

practitioners as chiropractors, podiatrists, osteopaths and naturopaths is also insured by some provinces. Residents may, if they wish, continue to seek insurance protection, generally from private voluntary agencies, for such additional services as dental care, special duty nursing and prescribed drugs.

Five of the 12 provincial and territorial medical plans finance their portion of total costs from general taxation revenues only and there is thus virtually no direct cost to families, apart from additional billing that doctors may in some instances impose. Six of the plans employ premium levies to help finance their share of costs, and one employs a payroll tax. Typically, premiums are paid for welfare recipients, 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. The Saskatchewan plan is described in somewhat greater detail, since it has served as a prototype for most of the other plans. 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 premiums are compulsory and amount to \$24 a year for a family and \$12 a year for a single person. These premiums cover only a small part of the costs of the program. Welfare recipients are automatically covered, and no premium payment is required of them, or of any family head 65 years of age or over.

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.

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 per cent of most non-visit fees listed in the physicians' fee schedule. The basis of payment for most office and home fees is also 85 per cent. Utilization charges, initially imposed in 1968, were abolished August 1, 1971.