the province the preceding 12 consecutive months), the government offers subsidies totalling 90% of the premium for persons with no taxable income and 50% of the premium for persons with taxable income from  $10 \, \text{s}^{-1}$ , 000.

Arrangements for payment to physicians are similar to those in Saskatchewan, except that the plan's payment-schedule is about 100% of the feeschedule of the provincial medical association. A physician either bills the patient for services rendered, or accepts payment directly from the public authority. In the former case, the physician must notify the patient in writing, before rendering a service, that he is a non-participating physician and the patient must agree in writing that he is prepared to pay more than the amount of reimbursement that he may receive from the public authority. In the latter case, the physician may also charge a fee in excess of the tariff, provided the patient has been duly notified and agrees in writing to the extra charge, and provided the amount of the extra charge is made known to the public authority.

**Newfoundland (April 1969).** The plan covers all required medical services by doctors and a limited range of in-hospital oral surgery. Refractions by optometrists are not covered. All eligible residents are covered and there are no premiums, the provincial portion of costs for insured services being met from general revenues.

A physician must formally select, and use exclusively, one of the modes of payment available. A 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, reserving the right to charge in excess of the amount payable by the plan.

For several years, many doctors in Newfoundland 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 (April 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.

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** (April 1969). Registration is compulsory for all eligible residents. Premiums were discontinued on 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 inhospital 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 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 (July 1969). Administration is by a Health Care Insurance Commission. A combined annual premium of \$76.80 for single persons and \$153.60 for