ATTACHMENT 15

NEW YORK STATE | Department of Civil Service	**Offeror's Current Participating Provider Network File - RFP entitled: "New York State Vision Plan Services"**

All Offerors are required to submit in their Proposal, on a USB drive, their current Participating Provider Network labeled as Attachment 15, *"Offeror's Current Participating Provider Network File."* See file layout specifications below.

Instructions: Utilize this file layout to prepare Attachment 15 of your Technical Proposal using Microsoft Excel. Do not submit a paper copy. These must include each provider with whom you have an executed contract for participation in the Vision Network commencing 2027. The providers listed in this file must be included in the Vision Plan Network implemented for the program in 2027 in accordance with Section 3.2(1)(c)(i) "Implementation Plan" and Section 3.3(1)(a) " Participating Provider Network Management" of this RFP.

1) **In columns A-C provide Provider Last Name, Middle Initial and First Name**
2) **In column D provide Provider Title**
3) **In column E provide Provider DBA name if applicable**
4) **In columns F-K provide Provider Address 1, Address 2, Address 3, city, state, and five-digit zip code**
5) **In column L provide Provider local phone number**
6) **In column M provide county**
7) **In column N provide Provider Tax ID**