Know Your Numbers



1. Ask your doctor for a "Preventative Care Checkup" at least once every two years.

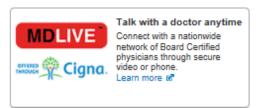
| 2. Obtain the follows | ing numbers from you | r doctor: | | | | |
|---|---|----------------------------------|------------------------------|-------------------------------|----------------------|---------|
| Height: | | Weight: | | | | |
| Waist Size: | | | Blood Pressure: | / | | |
| Cholesterol: | | | | | | |
| must register their ow verify your identity. You will need to prove | om at least <u>once per ye</u> n account:. To ensure ide: | | | | | |
| • First Name | | | | | | |
| • Last Name | | | | | | |
| • Date of Birth | | | | | | |
| Home ZIP Code | | | | | | |
| Your Cigna Custo identify you in our system | omer ID or Social Secur stems. | ity Number, o | r you will need to cor | nplete a short ques | tionnaire so we c | an |
| curity number or Cigr through their employe | ır Health Assessment" | stomer is the p | erson who enrolled in | n the Cigna plan, ei | ther on their own | n or |
| | | | | | | |
| My Plans My Health | | | | | | |
| | | | ± H | li Guest Profile Conts | act Forms Españo | l Log (|
| Cigna. healthy life it's what you manage | | | | search myCigna.con | | SEARC |
| | | | | | | |
| REVIEW MY + MA | | ND A DOCTOR, TIST OR FACILITY | CIGNA HOME DELIVERY PHARMACY | ESTIMATE HEALTH CARE COSTS | | |
| | | | | | | |
| | | | | | Secure Inbox (0) | # 1 |



Take your health assessment for a healthier you

A health assessment is a quick, fun way to learn about owning your health and living a happier, healthier life. Shoot for the moon!

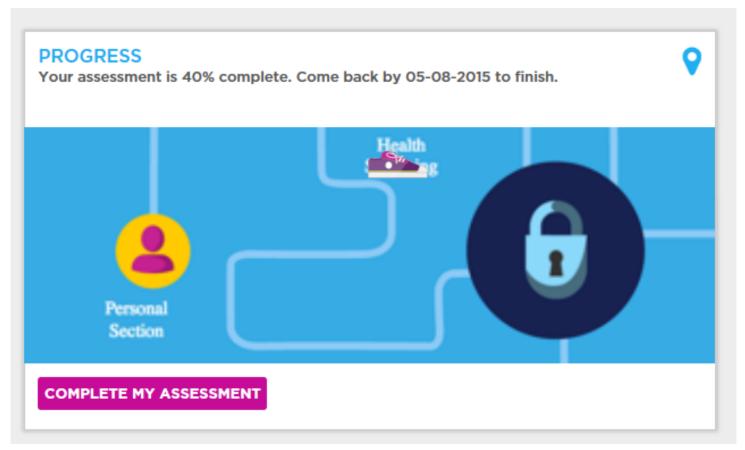
TAKE YOUR HEALTH ASSESSMENT







5. Click "Complete My Assessment".



- 6. Complete all 5 sections of the Health Assessment: Personal Info, Lifestyle, Health Screenings, Medical History and Life and Work.
- 7. When all areas are complete, you will receive a popup stating "We received your score" with the date and time the score was recorded.