

Premiums are \$5.90 a month for single persons, \$11.80 a month for two-person families, and \$14.75 a month for families of three or more. Coverage is automatic for welfare recipients and no premium payment is required for them. Subsidies for low-income families modify premiums as follows:

a) No taxable income in the previous year -- full premium assistance (i.e., 100 percent subsidy);

b) Some taxable income -

\$2.95 a month (i.e., 50 percent subsidy) for single persons if taxable income in previous year was \$500 or less;

\$5.90 a month (i.e., 50 percent subsidy) for two-person families if combined taxable income in previous year was \$1,000 or less;

\$5.90 a month (i.e., 60 percent subsidy) for families of three persons or more if combined taxable income in previous year was \$1,300 or less.

There are two additional provisions relating to financial aid. Three months' coverage is paid for families qualifying for temporary assistance, and recipients of Old Age Security pensions are entitled to full subsidy of premiums at permissible income levels higher than the ceilings set under the general subsidy program.

As in British Columbia, the public authority in Ontario makes use of administering agencies. In Ontario these agencies can be non-profit agencies or commercial insurance companies handling this component of their activities on a non-profit basis. Agencies can be "designated" or "participating", depending on the degree of their involvement in enrolment and claims-processing functions. Most of their enrolment is of employee and other groups. In addition, the Ontario Health Services Insurance Plan itself enrolls members and processes claims and covers the majority of non-group and subsidized beneficiaries.

By early 1971, the activities of many of the private carriers was being phased-out and their functions were being 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 they are paid for on the basis of claims submitted. Doctors