

Yukon Territory With the entry on April 1, 1972, of this sparsely-inhabited (population 20,000) area into the nation-wide program, virtually the entire eligible population of Canada was insured for hospital care and physicians' services.

Like three of the provinces, the Yukon plan employs premium levies to finance its share of total costs. Registration of all residents is required, but coverage for insured services is not contingent on premium payment.

Premiums are \$78 a year for single persons, \$150 for couples and \$174 for families. Employers are required to deduct the premiums from the wages or salaries of employees and remit the amounts to the plan. Sharing of the cost of premiums under collective-bargaining agreements is permissible.

Premium assistance is available for low-income families. Individuals and families with no taxable income in the previous year are eligible to have the entire amount of the premium paid on their behalf. Half the premium levies are paid for single persons with taxable income of \$500 or less, for couples with combined income of \$1,000 or less, and for families with taxable income of \$1,300 or less. The Federal Government pays premiums on behalf of the native people for whom it is responsible.

Claims for payment may be made by a doctor either to the plan directly or to the patient. When a patient is billed directly by a doctor, he must be supplied with an itemized account that can be used when seeking reimbursement from the plan. Doctors who choose to bill patients can make any mutually-satisfactory arrangement for remuneration, providing this is done before rendering service; otherwise they must accept what the plan pays as payment in full.

Health-Care Programs for Welfare Recipients

Provincial programs providing certain medical-care and other health-care benefits to recipients of welfare allowances were in operation in each province before the introduction of province-wide medical-care insurance. Organized provincial schemes providing stipulated health services were introduced in Ontario in 1942, Saskatchewan in 1945, Alberta in 1947, British Columbia in 1949, Nova Scotia in 1950, Manitoba in 1960, Quebec in 1966, Prince Edward Island in 1966, and New Brunswick in 1967. Newfoundland has for many years operated a plan that provides care as required for persons in need. The total number of persons eligible for benefits under such programs is estimated at about 5 per cent of the Canadian population.