

contribute 0.8 per cent of their payrolls. Welfare recipients and others who happen to have earnings below the income thresholds are covered without payment of the tax on earnings.

**Prince Edward Island** This province began participating on December 1, 1970. Benefits are comparable to those in other provinces. Registration is required but is not a condition of eligibility. All funds required to meet the provincial share of costs are obtained from general revenue sources. Doctors who decide to collect directly from patients can extra-bill, but only up to the amount for the service as listed in the medical association fee-schedule and only after they have told the patient their intention, obtained the patient's written consent, and notified the provincial agency of the amount. Doctors who elect to bill the provincial agency directly are paid by the agency 92 per cent of the fee-schedule. This they must accept as payment in full unless, again, they notify the patient of their intention to extra-bill for the additional percentage and obtain the patient's written consent.

**New Brunswick** This province began participating on January 1, 1971. Registration is by the family head and is required, although it is not an eligibility requirement. Doctors must indicate whether or not they intend to participate in the plan; if they so decide, they are obliged to accept 90 per cent of their fee-schedule as payment in full. Those doctors who decide to deal directly with particular patients concerning payment may extra-bill beyond amounts indicated at the 90 percent rate.(3)

The New Brunswick plan, like others, is generally comprehensive, including limited oral surgery in hospital.

**Northwest Territories** The NWT entered the national program on April 1, 1971. Doctors who elect to submit accounts to the territorial insurance agency must accept from the agency, as payment in full, the amounts set forth in the agency's benefit schedule. Those who choose to collect directly from patients must initially give notice to the agency that they are not participating and must inform the patient beforehand of their intention. As in three of the Atlantic Provinces, refractions by optometrists are not benefits. Financing of the NWT share of costs is entirely from general revenues.

Because of isolated conditions in this far northern area, it is common, as in the outport areas of Newfoundland, for many doctors to work as salaried employees of third-party institutions and agencies.

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(3) It should be noted that all provinces permit specialists to extra-bill for non-referred care if the specialist rate is higher than the rate the plan will pay for such service.