Alberta: The Alberta plan was introduced in October 1963. It provides for public regulation of approved voluntary plans as regards minimum benefits and maximum premiums and is designed primarily to help residents with low incomes who voluntarily purchase medical-care insurance from private agencies. The benefits provided must be comprehensive and there can be no exclusions because of age, pre-existing health conditions, or a previous record of high utilization.

The plan is financed completely from personal premiums. The government contributes, as a subsidy, 80 per cent of the cost of the premium for persons with no taxable income, 50 per cent for persons with taxable income from $1 to $500, and 25 per cent for persons with taxable income from $501 to $1,000.

Since July 1, 1966, the Alberta plan has been supplemented by an extended health-benefits plan which makes available, for an additional premium levy, many additional services, including prescribed drugs, optometry, physiotherapy, transport by ambulance, osteopathy, chiropratic, podiatry, naturopathy and various medical supplies and appliances. A deductible amount and co-insurance charges or limited liability on some services apply to the extended plan.

British Columbia: The British Columbia medical plan took effect in September 1965. It is administered by a provincial government agency, with provision for representation from the medical profession. The benefits provided are comprehensive and include most physicians' services as well as limited physiotherapy, special nursing, chiropractic and naturopathy. For eligible residents, the government offers 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 from $1 to $1,000. In addition, the government has established a stabilization fund to cover possible deficits.

Ontario: The Ontario medical-services insurance plan began paying benefits in July 1966. The plan offers to all Ontario residents, on an individual and family enrolment basis, an insurance plan that covers most physicians' services.

For eligible residents, the government will pay, as a subsidy, the full premium of applicants who had no taxable income during the preceding year and of recipients of public assistance. It will pay 50 per cent of the premium for single applicants who had taxable income of $500 or less; 50 per cent of the premium for married couples with one dependant whose taxable income was $1,000 or less; and 60 per cent of the premium for married couples with two or more dependants, whose taxable income was $1,300 or less.

Public Assistance Health Plans

For several years Nova Scotia, Ontario, Saskatchewan, Alberta, British Columbia and Manitoba have operated programmes providing a range of personal health-care services for various categories of welfare recipients. Quebec began a programme in 1966 to provide comprehensive physicians' services to such recipients. In Saskatchewan and Ontario, physicians' services, once provided under these programmes, are now available through the public plans already described.

Coverage extends to virtually all recipients of provincial welfare aid in most of the programmes. Historically, the basis for eligibility has been a means test applied to certain well-defined categories of welfare assistance. The trend more recently has been to determine eligibility on the basis of a test of need which takes into account not only the available income of an applicant but his minimum living requirements as well.