

participating physician must accept the plan payment as payment in full. A non-participating physician may impose additional charges, provided that 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.

For several years, many doctors in Newfoundland have contracted with the provincial government and with certain voluntary agencies to receive salaries for providing medical service in outlying areas. These arrangements were continued after 1969.

**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 provincial share of the cost being obtained from general revenues. The insured services include all necessary medical procedures, plus a limited range of oral-surgery procedures in hospitals. Refractions by optometrists are also covered.

Benefit payments by the plan are made at 85% of the physicians' 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.

**Manitoba** began participating under the federal Medical Care Act on April 1, 1969. Registration is compulsory for all eligible residents. Premiums were discontinued as of July 1, 1973, and the provincial share of the cost is now financed entirely from general revenues. The insured benefits cover all medically-required services provided by medical practitioners and limited in-hospital dental surgery. Also included, with limitations, are refractions by optometrists and the services of chiropractors.

Physicians may choose to participate in the plan, and to accept all payments from public authority, or they may elect to receive payments direct from all their patients. In the former case, the amount received (85% of the physicians' fee-schedule) must be accepted as payment in full. A non-participating physician must give a patient reasonable notice if he intends to extra-bill. Payment is also made for prosthetic devices and certain limb and spinal orthotic devices and services that are medically required, contact lenses following surgery for congenital cataract, and artificial eyes.

**Alberta** became a participating province under the federal Medical Care Act on July 1, 1969, with administration by a Health Care Insurance Commission. A combined annual premium of \$69 for single persons and \$138 for families covers both medical and hospital insurance. Subsidies reduce the premiums to \$24 for single persons and to \$48 for families with no taxable income in the previous year; to \$36 for single persons whose taxable income does not exceed \$500; and to \$72 for families whose combined taxable income does not exceed \$1,000. Premium payments are waived if either the head of the household or that person's spouse is 65 years of age or over.

Registration and the payment of applicable premiums are compulsory. Failure to comply makes residents liable to a waiting period of three months following registration before becoming eligible for insured services.

In addition to the benefits of physicians' services and a limited range of oral surgery, the costs of which are shared with the federal government, the Alberta program includes refractions by optometrists, services and appliances provided by a podiatrist, a limited range of osteopathic services, certain additional dental services and chiropractic services.

Residents objecting in principle to claiming benefits under the combined hospital and medical program can choose to remain outside the program (i.e. to opt out) and not be liable for premium payment. They are at liberty to obtain private insurance coverage for hospital and related care, but interpretations under the federal Medical Care Act prevent private carriers from offering insurance for physicians' services.

The plan also offers subscribers the option of purchasing insurance for additional health services (again, with subsidy provisions) from the voluntary Alberta Blue Cross agency. The