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 percent of the population obtains its insured services under terms and conditions identical to those by 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.

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 are also an insured benefit.

The Medical Care Insurance Commission pays for approved services on the basis of 85 percent of the fees listed in the physicians' fee schedule*, apart from certain classes of service where a utilization charge applies. These utilization charges are $1.50 for each office visit and $2.00 for each home and out-patient call and are payable by the patient to the attending physician. In such instances, the financial responsibility of the public authority is reduced by the amount of the applicable fee. To avoid financial hardship to patients in exceptional cases there is provision for a family maximum on the total amount of such fees that must be paid. Welfare recipients are not required to pay utilization fees.

Physicians may choose to receive payment in three ways. First, the physician may receive directly from the public authority payment of the agreed-on percentage of the tariff in the current fee-schedule of the medical association, less the utilization fee, and accept this payment, along with the utilization fee payable by the patient, as payment in full. Secondly, patients and physicians may enrol voluntarily with an "approved health agency" that serves as intermediary, with respect to payment, between the public authority and the physicians; here also the physician receives the agreed-on percentage of the tariff, less the utilization fee. Thirdly, a physician may choose to submit his bill directly to the patient, who pays him either before or after seeking reimbursement from the public authority; the physician may bill the patient directly for amounts over and above what the public authority has paid. No physician is compelled to confine himself to one or the other of these modes of payment.

British Columbia

The province became a participant under the federal Medical Care Act on July 1, 1968. The plan is governed by a public commission with jurisdiction over a number of "licensed carriers", which are non-profit agencies charged with responsibility for day-to-day management of the separate components of the program. In addition to physicians' services and a limited range of oral surgery in hospital, the benefits include refractions by optometrists, some orthoptic services, limited physiotherapy, special nursing, chiropractic, and naturopathy.

---

* Except that the basis of payment is 100 per cent of the fee-schedule for most visits.