INVITATION TO BID		BID DUE DATE AND TIME
BOARD OF SUPERVISORS OF LOUISIANA STATE UNIVERSITY AND AGRICULTURAL & MECHANICAL COLLEGE		**08/25/2026 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 02: 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. BID DUE DATE AND TIME IS HEREBY EXTENDED FROM 08/18/26 AT 11:00 AM TO 08/25/26 AT 11:00 AM. Supplier inquiry has been received and response is offered per the attached. Revised supplier inquiry deadline is included in 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 02

Supplier Inquiry and Response:

Q1. Please confirm this is an online submission only and hard copies are not required.

A1. Hard copies are not required. Bids must be emailed to lsubids@lsu.edu. See #1 of the Special Terms & Conditions.

Q2. Please confirm any reference to subcontractor only applies to subcontractors hired solely in direct support of this contract.

A2. Confirmed.

Q3. Will LSU consider a Carrier's standard contract, specific to Medicare Advantage services, in lieu of the provided sample contract?

A3. As a public institution, LSU has standard contract language. Bidders need to address the specific language in the sample contract and submit their bid with any exceptions or exact deviations that their firm wishes to negotiate. Additional clauses specific to Medicare Advantage services will be considered during the contract negotiation process. Non-negotiable contract terms include but are not limited to assignment of contract, right to audit, discrimination clause, contract modifications, governing law, contract controversies, and termination for non-appropriation of funds.

Q4. There is a requirement to include a fixed commission of $9.50 PMPM. Please provide the broker or agent of record to whom the commission will be paid.

A4. Gallagher Benefit Services.

Q5. The Bid Forms section states bids are to be submitted on the LSU solicitation forms provided. Please confirm this is in reference to page one of the solicitation that suppliers must complete and submit with their proposal and that there are no other forms required.

A5. This is in reference to page 1 and the Price Sheet (Exhibit 4). See the Bid Submittals section of the specifications for a list of items that must be submitted with the bid.

Q6. Due to the complexities of a de-coupled product, carriers would need additional time to implement. What is the earliest date LSU will be able to make a decision and award the contract?

A6. LSU would like to finalize the award no later than August 31, 2026.

Q7. If any benefits changed from the claims experience period to the current benefit period, please provide the benefit summaries that would correspond with each benefit period.

A7. See https://lsu.box.com/s/367d73s53frice1w3y8mc3lte5g213zp for the 2026 Plan Guide, 2025 Plan Guide, Annual Notice of Change 2026 and Annual Notice of Changes 2025.

Q8. Please indicate if the MA medical claims include any costs for each of the following:

- Non-Medicare Covered Fee-for-Service Costs (i.e. private duty nursing, routine vision/dental/hearing/OTC, etc.)
- Clinical/Quality/Disease Management Program Costs
- Fitness/Travel Programs
- IBNR
- Part B Rx Claims

A8. Non-Medicare Covered Fee-for-Service Costs (i.e. private duty nursing, routine vision/dental/hearing/OTC, etc.) & Fitness/Travel Programs are included to the extent of the plan benefits. Clinical/Quality/Disease Management Program Costs, IBNR, and Part B RX Claims are Included.

Q9. Please indicate if the provided pharmacy claims are net of the following:

- Pharmaceutical discount
- Manufacturer Rebates
- Catastrophic Reinsurance
- Member cost share
- If the Rx claims are not net paid, indicate what is included in the claims data.

A9. Rx Net Paid is net of member cost share and manufacturer discounts. Rx Net Paid reflects claims prior to rebates, reinsurance, and performance fee credits.

Q10. For the detailed Rx claims file please include a member ID that uniquely ties each claim to a specific (deidentified) member. Once member ID's are received, we require a minimum of 10 business days to analyze data, please indicate if an extension will be provided with this information.

A10. An excel document (LSU First ITB Data Request PY2027 Addendum 2) will be provided if requested via email to jeneledet@lsu.edu. If you have already been sent the census, you will be emailed the updated version. **The bid due date is hereby extended to 8/25/2026 at 11:00 AM CT.**

Q11. To ensure we tailor the proposal to your needs, please clarify which CMS-excluded drugs or supplemental coverage options in the list below are included in the current benefit: Options: dental (fluoride pastes/creams/gels), erectile dysfunction medications, cosmetics, fertility treatments, weight loss, cough/cold, vitamins and minerals, etc.

A11. See https://lsu.box.com/s/367d73s53frice1w3y8mc3lte5g213zp for the Complete Drug List 2026, Complete Drug List 2025, 2026 Bonus Drug List and the 2025 Bonus Drug List.

Q12. Please confirm if the plan currently offers any $0 Part D benefits. If so, please provide a list of all $0 medications and supplies, preferably in Excel format, including drug name, strength, and NDC.

A12. All Tier 1 covered generic drugs have a $0 copay. See https://lsu.box.com/s/367d73s53frice1w3y8mc3lte5g213zp for the Complete Drug List 2026 and Complete Drug List 2025.

Q13. Please provide any additional claims documents you have access to.

A13. All claims information available has been provided.

Revised Supplier Inquiry Deadline:

Written inquiries must be received no later than 4:30 pm CST on 8/17/26. Written inquires shall be sent to Jené Ledet via email at jeneledet@lsu.edu.