

All eligible residents are covered and there are no premium levies, the provincial portion of total costs for insured services being met from general revenues.

In Newfoundland, benefit payments are limited to 90 per cent of the fee-schedule. Physicians must formally select, and use exclusively, one of the modes of payment available. A participating physician must accept the 90 per cent as payment in full. A non-participating physician may impose additional charges, provided he informs the beneficiary that he is not a participating physician and that he reserves the right to charge in excess of the amount payable by the plan.

Early in 1971, the medical profession and the provincial government reached agreement on a formula that reduces the percentage payment on the fee-schedule beyond a monthly maximum limit on aggregate payments.

The reduction formula applies whenever monthly payments exceed \$6,000 for surgical specialists, \$5,500 for medical specialists, and \$4,500 for doctors who are not specialists. Excess payments are reduced to (a) 75 per cent of all sums up to and including \$1,000 above the basic amount and (b) 50 per cent of all sums in excess of \$1,000 above the basic amount. There is provision for averaging relatively low-income and high-income months if the doctor so wishes.

Customarily, large numbers of doctors in Newfoundland have contracted with the provincial government and with certain voluntary agencies to receive salaries for service in outlying areas. These arrangements were continued after April 1, 1969.

Nova Scotia

Nova Scotia became a participating province on April 1, 1969. All eligible residents are covered. Registration is required but there are no premiums, the entire amount of the provincial portion of the costs of insured services being obtained from general revenues.

The insured services include all medically-necessary procedures by practitioners, plus a limited range of oral-surgery procedures in hospitals. Refractions by optometrists are not a benefit.

Benefit payments by the plan are made at 85 per cent of the current fee-schedule. Physicians must choose either to participate, accepting all payments directly from the plan, or not to participate. In either case, physicians may "extra-bill", but they must obtain written consent from the patient before rendering the service, and the amount of the extra charge has to be made known to the Commission.

The Nova Scotia plan is administered by a non-profit carrier designated by the public authority as its sole agent with respect to fee-for-service accounts. This agency carries out all functions relating to eligibility-checking and the processing and payment of claims, subject to review and audit by the public authority.