

# **Oak Creek-Franklin Joint School District** Wellness Incentive Program

2025 Program Guide





## **Supporting your wellness journey**

What would you like to accomplish when it comes to your wellness goals? Your path to well-being is unique only to you. You may want to be more active, eat healthier, learn better financial habits, practice gratitude, recognize your purpose, or foster interpersonal relationships.

#### The wellness program can help.

Oak Creek-Franklin Joint School District staff members and spouses on the insurance plan are required to complete a Health Assessment AND biometric screening with their primary care provider at their annual visit to avoid additional insurance premium costs.

**NEW FOR 2025.** You will be able to track your progress and completion through the online wellness portal, making it fast and easy to complete the requirements.

- 1. Log onto the portal
- 2. Complete the Health Risk Assessment questionnaire within the portal.
- 3. Check that you completed your annual physical and biometrics with your primary care provider and upload your PCP form to the portal.

The Ascension platform is fully HIPAA-compliant which means all personal health data you share with the system will never be shared with your organization.

For programming questions, please email wellnessplatformsupportwi@ascension.org

For benefits questions, please contact: Troy Hamblin Director of Human Resources Oak Creek-Franklin Joint School District 414.768.6155 t.hamblin@ocfsd.org



# Premium increase information:

Complete the online Health Risk Assessment questionnaire AND your biometric screening with your primary care provider at your annual exam and receive a discount off your monthly insurance premium the following year.

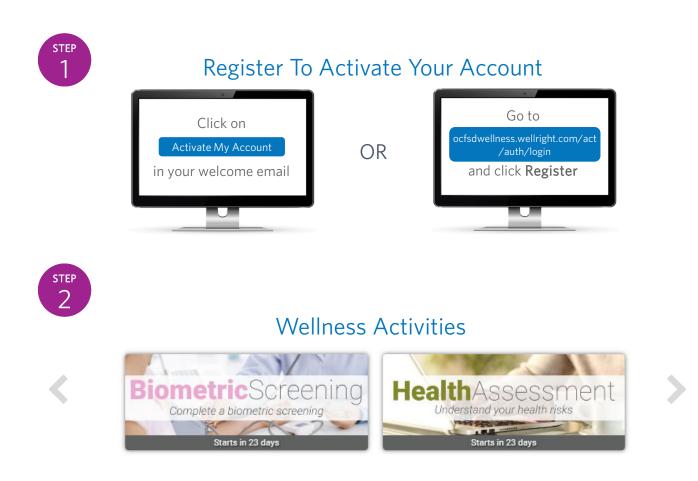
Employees will receive an \$80/month discount and spouses will receive an additional \$80/month discount (for a total of \$160/month) per household. Complete BOTH by October 31, 2025 to receive the discount in 2026.

# **Activate Your Account**

## Wellness Program Overview

The wellness program offers fun and exciting ways to get healthy with a wide variety of activities to help you achieve your wellness goals. Simply complete the steps outlined below to be eligible for rewards. Employees will receive an email to register. If you did not receive an email or cannot find it (please check your spam folder), please go to <u>ocfsdwellness.wellright.com</u> to log in. **Please note that the registration link is only valid for 30 days.** 

**Employees will need to "invite their spouses" to register to the platform once they log in and activate their account.** Spouses will receive a separate registration link to activate their account.



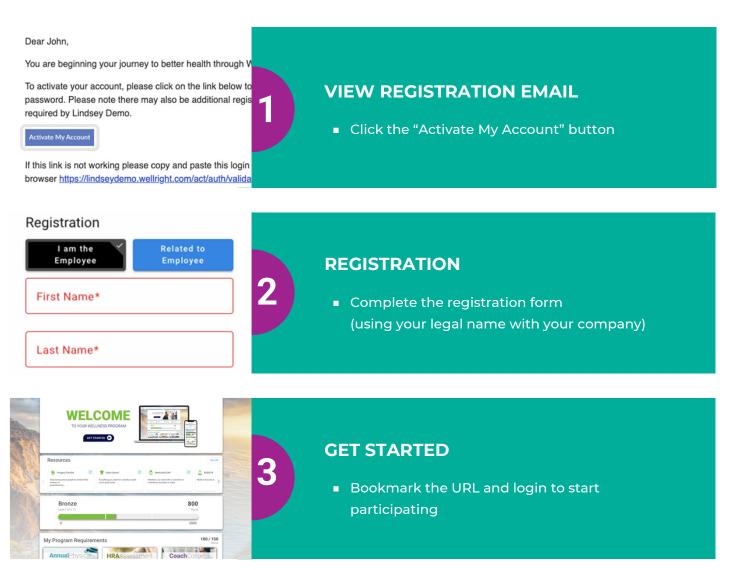


# **Registration Guide**

## **Activate Your Account**

To set up your account, click the Activation button in the email from wellnessplatformsupportwi@ascension.org. Activation emails are valid for 30 days.

If you lose the email or need to register after 30 days, you can follow the steps below.





# **Invite a Spouse**



### **SELECT 'FAMILY'**

 Hover over your profile icon on the top right of your screen and select 'Family' from the drop down menu



### **COMPLETE INFORMATION**

 Click 'Invite' and complete the information fields listed.

Dear John,

You are beginning you

a you Activate My Account

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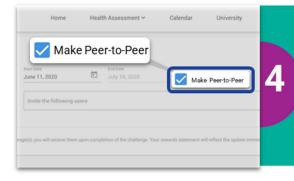
To activate your account, produce on the rest of the max boow to password. Please note there may also be additional regist required by Lindsey Denio.

Activate My Account

If this link is not working please copy and paste this login li browser https://lindseydemo.wellright.com/act/auth/validati Id-f0885ff7\_d171\_4010\_b950\_df38a110b196 If you have a

### ACCEPT INVITATIONS

 Your family member will receive an email with instructions to complete their registration.



### **ENCOURAGE EACH OTHER**

 Get well, together! One way is to create Peer to Peer personal challenges.



# **Health Profile**

### **Personalized Health Profile**

Your Health Profile compiles your health assessment responses and biometric screening results. To view your Health Profile on the web, click on the Health Risk Assessment drop-down menu. To view on the app, click on the heart icon.

See how you measure up in your areas of Strengths, Habits, Biometrics and Health Conditions.		Click on any row to see personaliz wellness information.	
Strengths	Habits E	Biometn. s Conditions	
hat are my strengths? st people think of diet and exercise first wh ng. Don't let a weak area throw off your ove	en they think of wellness. Surprisingly, factors like your relationships, j rall wellness!		
Level	Strengths	Overview Finances can be a huge source of stress if they are	
•	Financial	not managed well—and stress isn't good for anyone. If managing your finances isn't your thing, get some	
•	Occupational	help from a friend, family member, or volunteer group. Good financial management skills are like any	
		other skill, they can be learned. Once learned, they	
•	Social	can drastically improve the quality of your happiness,	
•	Social	can drastically improve the quality of your happiness, your financial wellness, and your life.	
•		<ul> <li>can drastically improve the quality of your happiness, your financial wellness, and your life.</li> <li>Recommendations</li> <li>Wait. Most of the time, procrastination is a bad</li> </ul>	
- • • •	Emotional	can drastically improve the quality of your happiness, your financial wellness, and your life. Recommendations	

- Red: High Risk area of your wellness that should receive attention.
- Yellow: Moderate Risk area of your wellness that needs improvement.
- Green: Low Risk area of your wellness. Keep doing what you're doing!

### **4** Overview & Recommendations

Get a quick overview of each area of wellness and how it affects your overall health by using the recommendations to build healthy habits.

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### Filtered Personal Challenges & Courses

Click the  $\bigoplus$  or  $\bigotimes$  icon to add a personal challenge or take a university course on the selected health topic.





## **Program requirements and deadlines**

### **REQUIRED COMPONENTS**

#### There are two components to this process:

- 1. Registering and logging into the Wellness Portal and completing the Health Risk Assessment (HRA) questionnaire
- 2. Biometrics collection and completing lab work with your primary care provider at your annual exam.
  - Upload your PCP form to the platform to receive credit for completion and to see your results.

You will be able to see your progress and associated deadlines in the wellness platform.

### HEALTH RISK ASSESSMENT (HRA)

The online HRA is available on the wellness website platform. Complete the online questionnaire by answering all required questions. Upon completion, click submit to receive credit. Results will be available for you to view in your Health Profile.

Once you complete your annual physical and biometrics, they will also be available for review in your Health Profile.

### **BIOMETRICS**

Visit your primary care provider (PCP) or the HWC (if designated as your PCP) to complete your annual physical and complete your biometrics at your visit. Download the PCP form and ask your PCP to complete the form with your biometric information.

The biometrics will include height and weight, blood pressure, and BMI results, as well as a blood draw for lipids and glucose. After the form is completed, you will upload to the wellness platform to receive credit for completion.



# Activities

ANNUAL ACTIVITIES: INDIVIDUAL	Deadline
<ul> <li>Annual physical with your Primary Care or Biometrics at the Health and Wellness Center</li> <li>Complete your physical with your primary care provider and upload your biometrics form (can be found on platform) to the platform.</li> </ul>	October 31, 2025
<ul><li>Health Risk Assessment (HRA) questionnaire</li><li>Complete the online HRA questionnaire.</li></ul>	October 31, 2025



You can find the Primary Care provider form on the website by clicking on this tile in the platform. Upload this form to the platform to receive credit for completing.

Find onsite health and wellness center information regarding hours, locations and schedule by scanning the QR code, calling or schedule online: https://employerwellness.ascension.org/ocfsd







### Ascension Wisconsin Employer Solutions Wellness Program Consent Form

By electronically signing this consent and release, I agree to participate in Ascension Wisconsin Employer Solutions wellness program, which is sponsored by your employer/your spouse's employer. I agree to permit Ascension Wisconsin Employer Solutions, directly or through its affiliates, employees, subcontractors or agents ("Ascension"), to complete the test and measurements for the wellness screening, such as labs, biometrics, and tobacco usage and health risk assessments. I understand that the results of any wellness screening and the completion of my health questionnaire will be used as part of a wellness program and result in the creation of a health risk profile about me.

I understand that my results may be provided securely to me through the internet or on paper. I understand that if certain risk factors are found, I may be contacted at the address and phone number I provided to my employer about participating in wellness programs to address those risk factors. I understand that the data derived from any questionnaires is preliminary and not a complete diagnosis and that I should consult with my personal primary care practitioner regarding my results and any follow up care. I understand that participation in a wellness program will not be a substitute for a medical checkup and is not, by itself, a basis for making any decision about the need for medical care. Wellness programs are intended to be informative and educational and cannot predict whether I might develop a particular disease.

Your health information is confidential. We are required by law to maintain the privacy and security of your personally identifiable health information. I understand that Ascension and agents of my employer's health plan (e.g., brokers, third party administrators, etc.) may use the de-identified results of my screening and my health risk profile to determine aggregated group health risk factor statistics. I further understand and agree that Ascension and my employer's health plan may use and release any health information obtained as a result of my participation in the wellness program in the following ways: combining my health information to create and release de-identified, aggregated group health risk factor statistics; releasing my health information to Ascension and health professionals hired by my employer and its subcontractors, for each of them to contact me and follow up with me regarding any risk factors I may present; using my health information for research purposes to study the value of risk reduction and the maintenance of low risk behaviors; releasing the fact that I participated in any wellness programs to my employer for the calculation of the incentive credits. Any individually identifiable medical information we obtain through the wellness program will be maintained separate from personnel records, information stored electronically will be secure and confidential, and no information you provide will be used in making employment decisions.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program (including the health plan which it is a part of), and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or our provision of an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program is required to abide by the same confidentiality requirements. We may disclose your information as necessary to respond to a request from you for a reasonable accommodation to allow you to participate in the wellness program, or as expressly permitted by law.

I understand that Ascension's affiliates provide medical care in Wisconsin. I agree that if I see an Ascension physician or obtain medical services from an Ascension hospital or outpatient clinic, that those Ascension providers will have access to my data and my health risk profile. I understand that these Ascension medical providers may not be "In-Network" providers under my employer's health plan.

My participation in the wellness program, including the wellness screening is voluntary. I may revoke this consent and release at any time (except to the extent that anyone already has acted in reliance upon it) by giving written notice to Ascension Wisconsin Employer Solutions, 400 West Riverwoods Parkway, Glendale, WI 53212, Attn: Vice President. If not previously revoked, this consent for participation in the wellness screening and for the release of information is effective so long as my employer offers health risk assessment screenings or wellness programs. A copy or facsimile of this document is as valid as the original. Employment, payment, enrollment, or eligibility for benefits will not be conditioned on obtaining this consent.

Ascension Wisconsin Employer Solutions uses the WellRight's software to administer its wellness program.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Ascension Wisconsin Employer Solutions at wellnessplatformsupportwi@ascension.org or your employer/your spouse's employer.