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 03: 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 #

Addendum 03 for RFQ -0000002878:

Supplier Inquiry and Response:

Q1. Please confirm bidders do not need to provide written responses to the "Requirements" section of the RFP; only listing any deviations/exceptions as needed.

A1. Written responses to the requirements are not required unless specifically noted in the Bid Submittals listing. However, bidders must list any deviations/exceptions to the requirements. Per number 15 of the Standard Terms and Conditions, award will be made to the lowest responsible and responsive supplier. The requirements are mandatory and deviations/exceptions that are not considered equivalents may result in your bid being rejected.

Q2. Re: Addendum 02 for LSU RFQ 2827: LSU First ITB Data Request PY 2027 Addendum 2 - We have identified 22 duplicate NDCs with differing tiers and/or formulary indicators. To have an opportunity complete the full disruption analysis as originally requested, including tier placement differences, we'll need confirmation of the correct formulary indicator and tier for these 22 distinct NDCs. We have attached a file with the 22 distinct NDCs causing the issue. Can you please clarify the correct formulary indicators and tiers (noted in blue on attached Excel file)?

A2. See https://lsu.box.com/s/367d73s53frice1w3y8mc3lte5g213zp for corrected formulary indicators and tiers for the duplicate NDC's. The corrected information is included in columns D and E of the document titled LSU NDC Formulary Indicator Duplicates Response.

Q3. Thank you for providing the vesting schedule for your retirees. Please provide average years of service or average contribution.

A3. The Supplier will be responsible for billing each participating agency/campus for the Total Premium Due. Employee and employer contribution amounts are maintained at the individual campus/agency level and are not provided to LSU Plan Administration, except as necessary for OPEB reporting.

State contributions are not determined based on years of service. Rather, the applicable retiree contribution rate is determined based on the retiree's years of participation in the State health plans as an employee or covered spouse, consistent with the vesting requirements established in Louisiana Revised Statute 42:851.

Based on LSU's latest OPEB evaluation dataset, the current participating retiree population is distributed as follows:

90% are at 75% vested;
4% are at 56% vested;
3% are at 38% vested;
3% are at 19% vested.

LSU does not maintain an average employer contribution amount at the Plan Administration level because contribution amounts are determined and maintained at the individual agency/campus level.

Q4. Please clarify if claims provided are reflective of incurred dates or "paid through" date.

A4. The claims report is reflective of the paid through date.

Q5. Is the commission $9.50 per enrollment? Just trying to clarify.

A5. No, the commission is not per enrollment. It is Per Member Per Month (PMPM).