

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. The combined hospital-medical premium is \$49.80 a year for single persons and \$99.60 a year for couples and families. Coverage of welfare recipients is automatic without premium payment. There are no premium subsidies because the premiums themselves are considered to be low. Persons and families eligible to receive the maximum guaranteed-income supplement allowance are not required to pay the premium. Those marginally below this maximum would be eligible for premium waiver if they were receiving assistance under social-allowance legislation.

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 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 income in the previous year; to \$36 for single persons whose taxable income does not exceed \$500; and to \$72 for families whose combined taxable income does not exceed \$1,000. Premium payments are waived for household heads 65 years of age or over. The levy is also waived if it is the spouse only who is 65 years or over.

Registration and payment of applicable premiums are compulsory. Failure to comply makes residents liable to a waiting period of three months following registration before becoming eligible for insured services.

In addition to the benefits of physicians' services and a limited range of oral surgery, which are cost-shared with the Federal Government, the Alberta program includes refractions by optometrists, services and appliances provided by a podiatrist, and a limited range of osteopathic services.

Residents objecting in principle to claiming benefits under the new combined hospital and medical program can choose to remain outside the program (i.e. to "opt out") and not to be liable for premium payment. For