

one employs a payroll tax. In their plans, premiums are paid by the government for welfare recipients and, in some cases, for residents 65 years and over, and various devices are used to keep the financial burden low for families who are just above the poverty line and so are not entitled to welfare assistance.

Each plan is described briefly in the paragraphs that follow, with the date indicating the order of its entry into the national program. 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. 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.

Saskatchewan (July 1962). The Saskatchewan program requires enrolment of the entire eligible population. Since January 1, 1974, when premiums were discontinued, the provincial share of the cost has been financed entirely from general revenues. The Medical Care Insurance Commission (MCIC), the principal administering agency, pays doctors for most of the services provided under the plan. About 42,000 residents obtain their insured service under terms and conditions identical to those of the MCIC but through a separate administering agency, the Swift Current Health Region. The provincial authority also arranges for payment for physicians' services in mental and tuberculosis institutions and for cancer control.

Benefits include home, office, and hospital visits, surgery, obstetrics, psychiatric care outside mental hospitals, anaesthesia, laboratory and radiological services, preventive medicine, refractions by optometrists, chiropractic services, and referred services by dentists for care of cleft palate and for orthodontic oral surgery. There are no waiting periods for eligibility and no exclusions for age or pre-existing conditions.

The MCIC pays for approved services by physicians on the basis of 100% of the negotiated payment schedule and in accordance with its assessment rules. The fees in this negotiated schedule are about 85% of those in the provincial medical association's own current fee schedule, which is used primarily for billing visitors and other non-insured patients. Participating chiropractors are paid under a formula combining contracted payments for radiography plus fee-for-service payments for visits, the payments being progressively discounted as volume per chiropractor increases.

A physician may choose among five ways to receive payment. First, the physician may receive payment directly from the MCIC as payment in full. Second, patient and physician may enrol voluntarily with an "approved health agency" that serves as intermediary, with respect to payment, between the public authority and the physician; here also, the physician receives the negotiated tariff. Third, a physician may be paid through clinics financed by per capita contributions from the provincial authority. Fourth, a physician may submit his account 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 an amount over and above what the public authority has paid. Fifth, physicians and patients may if they choose make private financing arrangements. No physician is compelled to confine himself to one or another mode of payment.

British Columbia (July 1968). The plan is governed by a public commission, originally with jurisdiction over "licensed carriers" — non-profit agencies charged with responsibility for day-to-day management of the separate components of the program. These carriers are being phased out in favour of centralized administration. In addition to physicians' services and a limited range of in-hospital oral surgery, the benefits include refractions by optometrists, some orthoptic services, limited physiotherapy, special nursing, chiropractic, naturopathy, and orthodontic services for cleft palate and harelip.

Participation in the program is voluntary. Premiums are \$7.50 a month for a single person, \$15 a month for a two-person family, and \$18.75 a month for a family of three or more persons. For eligible residents (they must have resided in