INVITATION TO BID		BID DUE DATE AND TIME
BOARD OF SUPERVISORS OF LOUISIANA STATE UNIVERSITY AND AGRICULTURAL & MECHANICAL COLLEGE		**08/18/2026 11:00 AM CT**

SOLICITATION RFQ-0000002878

SUPPLIER #

SUPPLIER NAME AND ADDRESS

RETURN BID TO

lsubids@lsu.edu

Buyer Jene Troxclair Ledet

Buyer Phone

Buyer Email jeneledet@lsu.edu

Issue Date 07/28/2026

TITLE: Fully Insured LSU First Retiree Medicare Advantage Plan

ADDENDUM 01: Notice is given to all parties that this Solicitation is amended by the University as stated herein. This Addendum is hereby made an official part of this solicitation. Supplier inquiry has been received and response is offered per the attached.

To Be Completed By Supplier

1. _____"No Bid" (sign and return this page only).
2. _____My Company does not wish to receive future solicitations for this spend category.
3. Specify your Delivery: To be made within _____ days after receipt of order.
4. If applicable, Supplier's Addendum Acknowledgement/Response:
   As an authorized agent/signatory of the supplier, I/we acknowledge receipt of this Addendum, and
   _____submit no alterations/clarifications to our original bid.
   _____submit superseding revisions/clarifications to our original bid as written herein or attached hereto.

General Instructions to Suppliers

1. Sealed bids for furnishing the items and/or services specified are hereby solicited, and will be received by LSU Procurement at the "Return Bid To" address stated above, until the specified due date and time.
2. Read the entire solicitation, including all terms, conditions and specifications.
3. All bid information and prices must be typed or written in ink. Any corrections, erasures or other forms of alteration to unit price are to be initialed by the supplier.
4. Bid prices are to be quoted FOB LSU/Destination and inclusive of any and all applicable shipping and handling charges unless otherwise specified in the solicitation. Any invoiced delivery charges not quoted and itemized on the LSU purchase order are subject to rejection and non-payment.
5. Payment is to be made within 30 days after receipt of properly executed invoice, or delivery and acceptance, whichever is later.
6. By signing this solicitation, the supplier certifies compliance with all general instructions to suppliers, terms, conditions and specifications; and further certifies that this bid is made without collusion or fraud.

SUPPLIER NAME	MAILING ADDRESS
AUTHORIZED SIGNATURE	CITY, STATE ZIP
PRINTED NAME	PHONE #
TITLE	FAX #
E-MAIL	FEDERAL TAX ID #

RFQ 2878 – Addendum 01

Supplier Inquiry and Response:

Q1. In order to provide a proposal could you please provide the following:

- Claims
- Census
- Plan Designs
- Any additional information requested by other vendors or provided to other vendors

A1. An excel document (LSU First 2027 RFP Data Set) of the claims will be provided if requested via email to jeneledet@lsu.edu; an excel document (LSU First ITB Data Request PY2027) of the census will be provided if requested via email to jeneledet@lsu.edu; See Exhibit 1 of the ITB for the Plan Designs. All questions or requests for additional information must be submitted in writing. Responses are issued via addendum to all suppliers known to have received the solicitation to ensure all suppliers receive the same information.

Q2. With the specifications of the RFP and an effective date of 1/1/27 for a group your size; we would expect a 120 day notice in order to effectively implement your new policy. Would a notification identifying a vendor of choice be provided by September 1st?

A2. LSU intends to make award as soon as possible after bid opening.

Q3. Are there plan documents that we can review to ensure we're able to match the current plans?

A3. See https://retiree.uhc.com/content/dam/retiree/pdf/lsufirst/2026/2026-pg-lsufirst-12252.pdf

Q4. Can you provide a detailed census of those Medicare eligible retirees and confirm the employer contribution amount. The census should include all Medicare eligible retirees and their Medicare eligible spouses. Please include those declared Medicare disabled, too. We will need DOB, M/F and home zip code.

A4. An excel document (LSU First ITB Data Request PY2027) of the census will be provided if requested via email to jeneledet@lsu.edu.