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Congress Takes Small Step to Lower Drug Prices, "Gag Orders" Banned

Until it closed, a small locally-owned pharmacy in Gordonsville, Virginia, would fill prescriptions, but customers weren't always asked for their insurance cards—especially when it was for a common generic drug, such as the antibiotic Amoxicillin. Often customers never noticed. But if asked why the insurance card wasn't needed, a staffer would say, "we fill prescriptions the lowest-cost way." In other words if the cost of the prescription would be lower than the insurance co-pay, the pharmacy would simply charge the customer the lower price.

Despite sounding like a consumer-friendly way to do business, insurers have, until recently, written "gag order" clauses into their contracts to make sure pharmacists and their staffs couldn't do this. Insurers' contracts with participating pharmacies forbid pharmacists and staff from telling customers when the price of their prescription was cheaper without insurance. Pharmacists were at risk of being fined or dropped by insurance plans if they violated the gag clause. The extra money for prescriptions collected by the pharmacy, was sent back to the insurers and big pharmacy benefit managers.

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IRS TAX WARNING FOR RETIREES

The IRS is warning retirees to get an idea of how much income tax you may owe for 2018, and determine whether you need to make an estimated payment by January 15th, 2019. Recent changes to the tax law lowered individual rates and tax brackets slightly. The standard deduction almost doubled from $6,350 to $12,000, and single taxpayers older than 65 can deduct an additional $1,600 ($2,600 for

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When Your Cost-of-Living Adjustment is Completely Taken by Your Part B Premium

By Mary Johnson, editor

Danette D., a retiree living in Missouri, is looking forward to finally seeing a boost in her Social Security benefits in the New Year, due to a 2.8% Cost-of-Living Adjustment (COLA) for 2019. Danette tells me she hasn't seen any COLA increase in her net benefit, after the deduction for the Part B premium, for the past 3 years, leaving her no extra income to deal with other costs that have been going up in the meantime, such as Medigap and Part D plan premiums.

For Danette and her husband, who live in subsidized senior housing, COLA increases can be a double-edged sword. In determining eligibility for the housing subsidy, gross Social Security benefits are used. An increase in gross Social Security benefits due to the COLA, can disqualify some retirees, when it pushes their income over the income limit. That may occur even when there is no increase in the net Social Security benefit, after the deduction for Medicare Part B premiums. Danette feels a more fair way to measure inflation for retirees would be to base the COLA

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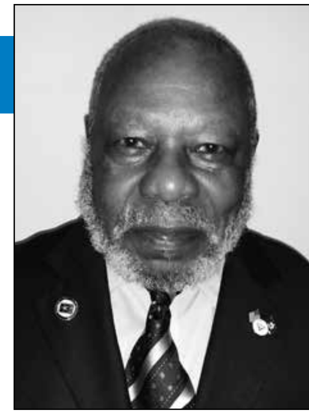

Arthur "Coop" Cooper, Chairman, TSCL

If You Can't Afford Your Medicare Part B Costs, Apply for a Medicare Savings Program

The Medicare Part B premium for doctors and hospital outpatient care is one of the most misunderstood expenses that retirees have. Every month, the Social Security Administration automatically deducts the Part B premium from the benefits of retirees. The premium of people with incomes below $85,000 (individual) and $170,000 (couple) will be $135.50 per month in 2019. New retirees are frequently surprised to see how much that deduction takes from their Social Security benefits. Frequently the deduction is responsible for keeping Social Security benefits flat, and failing to keep up with other costs due to weak growth in Cost-of-Living Adjustments (COLAs). From 2000 through 2018, Medicare Part B premiums have increased, on average, an astonishing 11% per year.

In recent months, I've heard from a few retirees who haven't enrolled in Medicare Part B at all, saying they can't afford the cost. Every state, however, has programs that can help to pay Medicare premiums. In some cases, the programs may also pay Medicare Part B deductibles, coinsurance, and co-payments for individuals who meet certain qualifications.

If you have trouble affording the Part B premium, you should apply. The specific names of these "Medicare Savings Programs," and how they work, vary from state to state. There are three main programs:

Qualified Medicare Beneficiary (QMB): This program pays for Medicare Part A and B premiums. For those who qualify, this program will cover most out-of-pocket costs for Medicare-covered services from Medicare providers, or providers in your Medicare Advantage plan's network.

Specified Low-income Medicare Beneficiary (SLMB): Pays for Medicare Part B premium.

Qualifying Individual (QI) Program: Pays for Medicare Part B premium. You must apply every year for this program, and applications are granted on a first-come, first served basis.

To qualify, the programs have income and asset limits, and states use different rules to count your income and assets to determine if you are eligible. Monthly income limits typically are as high as $1,234 (individual) and $1,666 (married couples). Asset limits are $7,560 (individual) and $11,340 (married couples). Certain resources are never counted as assets. These include your primary house, one car, household goods and wedding/engagement rings, burial spaces and burial funds up to $1,500 per person, and life insurance with a cash value of less than $1,500. Some state may exclude other assets as well.

Going without any Medicare Part B coverage is not a good option. Ignoring regular medical care can worsen chronic health conditions more quickly. Just one overnight stay in the hospital could lead to bankrupting bills. For more information about Medicare Savings Programs, find contacts and information: www.medicare.gov/contacts/.

Contact your State Medicare Program at www.medicare.gov/contacts/#resources/msps to learn if you qualify and to apply. ■

Source: "Medicare Savings Program Basics," MedicareInteractive.org, Medicare Rights Center, accessed on 10/08/18.

DID YOU GET YOUR NEW MEDICARE CARD?

Your new Medicare card should have arrived in the mail by now. If you didn't get it, here's what to do:

- Remember that your new Medicare card will come in a plain white envelope from the Department of Health and Human Services.
- If the card didn't arrive, call 1-800-MEDICARE. The call center representatives can help check the status and correct your address if needed.

In the meantime, use your current Medicare card to get health care services. ■

Legislative Update

Jessie Gibbons, Legislative Director

New Legislation Contains Changes That Will Reduce Your Costs

By Jessie Gibbons, Legislative Director

Several legislative victories have made 2018 a year to remember for The Senior Citizens League. Lawmakers made changes to the Medicare program that will improve benefits and reduce costs over time. Members of Congress took a step in reducing out-of-pocket prescription drug prices. And, thanks to the voices of concerned advocates like you, these measures passed, while drastic budget proposals that would have cut your Social Security benefits were defeated.

These three legislative victories from 2018 will go a long way in strengthening and protecting your Social Security and Medicare benefits:

1. **Congress passed the *Bipartisan Budget Act* this spring,** which improved the Medicare program in three significant ways. First, it repealed the Independent Payment Advisory Board, which could have threatened access to quality medical care for Medicare beneficiaries. Second, it eliminated Medicare's out-patient therapy cap, saving beneficiaries in need of costly speech or physical therapy thousands of dollars per year. And third, it accelerated the closing of the Medicare Part D "doughnut hole" so that more than one million beneficiaries will pay less for their prescription drugs when they reach the coverage gap in 2019.
2. **Congress passed legislation prohibiting "gag clauses"** that prevent pharmacists from telling individuals when it would be cheaper to purchase their prescriptions out-of-pocket rather than using their insurance. A study recently found that consumers would be better off paying cash at the pharmacy 23 percent of the time. Prohibiting "gag clauses" at pharmacies will immediately result in lower costs for Medicare beneficiaries, and we are pleased that this commonsense legislation was signed into law this year.
3. **Several budget proposals were defeated that would have been disastrous for Social Security and Medicare beneficiaries** if adopted. One proposal called for a balanced budget amendment that would have made it unconstitutional for Social Security and Medicare to use their trust fund reserves, leading to inevitable benefit cuts. The proposal would have allowed Uncle Sam to skip repayment of Social Security payroll taxes that have been borrowed from Social Security and needed to pay the benefits of current retirees. Another proposal would have "chained" Social Security Cost-of-Living Adjustments (COLAs), eliminated the COLA for some seniors, and increased the eligibility age—three Social Security reforms that older Americans overwhelmingly oppose. These drastic budget proposals were defeated, thanks to the loud voices of seniors like you, and advocates like The Senior Citizens League.

Despite these legislative victories, The Senior Citizens League is not resting on any laurels as the 115th Congress comes to a close. Instead, we're setting ambitious goals for the year ahead. Come January 3rd—the start of the 116th Congress—we're advocating for a more adequate Social Security COLA, a boost in monthly Social Security checks to make up for years of inadequate benefits, and lower prescription drug costs for Medicare beneficiaries. We invite you to help.

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***The Social Security & Medicare Advisor* © 2018** is published by The Senior Citizens League (TSCL). TSCL is an organization of active seniors concerned about the protection of their earned Social Security, Medicare, military, and other retirement benefits. TSCL's supporters participate in a number of grassroots lobbying and public education campaigns to help ensure governmental bodies live up to their commitments. Current active contributors to The Senior Citizens League are entitled to receive *The Social Security & Medicare Advisor* for no additional charge. Readers wishing to contact TSCL should address correspondence to The Senior Citizens League, 1800 Diagonal Road, Suite 600, Alexandria, VA 22314. TSCL website: www.SeniorsLeague.org. Editor: Mary Johnson.

CONGRESSIONAL CORNER

Let’s Make Healthcare Affordable Again

By Senator Bill Cassidy (LA)

Senator Bill Cassidy (LA)

Health care costs are too high. Insurance premiums have gone up year after year, while drug prices skyrocket and surprise medical bills drain Americans’ bank accounts. As a doctor, I know that when patients have the power, and incentives are aligned to serve the patient, outcomes are better.

Right now, America’s health care system is rigged to serve everyone but the patient. Companies game the system to drive up drug costs, and a lack of price transparency keeps patients in the dark when it comes to the true cost of a prescription, doctor visit, or medical test. To fix our health care system, we need to address the high cost of care by unrigging the system and giving patients the ability to know the price up front, instead of them getting a bill in the mail several weeks later.

One sneaky practice that Republicans worked with President Trump to eliminate is pharmacy gag clauses, which forbid pharmacists from telling consumers their prescription would cost less if they paid for it out of pocket, rather than using their insurance plan. Gag clauses meant many patients were needlessly overpaying for their prescriptions. But not anymore. This month, President Trump signed into law legislation I helped introduce, to ban gag clauses. This protection includes patients covered by Medicare Advantage and Medicare Part D plans.

It’s a basic principle that people should be able to know the price of something before they buy it. You wouldn’t buy a car or even a pair of jeans without first knowing the price, so why is our health care any different? Consumer Reports sent secret shoppers to more than 150 drugstores across the country to compare prices for five commonly prescribed generic drugs. They found the price of the same medication ranged from $12 to $270. It’s important to increase price transparency so patients have the power to get the best care at the best price.

Another way I am working to improve our health care system is by introducing legislation to end surprise medical billing. Too many people share the experience of doing their due diligence to schedule a medical procedure at an in-network provider, only to find out when the bill arrives that someone involved was out of network and they were billed for thousands more than they were expecting. In emergency situations, patients have little financial protections if they are taken to an out of network hospital. A recent example of surprise billing is a patient who received a $17,850 bill for a simple urine test. Another example involved a patient who received a bill of nearly $109,000 for care after a heart attack. After the story became national news, the provider reduced the patient’s bill to $332. By ending surprise billing and increasing price transparency, we can give patients peace of mind and lower health care costs across the board.

These are just a couple ideas I’ve proposed to lower health care costs while ensuring patients can get the same quality care. Earlier this year, I published a nine-page white paper of ideas to make health care affordable again. I hope you’ll take a moment to check it out at www.Cassidy.senate.gov. ■

The opinions expressed in “Congressional Corner” reflect the views of the writer and are not necessarily those of TSCL.

New Legislation Contains Changes that Will Reduce Your Costs, continued from page 3

What other policy issues should The Senior Citizens League’s prioritize in 2019? You can play an active role in shaping our legislative agenda by participating in our annual Senior Survey, which will be online mid January. For more information, or to stay updated on the latest from Capitol Hill, visit the Legislative News section of our website or follow The Senior Citizens League on Twitter, and please donate! ■

BEST WAYS TO SAVE

Medicare Advantage Plans May Offer New Supplemental Benefits, But New Co-Pay "Tiers" May Raise Some Costs

Enrollees in Medicare Advantage (MA) plans should take a careful look at changes in their health plan for 2019. These Medicare health plans have new leeway to offer new supplemental benefits. While some of the new benefits may be valuable to some families, other changes, which give plans greater leeway to "tier" the co-pay structure for healthcare providers, may mean higher out-of-pocket costs when non-preferred or out-of-network providers are used.

In the past, supplemental benefits offered by MA plans were only required to be primarily health related and typically included dental, hearing or vision benefits. Starting in 2019, new supplemental benefits must be *medically appropriate and recommended by a licensed provider as part of a care plan,* and not offered simply to induce enrollment. Examples of the new supplemental benefits include adult day care services, in-home support services, home and bathroom safety devices, transportation, and home-based palliative care. However, to qualify for these benefits, you must be diagnosed with a condition for which these benefits are necessary, and the benefits must be listed by your physician as part of your plan of care.

Medicare health plans also have new rules about co-pays and co-insurance. Copayments can vary drastically between MA plans, but through 2018, individual plans were required to offer all enrollees in the plan's service area access to the same benefits at the same level of cost-sharing. In 2019, MA plans have the option of imposing tiers for the cost-sharing of contracted providers, as an incentive to encourage enrollees to seek care from specific providers. Plans that utilize tiered cost-sharing must disclose tiered co-pays and co-insurance amounts to enrollees and providers, ensure that services at each tier of cost-sharing are available to all enrollees, and ensure that all enrollees are charged the same amount for the same service from the same provider.

The annual Medicare Advantage Open Enrollment period starts January 1–March 31. During this time, you will be allowed to switch to another MA plan or return to Medicare and a stand alone plan. However, if you give up your MA plan in favor of returning to original Medicare, that does not necessarily mean you would be able to buy a Medigap supplement. Medicare supplement insurers are not required by law to cover pre-existing conditions, other than during certain periods (when you first sign up for Part B or if you qualify for a Special Enrollment Period).

If you have questions about your coverage, Medicare beneficiaries can get free one-on-one counseling from State Health Insurance Program (SHIP) counselors by contacting your local Area Agency on Aging or senior center. The programs go by different names depending on your location, but SHIP contact info can be found at www.shiptacenter.org. ■

Source: "2019 Changes to Medicare Advantage and Part D," The National Council on Aging, accessed on October 4, 2018.

ASK THE ADVISOR

Is Life Insurance After Starting Social Security Worth the Money?

Q: Could you tell me the advantages and disadvantages of life insurance once we start Social Security? Doesn't Social Security pay widow's benefits? Do we really need life insurance if we have a (401)k and IRA savings?

A: You are asking yourself the right questions. Many people buy life insurance to replace the income that would be lost when the policyholder dies and no longer is paid a salary. Once you stop working, most of your income is likely to come from retirement savings, pensions, annuities, and Social Security, which pays survivors benefits, if you or a spouse dies. There can be special needs, however, and for some retirees, life insurance may make sense. Here are a few major considerations:

Do you have a mortgage? A recent survey by national mortgage banker American Financing found that 44% of Americans between the ages of 60 and 70 have a mortgage when they retire. Of that group, almost one-in-three expect to be paying on their mortgage for at least eight more years. Life insurance can cover mortgage payments if you die, and a term life policy can be timed to end with debt payments.

Are you the parent or spouse of someone with special needs? Permanent life insurance can make sure a child or spouse will have financial support when you are gone.

Have you calculated how much you might need? How much income would be lost if you or your spouse were to pass away? There's a loss of retirement income, particularly when the higher benefit spouse dies. The couple's Social Security benefit is cut by one-third to one-half, and a couple's private pension benefit (if any) is either cut in half, or disappears completely if you have not opted for a joint-and survivor annuity. If you have a large estate, thriving business, valuable real estate and savings, would there be estate taxes to pay? Some families choose to keep life insurance because the death benefits are tax free to heirs, and can give the surviving spouse a financial cushion.

What sort of income will your resources generate? Will the income generated by your retirement savings be enough to cover the loss of income, expenses, and taxes if any, if you die?

Would the money spent on life insurance premiums be better invested in an annuity or other investment? Some types of life insurance can be cost prohibitive. Your best investment is to get unbiased advice from a fee-only certified financial professional who does not get a commission from selling life insurance policies, before dumping your life insurance, or taking out any new policies. ■

Use a Life Insurance Policy to Help Pay for Long-Term Care

Many life insurance policies known as "Accelerated Death Benefit" (ADBs) include a feature that allows you to receive a tax-free advance on your life insurance death benefit while you are still alive. Sometimes you must pay an extra premium to add this feature to your life insurance policy and sometimes the insurance company includes it for little or no cost.

The amount of money you receive from these types of policies varies, but typically the accelerated benefit payment amount is capped at 50 percent of the death benefit. Some policies, however, allow you to use the full amount of the death benefit.

To learn more visit: LongTermCare.gov. ■

Would It Be Advantageous for Me to Take a Divorced Spouse Benefit?

Q: How does divorce affect my Social Security benefits? I'm turning 64. My ex-husband had much higher earnings than I did. His benefit is likely to be much higher than mine. He has remarried and is not retired yet. Would it be advantageous for me to take a divorced spouse benefit based on his earnings, or better to wait for my own retirement benefit?

A: A divorce can throw a monkey wrench into retirement plans, especially for women whose earning records may have fewer work years and at lower earnings than their former spouses. Understanding your options can help you maximize your Social Security benefit and live a more secure retirement. Here are the four main eligibility rules to qualify for a benefit based on the work record of an ex-spouse:

- You are unmarried;
- You are age 62 or older;
- Your marriage lasted for 10 years or more, and your ex-spouse is entitled to Social Security benefits;
- The benefit that you are entitled to receive on your own work record is less than the benefit you would receive on your ex-spouse's work record.

If your ex-spouse has not applied for benefits, but qualifies for them, you may still file for divorced spouse benefits on their record if you have been divorced for at least two years.

If you meet all of these qualifications, you are eligible for a benefit as a divorced spouse that is equal to one-half of what your ex-spouse would receive at his full retirement age. For example, if he qualifies for a monthly benefit of $2,000 at age 66, then you would qualify for $1,000 per month at your full retirement age, also 66. Your spouse may currently be younger than full retirement age, but his full retirement age year is simply used to determine what you

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Congress Takes Small Step to Lower Drug Prices, "Gag Orders" Banned, continued from page 1

According to research published in the *Journal of the American Medical Association,* Part D enrollees overpaid for prescriptions by $135 million in 2013. In fact, co-payments in Part D plans were higher than the cash price for nearly 1-in-4 drugs purchased in 2013. For 12 of the 20 most commonly prescribed drugs, patients overpaid about one-third of the time.

Some states and municipalities have banned the practice of gag clauses, and now new bi-partisan legislation supported by TSCL, was signed into law in October that ends the practice. When the cash price for a prescription is less than using insurance, pharmacists will no longer have to keep that a secret. Patients, however, still need to ask their pharmacist before filling their prescription whether the price is lower without insurance, in order to get the lower price.

Eliminating gag clauses is just a first step to lowering drug costs, because it does nothing to lower drug prices themselves. In addition, while the legislation removes gag clauses, it doesn't address how patients who pay cash outside their insurance plan can apply that expense toward meeting their policy's deductible.

There is, however, an obscure Medicare rule that Medicare beneficiaries can follow. Remember, you must *ask first* if the drug would cost less without your insurance. *If the covered drug is purchased at a lower price without insurance, and at a pharmacy that participates in your drug plan, you may still submit the proper documentation to your plan and insurers must count it toward patients' out-of-pocket expenses.* Total expenses are important because that affects how quickly you spend through the deductible, and how long you spend in the "doughnut hole" coverage gap. Keep your receipts. For more information on how to file a claim, call your Part D or Medicare Advantage plan and ask how you can file a claim for covered drugs. ■

Source: "No More Secrets: Congress Bans Pharmacist 'Gag Orders' on Drug Prices," Susan Jaffe, Kaiser Health News, October 10, 2018. "Trump Signs Bills Aimed at Increasing Drug Price Transparency," Maegan Vazquez, CNN, October 10, 2018.

IRS Tax Warning For Retirees, continued from page 1

married taxpayers who file jointly.) On the other hand, personal exemptions have been eliminated. Tax advisors say that on average, most retirees will likely see a decrease in the taxes they owe, but individual circumstances vary greatly.

Retirees need to pay attention to income from tax-deferred retirement accounts, pensions, annuities and Social Security benefits, in addition to other streams of income from any jobs, rental property, or income from a business. Failing to pay the right amount throughout the year could subject you to a tax penalty next April when your federal return is filed.

This late into 2018, one way to prevent a penalty is to pay an estimated, or additional payment that brings your estimated tax payments to least 100 percent of your prior year tax liability, or 110 percent of the prior year liability, if you believe you will have higher income in 2018. If you think you may have underpaid during the year, there's still time to make an estimated payment by January 15th, 2019 to stop penalties from accruing. To prevent the same problem next year, consider adjusting withholding taxes from pension or annuities, as well as withdrawals from retirement accounts.

According to TSCL's Senior Surveys, more than half of retiree households pay taxes on Social Security benefits. The new tax law did not change the income thresholds that subject Social Security benefits to taxation. Taxpayers with incomes in excess of $25,000 (single) or $32,000 (joint) pay taxes on as much as 50% of Social Security benefits. For taxpayers with income exceeding $34,000 (single) and $44,000 (joint), up to 85% of Social Security benefits may be taxed. Rather than paying quarterly estimates, taxpayers may use Form W-4V to withhold a flat rate from Social Security checks: 7%, 10%, 12%, or 22%.

You may want to try the IRS's online withholding calculator at www.irs.gov/individuals/irs-withholding-calculator. ■

Keep in mind that none of the info in this article is tax advice. If you have questions consult a professional tax advisor.

When Your Cost-of-Living Adjustment is Completely Taken by Your Part B Premium, continued from page 1

on an index that better reflects rising costs of retirees, such as the Consumer Price Index for the Elderly (CPI-E).

In 2006, I made a forecast that seemed pretty far-fetched at the time, even for me. In an analysis that I prepared for The Senior Citizens League, I estimated that, by 2012, the Medicare Part B premium would be at a level high enough that double-digit annual increases would completely obliterate the annual COLA increase of retirees with average benefits. The analysis showed that, when this occurred, affected retirees would be protected from reductions to their Social Security benefits when Medicare premiums rose, due to a special provision of law known as the Social Security "hold harmless" provision. On the other hand, those affected would not see any increase in their net Social Security benefit, potentially for years at a time. That creates the biggest problems for retirees who have limited retirement savings and assets.

The Social Security hold harmless provision is valuable protection when the Part B premium increases more than the COLA raises Social Security benefits. Since 2010, the Social Security hold harmless provision has been triggered four times on an unprecedented nation-wide scale, in years when inflation was zero or almost zero. Social Security benefits of people with average to low benefits, and who retired since 2009, however, have seen very little growth, while Medicare Part B premiums have grown almost four times faster.

TSCL supports legislation introduced by Representative Donald Norcross (NJ-1) that would adopt the CPI-E to index the annual COLA and would ensure that Part B premiums never take more than 30% of a COLA. He wrote a Congressional Corner on the bill for us here: https://seniorsleague.org/congressional-corner-february-march-2018/. ■

Social Security & Medicare Questions: Would It Be Advantageous for Me to Take a Divorced Spouse Benefit? continued from page 7

would be entitled to. However, even if you qualify to do so, if you claim now, your benefit at 64 would be just 41.7% of your ex's benefit. It will be reduced because you are under your full retirement age.

Since you were born in 1954, however, you qualify to use a "restricted application" strategy to maximize your benefits at full retirement (age 66). Waiting just two more years could significantly boost lifetime Social Security income. People born after 1954 may no longer use this strategy, so consider this:

When you simply claim benefits at age 66, Social Security will "deem" you eligible for both your own retirement benefit, and an ex spouse benefit. You receive your own benefit first, and the balance that you are eligible for as a divorced spouse would make up the difference. But by claiming at 66 you loose the advantage of delayed retirement credits that can boost your benefit by 8% per year from full retirement age to age 70.

Under a restricted application, however, you could take just one or the other of the two benefits at 66, and then allow the other benefit to grow at 8% per year, until age 70. For example, depending on how much your own retirement benefit would be, you might file a restricted application for your own retirement benefit, and then let your larger spouse benefit grow to the maximum, switching to it at age 70. Or, if by allowing your own retirement benefit to grow would yield a higher benefit, you could instead file a restricted application for just the ex- spouse benefit at 66, and then switch to your own higher benefit at age 70. You will need professional help to make this determination. The extra money you receive using this strategy accumulates over a typical retirement, and can mean a significantly higher benefit when you are older and need it the most.

If you have a retirement account like a 401(k), you may want to ask your financial advisor if he or she can help advise you. An online resource is Maximize my Social Security (the website of Larry Kotlikoff) which can be found at: maximizemysocial security.com/ask-larry. While there is a charge for a personalized report, there is a considerable amount of free information on this topic on the website. Along with Philip Moeller, Larry Kotlikoff coauthored the Amazon bestselling *Get What's Yours: The Secrets to Maxing* www.amazon. com/Get-Whats-Yours-Revised-Security/dp/1501144766/ref=sr_1_1?ie=UTF8&qid=1538502656&sr=8-1&keywords=get+what%27s+yours. Check to see if your library has a copy. ■

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