

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.

Payments to physicians are made at 100 per cent of the 1972 fee-schedule. Doctors may elect to bill patients for fees beyond those paid by the plan. In such cases, doctors are required to notify patients beforehand, and must indicate to patients the total amount and also the amount that will be paid by the plan.

Ontario

Ontario began participating on October 1, 1969. Enrolment is compulsory for employee groups of 15 or more persons and provision is made for the voluntary creation of a mandatory group in the case of five to 14 employees. An organization of five or more persons may apply to become a collectors' group. The insured benefits cover all medically-required services of medical practitioners and of oral surgeons in specified hospital settings, refractions by optometrists and, with limitations, certain paramedical services offered by chiropractors, osteopaths and podiatrists.

Doctors are confined to two modes of receiving payment for insured services. Those billing directly to the medical plan are paid directly by the plan at a rate of 90 per cent of the approved fee for the service rendered, and cannot bill the patient for the balance. Doctors electing alternatively to bill patients directly cannot be paid by the plan. Patients must pay the doctor for his billed amount and can recover from the plan 90 per cent of the approved fee for the service rendered.

The levy for the combined hospital-medical premium is \$132 a year for single persons and \$264 for couples and families. Premiums are waived for welfare recipients and for all residents 65 years of age or over. Premium-subsidy assistance was extended on April 1, 1972, to cover hospital insurance as well as medical insurance. Single persons and families with no taxable income in the current year are eligible for 100 percent assistance in premium payment and for 50 percent assistance if single with taxable income under \$1,000 and if a couple or family with taxable income under \$2,000.

Initially, the public authority in Ontario made use of administering agencies. By early 1972, the activities of private carriers were phased-out and their functions absorbed into the program of the public carrier.

Quebec

This province entered the national program on November 1, 1970. Registration of all eligible residents is compulsory and, as with other plans,