



Oak Creek-Franklin Joint School District Wellness Incentive Program

2026 Program Guide



Ascension



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.

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.

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, 2026, to receive the discount in 2027.



Program requirements and deadlines

Don't delay. Complete your requirements early this year.

1. **REGISTER FOR THE WELLNESS PROGRAM.** If you registered for the program in 2025, you are all set, and your account is active.
2. **COMPLETE THE HEALTH RISK ASSESSMENT QUESTIONNAIRE IN THE ONLINE PORTAL.** It only takes 10-15 minutes.
3. **COMPLETE YOUR BIOMETRIC SCREENING/ANNUAL PHYSICAL.** Send us your biometric results from your annual physical (it can be from November 1, 2025, through October 31, 2026). Upload and/or fax your PCP form to Ascension Wellness (upload it to the platform or fax the form to 262-912-0084. You **MUST** register for the platform for us to be able to upload your results and give you credit.

Important: If your spouse is participating in the program, they must also be registered for the Wellness platform to get credit for their biometrics and HRA completion.

That's it! Don't delay!

Have questions? We're here to help! Reach out to us at wellnessplatformsupportwi@ascension.org.



Required Components

HEALTH RISK ASSESSMENT (HRA)

Register and log into the Wellness Portal to completing the Health Risk Assessment (HRA) questionnaire

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 Wellbeing Insights.

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

ANNUAL PHYSICAL/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.

Upload your PCP form to the platform or fax it to the Ascension Wellness fax number 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.

Activities

ANNUAL REQUIRED ACTIVITIES	Deadline
Annual physical with your Primary Care or Biometrics at the Health and Wellness Center <ul style="list-style-type: none"> Complete your physical with your primary care provider or at the HWC and upload your biometrics form (can be found on platform) to the platform. If you completed your annual physical from November 1, 2025-October 31, 2026, print out the PCP and have your provider record your results and sent it into the Wellness email. We will upload your results, and you will receive credit for completing the requirement for this year. 	November 1, 2025- October 31, 2026
Health Risk Assessment (HRA) questionnaire <ul style="list-style-type: none"> Complete the online HRA questionnaire. 	October 31, 2026



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>



Registration Guide

Wellness Program Overview

Employees can activate their account by viewing the registration email from wellnessplatformsupportwi@ascension.org with the subject line, Register now: You're invited to Oak-Creek Franklin School District's wellness program. Links in the registration email are active for 30 days. If you did not receive an email or cannot find it (please check your spam folder), please go to corwp.wellright.com to log in. Spouses will receive an invite from the employee with a link to register and create an account.

Your WellRight account is ready and waiting for you

WellRight is a holistic wellbeing platform that makes building healthy habits and improving your overall health fun, simple, and rewarding!

Get Started

Step 1:

View Registration Email

Click the "Get Started" button.

Step 2:

Registration

Your information will be pre-populated for you. Review your information to ensure it is correct and click "Continue".

Step 3:

Create Password and Activate

- Create a password that matches the listed criteria.
- Read and agree with the terms and conditions listed within the Privacy Policy and Terms of Use.
- Click "Register" to continue.

Step 4:

Welcome

Complete your profile or choose to skip it. You can always add this information later via My Profile.

Activate your account

Step 3 of 3

Email
derek.tesi@mail.com

Password

Confirm Password

* Your password must be at least eight (8) characters in length
+ include a minimum of three (3) of the following mix of characters:
uppercase letter, lowercase letter, number, or special character (8049
!@#\$%)

☒ I have read and agree with the terms and conditions of the

[Wellness Program Terms of Use](#)

☐ I am not the primary user of this device

☐ I am not the primary user of this device

Register

Welcome to your Wellness Journey!

Add your mobile number

Get reminders to participate and track for activities via text

Mobile Phone (optional)

Mobile number is used for text reminders & wellness program updates.
Messages and data rates may apply. Message frequency varies depending on
activity. Text help for help or STOP to unsubscribe.

Additional Information

ZIP Code (optional)

Health Plan (optional)

State (optional)

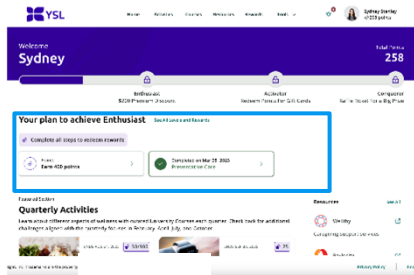
Skip

Complete



Account Setup

After registration, complete the steps below to set up your account via the web. Some of these features allow you to participate in the program without having to login



Step 1:

Success Plan

- Look at your Success Plan details to learn more about your wellness program.
- Understand what next steps to take to make progress on your program and start earning points for rewards.

Step 2:

Mobile App

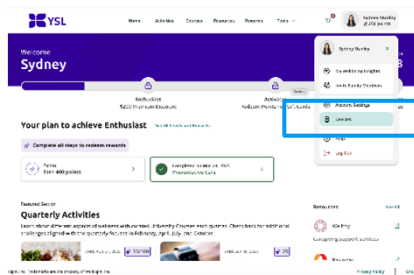
- Download the WellRight app in the Apple App Store or Google Play to access your wellness program no matter where you are.



Step 3:

Fitness Device / App Setup

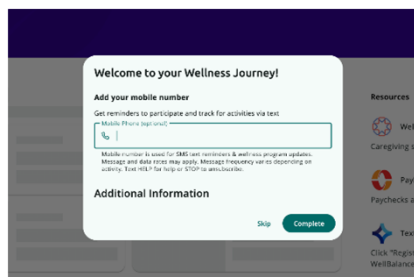
- On the home screen, go to your profile and select "Devices" in the dropdown menu.
- Find your device and click "Connect".
- Sign in to your fitness device account to grant access.
- Your device data will automatically connect to your account and update any applicable activities' progress..



Step 4:

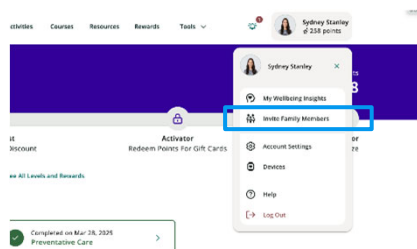
Text Reminders

- Add your mobile number to your Account Settings.
- Go to the "Tracking" tab on an Activity Details page, and toggle the Text Reminders button to set up text tracking.
- Select which days and times you'd like to receive reminders and click "Save Changes".
- Reply to the text to track your progress.



Invite a Spouse

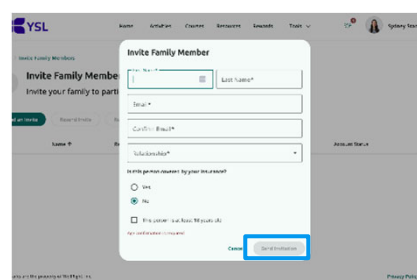
Invite family members to participate alongside you in the wellness program. Family members can be great accountability partners and may be able to earn incentives if applicable to your program.



Step 1:

Select "Invite Family Members"

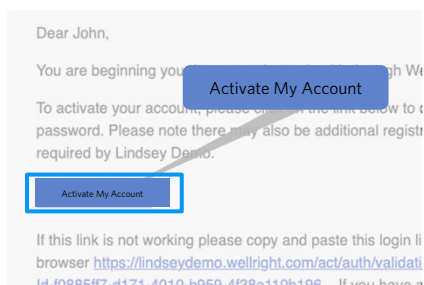
- Hover over your profile icon on the top right of your screen and select "Invite Family Member" from the drop down menu.



Step 2:

Complete Information

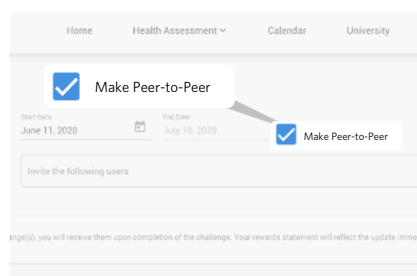
- Click "Send an Invite" and complete the family member's information in the required fields, then click "Send Invitation".



Step 3:

Accept Invitations

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

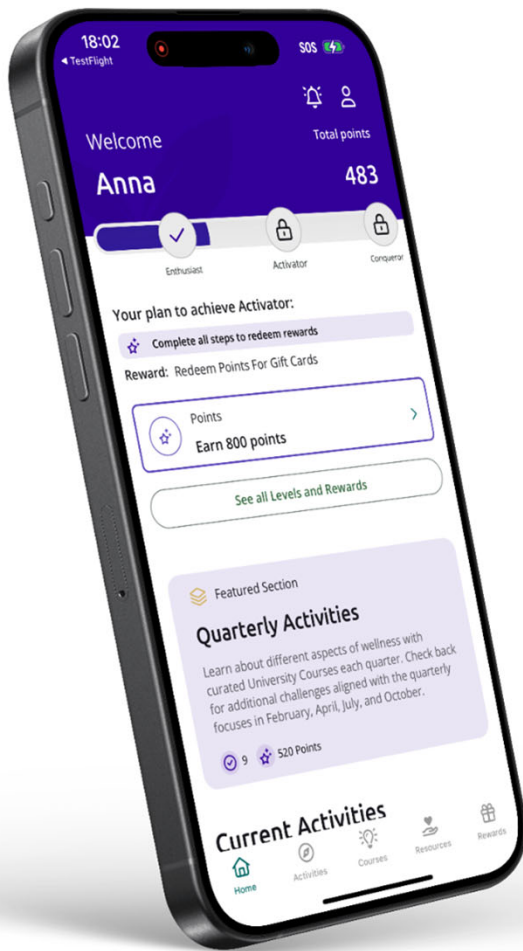


Step 4:

Encourage Each Other

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

Mobile App



**Your Wellness Journey,
your way, even when you're
on the go**

Download the Mobile App

- Search for the WellRight App in the App Store or Google Play.
- Log in with the same email and password you use on the web.

**Scan the QR Code to access all of the
WellRight platform features no
matter where you are.**



Access all of the platform features no matter where you are.

- Complete the health assessment.
- Track your activity progress.
- Set up text tracking.
- Sync a fitness device.
- View your Wellbeing Insights.
- Complete a University course.
- Add a personal challenge.
- Review your Summary Report.

Text Tracking 101

Step 1:

Set up Text Reminders

- Go to the “Reminders” tab on an Activity Details page, and toggle the Text Reminders button to set up text tracking.

Step 2:

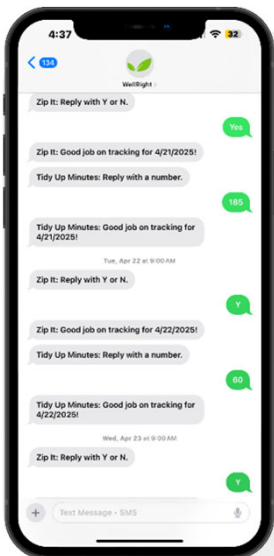
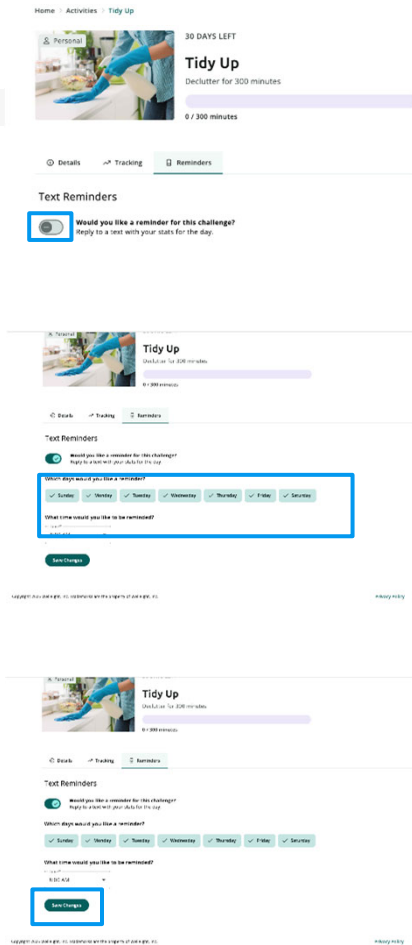
Schedule Texts

- Select which days and times you'd like to receive reminders.

Step 3:

Save Changes

- Click the “Save Changes” button to start receiving reminders.



Tips and Tricks for Text Tracking

- Skip:** Reply “SKIP” to skip a specific activity’s text reminder.
- Ignore 3 texts in a row:** By not responding to 3 text reminder prompts in a row, text reminders will automatically be turned off.
- Reply “STOP”** to turn off text messaging. Users can turn them back on in the Account Settings.
- Help:** Reply “HELP” to be directed to WellRight Support.

Wellbeing Insights

Personalized Health Profile

Your Wellbeing Insights compile your health assessment responses and biometric screening results (if applicable) to provide an overview of your strengths, areas of improvement, and personal recommendations from the platform. To view your Wellbeing Insights on the web, click on your profile and select “My Wellbeing Insights” in the drop-down menu.



The Wellbeing Wheel provides a quick overview of your risk levels across the different dimensions of wellness.



Download and print your results to review them with your healthcare provider.



Your Health Age compares your actual age with your health age.



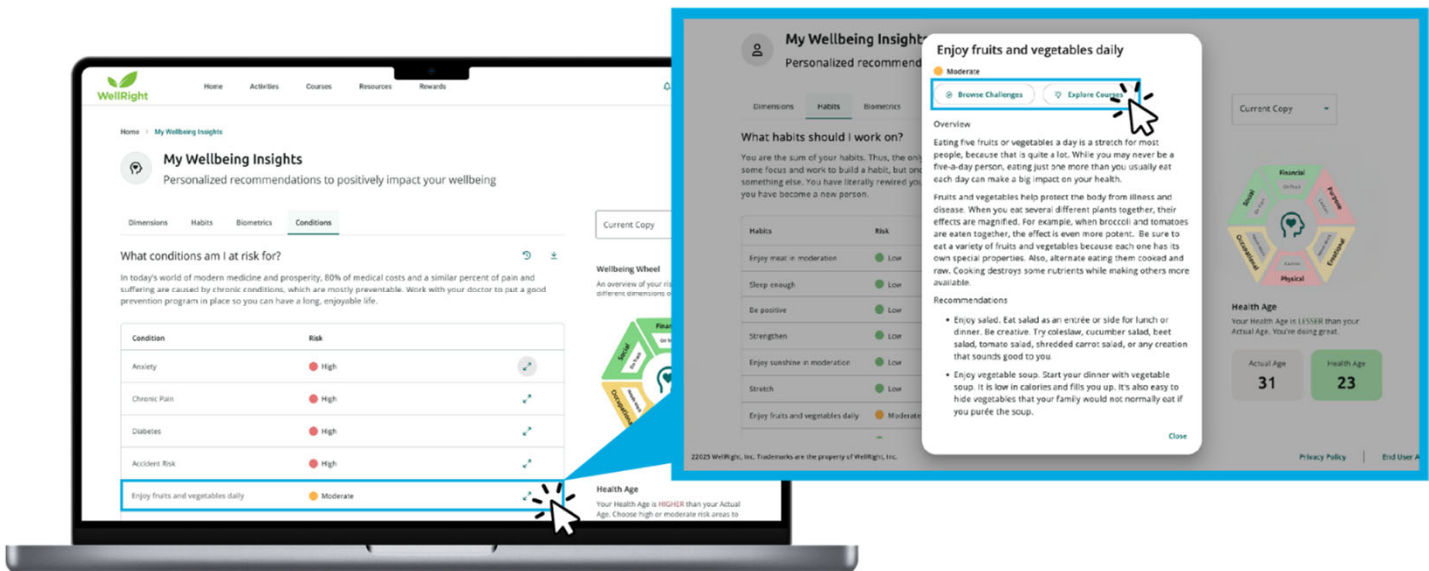
Receive an overview of each area of the recommendations by clicking on any row or the expand arrows.



View how your current results compare to past years' results by clicking on the clock icon.



Click the “Browse Challenges” or “Explore Courses” to add a personal challenge or take a course on the selected health topic.





Primary Care Provider Wellness Visit Verification Form – Oak Creek Franklin School District

You may use the results of your last annual physical with your provider only in this timeframe to count for credit for the Biometric Health Screening.

November 1, 2025 – October 31, 2026

Charges from this visit are the responsibility of the participant.

For the provider: Please complete the following information and sign in the signature section to document this wellness visit.

PLEASE PRINT LEGIBLY TO ENSURE ACCURATE DATA ENTRY

Patient Name	
Patient Date of Birth	
Employee ID	
Address, City, State, Zip	
Email Address	
Date of Visit	
Total Cholesterol	
HDL	
Triglycerides	
LDL	
Glucose	
Blood Pressure	
Height (feet, inches)	
Weight (lbs)	
Tobacco user (circle one)	YES NO
Fasting (circle one)	YES NO

IMPORTANT!

Securely fax this form to
Ascension Wellness to
262-912-0084 by:

October 31, 2026

DO NOT submit this
information to your
Human Resources
department!

Provider – Print Name

Provider – Date Signed

Provider Signature

FOR THE PARTICIPANT: Biometric Screening Information

**** Please securely fax this form to our Wellness staff from your PCP to 262-912-0084.**

"I understand that Ascension may use these results to determine aggregate group health risk factor statistics for my employer and/or spouse's employer and my wellness program reward level (if applicable)."

Participant Signature and Date

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 with other individuals' 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 and its health plan; and releasing a list of the wellness programs in which I participated to an administrator at 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.