

they intend to participate in the plan; if they so decide, they are obliged to accept 90% of their fee-schedule as payment in full. Those doctors who elect to deal directly with particular patients may extra-bill beyond amounts indicated at the 90% rate.

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

**The Northwest Territories** entered the national program on April 1, 1971. Doctors who elect to submit accounts to the territorial insurance agency must accept as payment in full from the agency the amounts set forth in its 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 patients beforehand of their intention. Refractions by optometrists are not covered. The territorial share of costs is met 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.

**The Yukon Territory** entered the program on April 1, 1972. Its plan employs premium levies to finance its share of total costs. Registration is required, but coverage for insured services is not contingent on premium payment. Premiums are \$78 a year for single persons, \$150 for couples, and \$174 for families of three or more. Employers are required to deduct the premiums from the wages or salaries of employees and remit the amounts deducted to the plan. Sharing of the cost of premiums under collective-bargaining agreements is permissible.

Premium assistance is available for low-income families. Individuals and families with no taxable income in the previous year are eligible to have the entire premium paid on their behalf. Half the premium is paid for single persons with taxable income of \$500 or less, for couples with combined taxable income of \$1,000 or less, and for families of three or more with combined taxable income of \$1,300 or less. The federal government assumes responsibility for premium payments on behalf of native peoples, for whom it accepts general responsibility.

Claims for payment may be made by a doctor either to the plan directly or to the patient. When a patient is billed directly by a doctor, he must be supplied with an itemized account that can be used when seeking reimbursement from the plan. A doctor who elects to bill his patients can make any mutually satisfactory arrangement for remuneration, providing this is done prior to rendering service; otherwise he must accept what the plan pays as payment in full.

### 5.2.3 Special programs

All provinces have provisions to pay all or part of the cost of additional services required by residents in financial need under their social assistance programs, such as welfare recipients, the elderly and other age-specific groups. These costs are shared 50-50 by the federal government under the Canada Assistance Plan Act. The range of benefits varies from province to province, but may include such services as eyeglasses, prosthetic appliances, dental services, prescribed drugs, home care services, and nursing home care.

**Physicians' services.** The provincial medical care insurance plans cover provincial welfare recipients, without premium payment. The rates of payment to their physicians are identical to those that apply to the general population. Benefits, usually a little broader, also include such otherwise-uninsured items as travelling allowance and telephoned advice, the cost of these additional items being generally shared under the Canada Assistance Plan. Extra-billing by physicians is usually waived.

In Alberta and Ontario payment of premiums is not required of persons 65 years of age and over, their spouses, or their dependent children.

**Hospital care.** Every provincial hospital care insurance program covers welfare-allowance recipients without their payment of premiums or authorized charges.

**Prescribed-drug benefits.** In British Columbia, Alberta, Saskatchewan, Manitoba, New Brunswick, Quebec and Newfoundland, virtually all provincial public-assistance recipients are included in programs that provide prescribed drugs. The drug benefits in most provinces include practically every prescription drug and some unprescribed medications. Rates of payment to pharmacies and dispensing physicians are negotiated by provincial governments.