

families covers both medical and hospital insurance. Subsidies reduce the premiums to zero for single persons and families with no taxable income in the previous year; to \$39.60 for single persons whose taxable income does not exceed \$500; and to \$79.20 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, with costs shared by 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 optional membership offers coverage for hospital-differential charges for semi-private and private-ward care, ambulance services, drugs, appliances, home-nursing care, naturopathic services, clinical psychological services, and dental care needed because of accidental injury.

Doctors may elect to bill patients for fees beyond those paid by the plan. In such cases, doctors are required to notify patients beforehand, and must indicate to patients the total amount and also the amount that will be paid by the plan.

**Ontario (October 1969).** Enrolment is compulsory for employee groups of 15 or more persons and provision is made for the creation of compulsory groups in the case of five to 14 employees. The insured benefits cover all required services of medical practitioners and, in specified hospital settings, of oral surgeons, refractions by optometrists, a portion of out-of-hospital physiotherapy cost, ambulance cost, and, with limitations, certain paramedical services offered by chiropractors, osteopaths, and podiatrists.

Doctors may choose from two modes of receiving payment for insured services. Those billing directly to the medical plan are paid directly by the plan for the service rendered, and cannot bill the patient for the balance. Doctors electing to bill patients directly cannot be paid by the plan. Patients must pay the doctor the amount billed and can recover from the plan 90% of the fee for the service.

The levy for the combined hospital-medical premium is \$192 a year for single persons and \$384 for couples and families. Premiums are waived for welfare recipients and for all residents 65 years of age or over. Single persons and families with no or very low taxable income in the current year are eligible for 100% premium-subsidy assistance. A single person with taxable income between \$1,534 and \$2,000 or a couple or family with taxable income between \$2,000 and \$3,000 can qualify for 50% assistance.

**Quebec (November 1970).** Registration of all eligible residents is compulsory and the benefits include all required medical services of physicians, refractions by optometrists, and a limited range of dental services. The medical services, provided mostly by doctors engaged in private fee practice, are paid for on the basis of claims submitted.

Doctors who participate receive their entire remuneration, directly or indirectly, from the provincial agency, the Quebec Health Insurance Board, in accordance with a negotiated schedule of benefit payments for each service