The subsidy was established at 80 per cent of the premiums for subscribers with no taxable income in the preceding year, 50 per cent for subscribers with family taxable incomes from $1 to $500, and 25 per cent for subscribers with family taxable incomes from $501 to $1,000.

On July 1, 1967, these plans were superseded by the Alberta Health Plan, operated by the Department of Health for all residents voluntarily seeking individual or family enrolment. Group contracts were not originally available through this plan. The new Alberta plan is divided into two parts, Basic Health Services and Optional Health Services; the latter is further subdivided into Option A, Option B, and Option C. Any subscriber to the Basic Plan is eligible to contract for additional benefits by paying additional premiums under any one or more of the Options.

The Basic Plan covers all services of physicians, including health examinations, with payment of 100 per cent of the tariff; special dental surgery, limited optometric services; podiatric services and appliances in accordance with the agreed schedule of fees; osteopathic services prepaid at $4 a unit. Option A offers as additional benefits certain hospital and ambulance services that are not already insured under the provincial hospital plan. These additional benefits include the hospital admission charge, the daily co-insurance charge in a standard ward (limited to 180 days a year in a chronic hospital), the differential charge when a semi-private room is occupied, hospital out-patient charges remaining due after appropriate government credits have been used, and ambulance benefits up to $100 a year. Option B covers 80 per cent of the cost of prescribed drugs and prosthetic applicances. The subscriber pays 20 per cent. Purchase and repair of artificial limbs, eyes, and braces, prescribed by a physician, are also covered up to $300 a year. Option C offers chiropractic and naturopathic services up to a maximum charge of $4 a visit and $10 for X-rays for chiropractic services, and a maximum of $4 a visit for naturopathy. The combined annual maximum is $100.

Premium rates for the Basic Plan are $76 a year for single persons, $152 for families of two persons, and $200 for families of three or more. Options A and B cost an additional $24, $48 or $72 a year, and Option C costs $12, $24 and $36 extra a year, depending upon the number of persons. For individuals or families with little or no taxable income, premiums both for the Basic Plan and some of the Options may be reduced, by means of contributions from the general revenues of the province. These premium reductions vary: for the Basic Plan, the rates to subscribers are $12, $12 and $16 for those with no taxable income and $20, $40 and $48 for those with taxable income up to $500 if single and $1,000 if a family. There are no subsidies for Option A but it is 50 per cent of the regular premium for Options B and C.

British Columbia - The British Columbia medical plan took effect in September 1965. As of early 1969, it is governed by a public commission that also directed the administration and audit of a number of non-profit private agencies charged with responsibility for day-to-day management of the separate components of the province's public physicians' services program under the federal Medical Care Act. The benefits included most physicians' services as well as limited physiotherapy, special nursing, chiropractic and naturopathy. For eligible residents, the government offered subsidies totalling 90 per cent of the premium for persons with no taxable income and 50 per cent of the premium for persons with taxable income for $1 to $1,000.