



NEWS AND NOTES

September 2026

A Periodic Publication from the East End Health Plan

EAST END HEALTH PLAN OFFERS FLU SHOT CLINICS

The East End Health Plan is pleased to announce that it will be offering Flu Shots to EEHP members 18 years of age and older (dependents under age 18 are not eligible) at those school districts that have agreed to host a clinic this Fall. Not all participating EEHP school districts have agreed to take part in a Flu Shot Clinic. Please see the below list for the districts that will be hosting a Flu Shot Clinic.

If your school district is not listed you may still participate by completing the enclosed form and mailing it to the Health Plan Coordinator of the District where you plan to receive your Flu Shot according to the below timeline.

There is no cost for East End Health Plan members or their dependents that are 18 years of age or older. Only EEHP members are eligible to receive the Flu Shot. **IF YOU REGISTER AND YOU FAIL TO ARRIVE TO RECEIVE YOUR FLU SHOT, YOU WILL BE BILLED \$44.00 FOR THE PRESERVATIVE- FREE FLU SHOT AND \$95.00 FOR THE HIGH DOSE FLU SHOT.**

DO NOT CALL THE EAST END HEALTH PLAN OFFICE REGARDING THE FLU SHOT CLINICS.

DOING SO WILL DELAY YOUR REGISTRATION. CALL THE HEALTH PLAN COORDINATOR OF THE DISTRICT WHERE YOU PLAN TO RECEIVE YOUR FLU SHOT.

FLU SHOT CLINICS ARE AS FOLLOWS:

(YOU MUST REGISTER IN ADVANCE IN ORDER TO RECEIVE YOUR FLU SHOT)

Please **return** the REGISTRATION FORM **no later than September 28, 2026 as instructed above.**

HEALTH PLAN COORDINATOR	VACCINATION LOCATION	VACCINATION DATE	VACCINATION TIME
Daina Reynolds 631-477-1950 ext. 1202	Greenport UFSD	Tuesday, 10/6/2026	9:30 am - 11:30 am
Patricia DiGregorio 631-765-5400	Southold UFSD	Tuesday, 10/6/2026	12:30 pm - 4:00 pm
Mindy Doroski 631-283-3550	Tuckahoe Common SD	Wednesday, 10/7/2026	11:00 am - 12:30 pm

If you have any questions regarding the Flu Shot Clinics, please contact Mr. Frank Perry at 631-687-3140 or via e-mail at fperry@eehp.org.



201 Sunrise Highway
Patchogue, New York 11772

2026 Flu Shot Registration Form

Board of Trustees

Ms. Mindy Viggiano
Teacher, Chairperson
Labor Representative
Tuckahoe Common School District

Ms. Doreen Buckley
Superintendent, Vice Chairperson
Management Representative
Tuckahoe Common School District

Ms. Patricia DiGregorio
District Clerk, Secretary
Labor Representative
Southold UFSD

Mr. Nicholas DeBlanco
Teacher
Labor Representative
Eastern Suffolk BOCES

Ms. Katelyn Fretto
ESBOCES Designated
Management Representative
Eastern Suffolk BOCES

Dr. Lisa Simonetti
Superintendent
Management Representative
Southold UFSD

VACANT
Labor Representative

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Mr. Frank Perry
Operations Administrator

Participating Districts

Eastern Suffolk BOCES
Greenport UFSD
New Suffolk Common SD
Southold Park
Southold UFSD
Tuckahoe Common SD

- **YOU MUST REGISTER IN ADVANCE TO RECEIVE YOUR FLU SHOT**
- **ONLY EEHP MEMBERS AND THEIR DEPENDENTS OVER THE AGE OF 18 WILL BE ELIGIBLE FOR THE FLU SHOT**
- **IF YOU REGISTER AND YOU FAIL TO ARRIVE TO RECEIVE YOUR FLU SHOT, YOU WILL BE BILLED \$44.00 FOR THE PRESERVATIVE-FREE FLU SHOT AND \$95.00 FOR THE HIGH DOSE FLU SHOT.**

Registration Instructions:

1. If you are planning to receive your Flu Shot at your school district or the district that you retired from that is hosting a Flu Shot Clinic, submit this form to the attention of the District's Health Plan Coordinator.
2. **If you are planning to receive your Flu Shot at a location other than your current or former school district that is hosting a Flu Shot Clinic, submit this form to the attention of the Health Plan Coordinator of the district where you are planning to receive your Flu Shot.**

Please return this form, as instructed above, NO LATER THAN 9/28/2026

Health Plan Coordinator	VACCINATION LOCATION	VACCINATION DATE	VACCINATION TIME
Daina Reynolds 631-477-1950 ext. 1202	Greenport UFSD	Tuesday, 10/6/2026	9:30 am - 11:30 am
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Mindy Doroski 631-283-3550	Tuckahoe Common SD	Wednesday, 10/7/2026	11:00 am - 12:30 pm

Name(s): _____

Vaccine Choice (please check one per name):

☐ Preservative Free ☐ High Dose

☐ Preservative Free ☐ High Dose

☐ Preservative Free ☐ High Dose

Current or Former School District: _____

School location where I will receive my Flu Shot: _____

Your e-mail address: _____

Your telephone number: _____

Any questions regarding the Flu Shot Clinics should be directed to Mr. Frank Perry at 631-687-3140 or fperry@eehp.org.