

ATTACHMENT 18



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 18 "Offeror's Current Participating Provider Network File." See file layout specifications below.

Instructions: Utilize this file layout to prepare Attachment 18 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 2022. The providers listed in this file must be included in the Vision Plan Network implemented for the program in 2022 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