

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.

Registration and payment of applicable premiums are compulsory. Failure to comply makes householders liable, at time of seeking services, for payments of back premium levies, plus a penalty of 10 per cent of the unpaid premium, in order to ensure payment of the doctor's claim.

In addition to the benefits of physicians' services and a limited range of oral surgery, which are cost-shared with the Federal Government, the Alberta program includes refractions by optometrists, services and appliances provided by a podiatrist, and a limited range of osteopathic services.

Residents objecting in principle to claiming benefits under the new combined hospital and medical program can choose to remain outside the program (i.e., to "opt out") and not to be liable for premium payment. For hospital and related care, they are at liberty to obtain private insurance coverage but application of the federal Medical Care Act prevents 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. Since July 1, 1970, payments to physicians have been made at 100 per cent of the 1969 fee-schedule.

Doctors may elect to bill patients for fees beyond those paid by the plan, provided that the patient is notified before service is rendered and providing that the plan is notified of the total amount.

#### *Ontario*

Ontario began participating on October 1, 1969. Enrolment is compulsory for persons in specified employed groups and voluntary for others. The insured benefits currently cover all medically-required services of medical practitioners and of oral surgeons in specified hospital settings, and refractions by optometrists. Provision was made after July 1, 1970, for coverage, with limitations, of certain paramedical services offered by chiropractors, osteopaths, and podiatrists.

Payments are made at 90 per cent of the current fee-schedule. Physicians may choose various modes of payments, but they are not required to enter into a formal commitment to confine themselves to any given mode. Regardless of the mode of payment selected, a physician is required to advise the patient of any intention to charge more than is provided under the Plan.