



# LADIES, THIS IS YOUR WELLNESS CHECKLIST.

Use it to stay up to date and in the know about your health.

**The top six things you can do to live a healthier life:**

- Get recommended screening tests.
- Be tobacco-free.
- Be physically active.
- Eat a healthy diet.
- Maintain a healthy weight.
- Take preventive medicines if your doctor prescribes them.



The next time you go in for a check-up, bring this handy checklist along. Decide with your doctor which tests are right for you based on your age, gender and family history. Record the details here, like current and future test dates, results and any questions you need answered.

It's all about keeping you healthy so you can get more out of life. For more information, check out the Preventive Care Reference Guide on [myCigna.com](http://myCigna.com).

| Test/screening                          | Test date | Recommendations/average range   | My results | Next test date | Notes/questions |
|---|-----------|---|------------|----------------|-----------------|
| Periodic physical, may include:         |           |   |            |                |                 |
| Height                                  |           |   |            |                |                 |
| Weight                                  |           |   |            |                |                 |
| Body mass index (BMI)                   |           | 18.5-24.9 <sup>1</sup>  |            |                |                 |
| Waist circumference                     |           | 35 inches or less <sup>1</sup>  |            |                |                 |
| Vision screening                        |           |   |            |                |                 |
| Hearing screening                       |           |   |            |                |                 |
| Blood pressure (systolic) <sup>2</sup>  |           | <b>High:</b> 140 or above<br><b>Prehypertension:</b> 120-139<br><b>Normal adult:</b> 119 or below                                     |            |                |                 |
| Blood pressure (diastolic) <sup>2</sup> |           | <b>High:</b> 90 or above<br><b>Prehypertension:</b> 80-89<br><b>Normal adult:</b> 79 or below   |            |                |                 |
| Additional recommended screenings:      |           |   |            |                |                 |
| Diabetes screening (glucose)            |           | Adults with sustained blood pressure greater than 135/80<br><b>Desirable range:</b> Fasting blood sugar (glucose) less than 100 mg/dL |            |                |                 |
| Cholesterol/lipid disorders screenings: |           | Ages 45 and older or ages 20-45 if risk factors   |            |                |                 |
| - Cholesterol (total) <sup>3</sup>      |           | <b>Desirable:</b> Less than 200 mg/dL<br><b>Borderline high:</b> 200-239 mg/dL<br><b>High:</b> 240 mg/dL or higher                    |            |                |                 |

**GO YOU**<sup>SM</sup>



| Test/screening   | Test date | Recommendations/average range   | My results | Next test date | Notes/questions |
|--|-----------|---|------------|----------------|-----------------|
| – HDL cholesterol <sup>3</sup>   |           | <b>Desirable (High):</b> More than 60 mg/dL<br><b>Acceptable:</b> 40-60 mg/dL<br><b>Undesirable (Low):</b> Less than 40 mg/dL   |            |                |                 |
| – LDL cholesterol <sup>3</sup><br><i>Note: High risk individuals should discuss their goals with their doctor.</i> |           | <b>Desirable:</b> Less than 100 mg/dL<br><b>Near desirable:</b> 100-129 mg/dL<br><b>Borderline high:</b> 130-159 mg/dL<br><b>High:</b> 160-189 mg/dL<br><b>Very high:</b> 190 mg/dL or higher |            |                |                 |
| – Triglycerides <sup>3</sup>   |           | <b>Desirable:</b> Less than 150 mg/dL<br><b>Borderline desirable:</b> 150-199 mg/dL<br><b>High:</b> 200-499 mg/dL<br><b>Very high:</b> 500 mg/dL or higher                                    |            |                |                 |
| Pap test   |           | Ages 21-65, every 3 years   |            |                |                 |
| Chlamydia  |           | Sexually active women ages 24 and under, older women at risk  |            |                |                 |
| Mammogram  |           | Ages 40+ every 1-2 years  |            |                |                 |
| Osteoporosis (bone density)  |           | Ages 65+, or under age 65 if at risk  |            |                |                 |
| Colorectal cancer screening  |           | Ages 50+  |            |                |                 |
| HIV screening and counseling   |           | Sexually active women annually  |            |                |                 |
| <b>Immunizations, including:</b>   |           |   |            |                |                 |
| Hepatitis A and B  |           | Those at risk   |            |                |                 |
| HPV  |           | Catch-up, through age 26  |            |                |                 |
| Influenza vaccination  |           | All adults annually   |            |                |                 |
| Pneumonia vaccination  |           | Once for those ages 65+, or under age 65 if risk factors  |            |                |                 |
| Tetanus vaccination  |           | Tetanus/Diphtheria (TD) every 10 years; Tdap (for adult pertussis prevention) given once, ages 11 and older   |            |                |                 |
| Varicella (chickenpox)   |           | Second dose catch-up if no evidence of prior immunization or chickenpox   |            |                |                 |
| Zoster (shingles)  |           | Ages 60+  |            |                |                 |

**NOTE:** The average ranges above are general recommendations. You should always talk with your doctor if you have any questions or health care concerns.

**Coverage exclusions:** This document does not guarantee coverage for all services and all plans have exclusions and limitations. For a complete list of both covered and not-covered services, including benefits required by your state, see the Evidence of Coverage, Insurance Certificate or Summary Plan Description.

<sup>1</sup> National Heart, Lung and Blood Institute; Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults.

<sup>2</sup> National Heart, Lung and Blood Institute; Seventh Report of the Joint National Committee on Preventions, Detection, Evaluation and Treatment of High Blood Pressure (JNC7).

<sup>3</sup> National Heart, Lung and Blood Institute; National Cholesterol Education Program, Adult Treatment Panel III.



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