

revenues, and there is thus virtually no direct cost to families, apart from additional billing that doctors may in some instances impose. Four of the plans employ premium levies to help finance their share of costs, and one employs a payroll tax. Typically, in these plans, premiums are paid for welfare recipients and residents 65 years and over, and various devices are used to keep the financial burden low for families that are poor but just above the poverty-line entitling them to welfare assistance.

Each of the 12 plans in operation is described briefly in the paragraphs that follow, in chronological order of entry into the national program.

It must be noted that, although most doctors are paid on a fee-for-service basis, alternative or additional arrangements include salary, sessional payments, contract service, capitation and incentive pay.

Saskatchewan This program, which was introduced in July 1962, requires enrolment of the entire eligible population. The Medical Care Insurance Commission, which is the principal administering agency, makes payments to doctors for the bulk of the services provided under the plan. About 5 per cent of the population obtains its insured services under terms and conditions identical to those of the Commission by way of the separate administering agency known as the Swift Current Health Region. Also, the provincial authority arranges for payment for physicians' services in mental and tuberculosis institutions and for cancer control. Premiums were discontinued as of January 1, 1974, and the provincial share of the cost is now financed entirely from general revenues.

Medical benefits include home, office and hospital visits, surgery, obstetrics, psychiatric care outside mental hospitals, anaesthesia, laboratory and radiological services, preventive medicine, and certain services provided by dentists. There are no waiting periods for benefits and no exclusions for reasons of age or pre-existing health conditions. Refractions by optometrists and chiropractic services are also insured benefits. In addition, the plan pays for referred services by dentists for care of cleft palate and for orthodontic oral surgery.

The Medical Care Insurance Commission pays for approved physician's services on the basis of 100 per cent of the negotiated payment schedule and in accordance with the Commission's assessment rules. This payment schedule is about 85 per cent of the current fee schedule established and published by the physicians themselves through their own provincial association, and used primarily for non-insured patients. Participating chiropractors are paid in