

The premiums are \$60 a year for a single subscriber, \$120 for a family of two, and \$150 for a family of three or more.

Ontario - The Ontario medical-services insurance plan began paying benefits in July 1966. The plan offers to all eligible Ontario residents, on an individual and family enrolment basis, an insurance plan that covers most physicians' services.

The government pays as a subsidy the full premium of applicants who have no taxable income during the preceding year and of recipients of public assistance. It pays 50 per cent of the premium for single applicants with taxable income of \$500 or less; 50 per cent of the premium for families of two persons and with taxable income of \$1,000 or less; and 60 per cent of the premium for families of three or more persons and with taxable income of \$1,300 or less. As already noted, in 1968 some group enrolment was permitted.

The premiums since July 1, 1968, have been \$70.80 a year for single-person subscribers, \$141.60 for 2-adult families, and \$177 for families of three or more persons.

Voluntary Insurance

Apart from the public programs of health insurance that have been described, a substantial part of the population of Canada has made use of voluntary insurance mechanism to finance provision of physicians' services. Until recently, such plans, which may be non-profit or commercial in orientation, covered about two-thirds of the population. At present, their operations as regards physicians' services are in some provinces being incorporated into public authority administrations operation programs under the federal Medical Care Act.

Public Assistance Health Plans

For several years Nova Scotia, Ontario, Saskatchewan, Alberta, British Columbia and Manitoba have operated programs providing a range of personal health-care services for various categories of welfare recipients. Quebec and Prince Edward Island began programs in 1966 to provide comprehensive physicians' services to such recipients, and New Brunswick commenced a similar scheme in 1967. In Saskatchewan, British Columbia, Ontario and Alberta, physicians' services, once provided under these programs, are now financed through the public plans already described.

Coverage extends to virtually all recipients of provincial welfare aid in most of the programs. Historically, the basis for eligibility has applied to certain well-defined categories of welfare assistance. The trend more recently has been to determine eligibility for welfare-assistance and health-program enrolment on the basis of a test of need that takes into account not only the available income of an applicant but his normal minimum living requirements.

In addition to comprehensive physicians' services, dental and optical care benefits and prescribed drugs are provided in most provinces. Other services that may be provided include physiotherapy, podiatry, chiropractic treatment, home nursing and transportation.