mental health or substance abuse clinic, hospital outpatient department, community health center, or Provider's office, including:

1. Mental Health

a. Evaluation

b. Treatment

c. Medication

d. Consultation

2. Substance Abuse Services

a. Counseling

b. Diagnostic Evaluation

c. Medication Visit

E. Special Procedures

1. Electro-Convulsive Therapy — service that initiates seizure activity with an electric impulse while the Enrollee is under anesthesia. It is administered in a hospital facility that is licensed to provide this service by the Department of Mental Health.

2. Psychological Neuropsychological Testing — the use of standardized test instruments when indicated for behavioral or physical health reasons to evaluate aspects of an Enrollee's functioning, including but not limited to cognitive processes, emotional conflicts, and type and degree of psycho-pathology.

Appendix B

Model Outline for Evidence of Coverage, Including Enrollee Rights

A. Welcome and Overview of SCO

B. Features of SCO

Primary Care Physician
Primary Care Team
One Source for All Your Care
Facilities
Coordination of Services with Medicare and Medicaid
Services Provided Exclusively through SCO

C. Eligibility

D. Enrollment

Step 1: Intake
Step 2: Assessment
Step 3: Preliminary Approval
Step 4: Final Approval and Enrollment
Appeals Process

E. Benefits and coverage

Outpatient Health Services
Inpatient Hospital Care
Nursing Home Care
Home Health Care
End-of Life Care
Health-Related Services
Dental Care

F. Exclusions and Limitations

G. Access to After-Hours Care and Emergency Care

After-Hours Care
Emergency Care
Out-of-Area Urgently Needed Care

H. Complaints and Appeals (in accordance with 42 C.F.R. 438.100)

Complaint Process
Appeals Process
You Have a Right to Appeal
Support for Your Appeal
Who May File an Appeal
If You Want Someone to File an Appeal for You
Help with Your Appeal

I. Your Rights as an Enrollee (in accordance with 42 C.F.R. 438.100)

J. Other Contract Provisions

Termination Benefits
Voluntary Disenrollment
Involuntary Disenrollment
Renewal Provisions
Changes to Your Contract
Continuation of Services after Termination
Cooperation from You
Governing Law
Assignment of Benefits
Notifications
Notice of Certain Events
Policies and Procedures Adopted by the SCO
Time Limitations on Claims
Access to Your medical Records
Waiver of Conditions for Care
Who Receives Payment under this Plan?

K. Definitions

Appendix C

Requirements for Provider Agreements and Subcontracts

The Contractor shall:

A. Enter into Provider Agreements only with qualified or licensed providers who meet federal and State requirements when applicable;

B. Maintain a supplier/vendor management program that proactively requires the Contractor's major Providers of services (for example, hospitals, pharmacies, home health providers, laboratory services, and radiology services) to conduct activities to monitor the quality, access, and cost-effectiveness of their services and identify and address opportunities for improvement on an ongoing basis. In addition, management and clinical data from the Provider must be submitted to the Contractor in a format compatible with the Contractor's information systems. (Such data must be incorporated with the Contractor's utilization and cost data and submitted to EOHHS where required under the Contract.);

C. Maintain all Provider Agreements and other agreements and subcontracts relating to this Contract in writing. All such agreements and subcontracts shall fulfill all applicable requirements of 42 CFR Part 438, and shall contain all relevant provisions of this Contract appropriate to the subcontracted service or activity;

D. Actively monitor the quality of care provided to Enrollees under any Provider Agreements and any other subcontracts;

E. Remain fully responsible for meeting all of the terms and requirements of the Contract regardless of whether the Contractor subcontracts for performance of any Contract responsibility. No subcontract will operate to relieve the Contractor of its legal responsibilities under the Contract;

F. Prior to any delegation to a Subcontractor, evaluate the prospective Subcontractor's ability to perform the activities to be delegated;

G. Have a written agreement with any Subcontractor that specifies the activities and report responsibilities delegated to the Subcontractor and provides for revoking delegation or imposing other sanctions if the Subcontractor's performance is inadequate;

H. Monitor any Subcontractor's performance on an ongoing basis and subject it to formal review annually. If any deficiencies or areas for improvement are identified, the Contractor and the Subcontractor shall take corrective action. Upon request, the

Contractor shall provide EOHHS with a copy of such annual review and any corrective action plans developed as a result;

I. Notify EOHHS in writing at least 60 days prior to procurement or reprocurement of services provided by any Subcontractor;

J. Provide EOHHS with information, in response to all questions posed by EOHHS, regarding implementation plans to ensure readiness for transition to a new Subcontractor;

K. Notify EOHHS in writing immediately upon notifying any Subcontractor or being notified by any Subcontractor of the intention to terminate such subcontract;

L. Inform EOHHS if any of its Subcontractors are certified Minority Business Enterprises;

M. Ensure that all Provider Agreements include the following provision: *"Providers shall not seek or accept payment from any Enrollee for any SCO Covered Service rendered, nor shall Providers have any claim against or seek payment from EOHHS for any SCO Covered Service rendered to an Enrollee. Instead, Providers shall look solely to (Contractor's name) for payment with respect to SCO Covered Services rendered to Enrollees. Furthermore, Providers shall not maintain any action at law or in equity against any Enrollee or EOHHS to collect any sums that are owed by(Contractor's name) for any reason, even in the event that (Contractor's name) fails to pay for or becomes insolvent or otherwise breaches the terms and conditions of its agreement with the Provider or any other agreement entered into by (Contractor's name)."*

N. Ensure that all Provider Agreements and subcontracts contain at least the following provisions:

1. Specification that the subcontract be governed by and construed in accordance with all laws, regulations, and contractual obligations incumbent upon the Contractor, including any applicable requirements specified in the Contract;

2. Subcontractor's agreement to accept the Contractor's payment as payment in full and not to bill Enrollees, EOHHS or CMS;

3. Subcontractor's agreement to hold harmless EOHHS, CMS, and Enrollees in the event that the Contractor cannot or will not pay for services performed by the Subcontractor pursuant to the subcontract;

4. Subcontractor's agreement that assignment or delegation of the subcontract is prohibited unless prior written approval is obtained from the Contractor; and

5. Subcontractor's agreement to make all books and records, pertaining to the goods and services furnished under the terms of the subcontract, available for inspection, examination, or copying by EOHHS and CMS.

O. Provide adequate and appropriate stop-loss protection if incentive arrangements with the subcontractor place the subcontractor at substantial financial risk for services it does not provide; and

P. Make best efforts to ensure that all subcontractor agreements stipulate that Massachusetts general law or Massachusetts regulation will prevail if there is a conflict between the state law or state regulation where the Subcontractor is based.

Appendix D

Reporting Requirements

The Contractor must report performance, as required by the Contract, to EOHHS and CMS through financial statements and ratios, using the financial indicators and according to the definitions below. These indicators are intended to measure the liquidity, efficiency, composition, capitalization, and profitability of the Contractor, in accordance with generally accepted accounting principles. The Contractor must provide reports to EOHHS and CMS quarterly, or on a monthly basis as directed by EOHHS and CMS, including documentation and an explanation of any deviations from the standards as defined below. All reports must contain: 1) a subsection for the Contractor's activity only; and 2) a subsection for a consolidated report, including combined data for the Contractor and all subcontractors.

I. Liquidity

A. Current ratio

Definition: Current Assets/Current Liabilities

Purpose: To measure the Contractor's ability to meet short-term obligations with cash or other assets readily convertible to cash.

B. Acid test

Definition: (Current Assets – Accounts Receivable)/ Current Liabilities

Purpose: To measure the Contractor's ability to meet its short-term obligations with cash or other assets readily convertible to cash, excluding accounts receivable.

C. Cash to Claims and Payables

Definition: (Cash and Cash Equivalents)/Claims and Payables

Purpose: To measure the Contractor's ability to pay off claims and accounts payable with all available sources of cash.

D. Days of Total Claims Incurred But Not yet Reported (IBNR)

Definition: Total IBNR Claims (estimated)/(Total Medical Claims/365)

Purpose: To determine the number of days of claims owed to providers by the Contractor, in order to measure the ability of the Contractor to cover future claims.

E. Claims as a percentage of Revenue

Definition: Claims Payable/Total Revenue

Purpose: To measure the efficiency of the Contractor's claims management system.

II. Efficiency

A. Medical Expense Ratio

Definition: Total Medical Costs/Total Revenue

Purpose: To measure the extent to which the Contractor has been able to control costs.

B. Medical Expense Per Member Per Month (PMPM)

Definition: Total Medical Costs/Member Months

Purpose: To identify trends in the costs of the Contractor's delivery of health care on a per member per month basis.

C. Administrative Expense Ratio

Definition: Total Administrative Costs/Total Revenue

Purpose: To measure the efficiency of the Contractor's management of its operations.

III. Composition

A. Receivables to Current Assets

Definition: Accounts receivable/Current Assets

Purpose: To determine the extent to which receivables make up total current assets.

B. Cash to Current Assets

Definition: Cash/Current Assets

Purpose: To determine the extent to which cash makes up total current assets.

IV. Capitalization

A. Debt Ratio

Definition: Total Debt/Total Assets

Purpose: To determine Contractor's capacity to pay its debts.

B. Debt Service Coverage

Definition: Total Interest on Debt/Total Non-fixed Assets

Purpose: To determine Contractor's capacity to pay interest on its debts.

V. Profitability

A. Net Profit Margin

Definition: Net Income/Total Revenue

Purpose: To determine Contractor's ability to generate a profit.

B. Net Worth

Definition: Total Assets — Total Liabilities

Purpose: To determine the degree of Contractor's solvency.

VI. Equity Per Enrollee

Definition: Total Equity/Total Enrollees

Purpose: To determine Contractor's ability to support operations on a per Enrollee basis.

VII. Other Data to Be Reported

A. Quarterly Reports

The Contractor shall report the following data on a quarterly basis:

1. Financial Experience Review

This report shall contain utilization, average unit cost, and PMPM total cost by categories of service, and by categories of Enrollee, as specified by EOHHS, for all services provided to Enrollees.

2. Income/Expense Report

This report shall contain enrollment data, in member-months, and revenue and expense data. The revenue data shall report capitation income and other income, and the expense data shall report costs by type of provider, including adjustments and other indirect costs.

3. Working Capital Report

This report shall contain information on the Contractor's working capital (defined as current assets minus current liabilities), as required by **Subsection 2.12(A)(2).**

4. Member Enrollment and Disenrollment

This report shall contain the Contractor's enrollment and disenrollment data.

B. Annual Reports

The Contractor shall report the following data on an annual basis:

1. Balance sheet;

2. Income and expense statement;

3. Statement of changes in financial position;

4. Capital expenditure; and

5. Projected financial position throughout the duration of the Contract, which satisfies the standards of the American Institute of Certified Public Accountants (AICPA).

VIII. Other M+C Financial Reports at 42 CFR 422.502 and 516

IX. Non-Financial Reports

A. Annual reports on progress toward reaching established quality management goals in accordance with **Subsection 2.10**.

B. HEDIS measures (clinical indicator data) in accordance with **Subsection 2.14(A).**

C. Monthly report of number and types of complaints and appeals filed by Enrollees as well as how and in what time frames they were resolved in accordance with **Subsection 2.14(D).** Also include relevant information from the annual analysis of Enrollee Surveys in accordance with **Subsection 2.10(F).**

D. Utilization Data in accordance with **Subsection 2.14(F) and (G).**

E. Quarterly report on Enrollees who are medically eligible for nursing facility services, by age group and gender in accordance with **Subsections 2.14(H).**

F. Encounter data requirements at 42 CFR 422.502 (a) (8) in accordance with **Subsections 2.14(B).**

Appendix E

Capitation Rates

Rates for Contract Year 2009 (Subject to CMS Approval)

	Community Settings of Care			Institutional Settings of Care		
	Other	AD/CMI	NHC	Tier 1	Tier 2	Tier 3
Dually Eligible Boston	RC 20 $155.98	RC 22 $648.26	RC 24 $2895.89	RC 26 $4706.39	RC 27 $6849.71	RC 28 $8710.54
Dually Eligible Outside Greater Boston	RC 21 $162.41	RC 23 $688.78	RC 25 $3165.07	RC 26 $4706.39	RC 27 $6849.71	RC 28 $8710.54
MassHealth Only, Greater Boston	RC 30 $924.09	RC 32 $2518.07	RC 34 $7677.40	RC 36 $4706.39	RC 37 $6849.71	RC 38 $8710.54
MassHealth Only, Outside Greater Boston	RC 31 $759.08	RC 33 $2125.34	RC 35 $6821.10	RC 36 $4706.39	RC 37 $6849.71	RC 38 $8710.54

APPENDIX F

Cities and Zip codes in Greater Boston Region

City	Zip Code
Accord	02018
Allston	02134
Arlington	02474
Arlington	02476
Arlington Heights	02475
Babson Park	02457
Boston	02101
Boston	02102
Boston	02103
Boston	02104
Boston	02105
Boston	02106
Boston	02107
Boston	02108
Boston	02109
Boston	02110
Boston	02111
Boston	02112
Boston	02113
Boston	02114
Boston	02115
Boston	02116
Boston	02117
Boston	02118
Boston	02119
Boston	02120
Boston	02122
Boston	02123
Boston	02124
Boston	02125
Boston	02126
Boston	02127
Boston	02128

Boston	02129
Boston	02130
Boston	02131
Boston	02132
Boston	02133
Boston	02134
Boston	02135
Boston	02136
Boston	02137
Boston	02163
Boston	02196
Boston	02199
Boston	02201
Boston	02202
Boston	02203
Boston	02204
Boston	02205
Boston	02206
Boston	02207
Boston	02208
Boston	02209
Boston	02210
Boston	02211
Boston	02212
Boston	02215
Boston	02216
Boston	02217
Boston	02222
Boston	02228
Boston	02241
Boston	02266
Boston	02283
Boston	02284
Boston	02293
Boston	02295
Boston	02297
Boston	02455
Braintree	02184
Braintree	02185

Brighton	02135
Brookline	02445
Brookline	02446
Brookline Village	02447
Cambridge	02138
Cambridge	02139
Cambridge	02140
Cambridge	02141
Cambridge	02142
Cambridge	02163
Cambridge	02238
Cambridge	02239
Charlestown	02129
Chelsea	02150
Chestnut Hill	02467
Cohasset	02025
Dedham	02026
Dedham	02027
Dorchester	02121
Dorchester	02122
Dorchester	02124
Dorchester	02125
East Boston	02128
East Boston	02228
Greenbush	02040
Hingham	02018
Hingham	02043
Hingham	02044
Hull	02045
Hyde Park	02136
Hyde Park	02137
Jamaica Plain	02130
Mattapan	02126
Milton	02186
Milton Village	02187
Minot	02055
Newton	02458
Newton	02459
Newton	02460

Newton	02461
Newton	02462
Newton	02464
Newton	02465
North Scituate	02060
Norwell	02061
Norwood	02062
Quincy	02169
Quincy	02170
Quincy	02171
Quincy	02269
Randolph	02368
Readville	02136
Readville	02137
Revere	02151
Roslindale	02131
Roxbury	02118
Roxbury	02119
Roxbury	02120
Scituate	02040
Scituate	02055
Scituate	02060
Scituate	02066
Somerville	02143
Somerville	02144
Somerville	02145
Waban	02468
Waverley	02479
West Roxbury	02132
Westwood	02090
Weymouth	02188
Weymouth	02189
Weymouth	02190
Weymouth	02191
Winthrop	02152