

### *Nova Scotia*

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 amount of the provincial portion of the costs of insured services being obtained from general revenues.

The insured services include all medically necessary procedures by practitioners, plus a limited range of oral surgery procedures in hospitals. Refractions by optometrists are not a benefit.

Benefit payments by the Plan are made at 85 per cent of the current fee-schedule. Physicians must choose either to participate, that is accept 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 that has been 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*

Manitoba began participating under the federal Medical Care Act on April 1, 1969. Enrolment is compulsory for all eligible residents but failure to pay the required premiums is not a barrier to receipt of insured services. Premium levies are 55 cents a month for single persons and \$1.10 a month for families. Coverage of welfare recipients is automatic without premium payment. There are no premium subsidies because the premiums themselves are nominal.

The insured benefits cover all medically-required services provided by medical practitioners and limited dental surgery in hospitals. Also included, with limitations, are the services of chiropractors, and refractions by optometrists.

Physicians may choose to participate in the Plan, and to accept all payments from the public authority, or they may elect to receive payments direct from all their patients. In the former case, the amount received (85 per cent of the 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".

### *Alberta*

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