

Under the Ontario program, the principal service covered is physicians' care in the home and office, including certain minor surgical procedures and prenatal and postnatal care. Emergency drugs are a benefit and basic dental care is available to the children of mothers' allowance recipients. The programs in Nova Scotia, Saskatchewan, Alberta and British Columbia provide for complete medical care in the home, office and hospital. In addition, all generally used prescription drugs are included in British Columbia and Saskatchewan (although these carry a 50-p.c. co-charge limitation in Saskatchewan for non-life-saving drugs where financial hardship is not demonstrated). Dental care and optical care are covered in the three westernmost provinces, sometimes on special authorization only and/or with dollar limits. Services that are paid for in Manitoba include physicians' care in the home, office and hospital as well as dental and optical care, basic drugs, diagnostic tests, remedial care, appliances and physiotherapy. Chiroprody, chiropractic and emergency transportation may also be provided.

In Alberta, Saskatchewan, Manitoba and Nova Scotia, health services for eligible provincial public assistance recipients are wholly financed from provincial general revenues. In British Columbia costs are shared on a 90-10 basis, with the municipalities assuming their 10-p.c. share on a basis proportionate to population; in Ontario per capita contributions toward the cost of medical services for unemployed on relief are shared on an 80-20 basis with the municipality of residence.

Since July 1962, every person who has resided in the Province of Saskatchewan for three months (and is not entitled to receive medical services from the Government of Canada) and has paid, or has had paid on his behalf, any premium he is required to pay under the Saskatchewan Medical Insurance Act, is entitled to have payment made on his behalf from the Medical Care Insurance Fund, for medical, surgical and obstetrical care, without limit, in the office, home or hospital, from his physician of choice (including payment at specialists' rates for referred specialists' services). Out-of-province benefits are also paid, on a patient-reimbursement basis. There are no restrictions relating to age or pre-existing conditions. Physicians providing insured medical services may elect to receive payment in a number of ways: (1) they may contract for a salary or similar arrangement; (2) they may choose to receive direct payment from the Medical Care Insurance Commission at 85 p.c. of the 1959 Schedule of Minimum Fees of the College of Physicians and Surgeons of Saskatchewan as payment in full; (3) they may bill patients directly, the patient in turn being paid by the Commission, on presentation of an itemized account or receipt, an amount equal to 85 p.c. of the assessed fee; (4) the physician may practise for private fees, whereby the patient assumes all responsibility for payment. In addition, patients may enrol, voluntarily, with an approved health agency upon payment of a fee to cover administration costs. The agency pays the physician an amount equal to the amount paid to the agency by the Commission in respect of the physician's assessed account. The Saskatchewan medical care insurance program is financed from personal premiums plus general revenue contributions.

On Oct. 1, 1963, the Government of Alberta introduced a new medical care plan designed primarily to help residents with low incomes who desire voluntarily to purchase medical care insurance. The scheme provides for the subsidization of the premium costs of certain classes of persons as designated by their taxable incomes, marital status and number of dependants, for insured services that may include physicians' attendance in home, office or hospital, surgery and specialist and general diagnostic services. The amount of available subsidy is determined by the category of applicant rather than the premium paid. Services may be insured by all residents through Medical Services (Alberta) Incorporated or other approved agencies at rates not exceeding maximums set by the province.