

negotiated fee of the provincial medical association for the service rendered; they cannot charge the patient for the balance. Doctors choosing to bill patients direct cannot be paid by the plan. Patients must pay their doctors for billed amounts, but can recover from the plan 90 per cent of the fees for the services rendered.

The levy for the combined hospital-medical premium is \$132 a year for single persons and \$264 a year for couples and families. Premiums are waived for welfare recipients and for all residents 65 years of age or older. Premium-subsidy assistance was extended on April 1, 1972, to cover hospital 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 payments. A single person with taxable income under \$1,000 and a couple or family with taxable income under \$2,000 are eligible for 50 percent assistance.

The public authority in Ontario at first 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, the benefits include all medically-required physicians' services and also refractions by optometrists, and a limited range of dental services.

The medical services are provided for the most part by doctors engaged in private fee practice and are paid for on the basis of claims submitted. Doctors who participate receive their entire remuneration, directly or indirectly, from the provincial agency, the Quebec Health Insurance Board, in accordance with a negotiated schedule of benefit payments for each service provided, and they cannot extra-bill. They may choose, however, to be paid by the patient, who is reimbursed by the Board. Doctors who choose not to participate must collect all fees (except for emergency care) from the patient, who cannot, as in other provinces, seek reimbursement from the provincial agency. He must pay the entire amount himself.

For financing of part of the provincial share of costs a tax on earnings is used. Each tax-payer whose net annual income is \$5,200 or more if married or \$2,600 or more if single, contributes 0.8 per cent of such income up to a maximum of \$125 as regards employees who get at least three-quarters of their income from wages and salaries and up to \$200 in other cases. Employers also