

REQUEST FOR PROPOSALS # 2026-020
Health & Welfare Benefits Consulting
RESPONSE ADDENDUM #1
April 13, 2026

CLARIFICATION: Timeline modification noted below:

Reference Section	Event Name	Event Due Date
Section 1.2.2	Deadline for Written Inquiries/Questions	April 16, 2026
Section 1.2.2	Response to Written Inquiries/Questions (subject to change)	April 21, 2026
Section 1.2.2	Deadline for Proposal Submission	April 30, 2026 On or before 11:59 pm EST
Section 1.3.8	Estimated Respondent Presentation Date (subject to change)	May 13 & 14, 2026
Section 2.2	Award Announcement (subject to change)	June 2026
	Estimated Agreement Start Date (subject to change)	July 1, 2026

QUESTIONS

1. In the Minimum Requirements document, in Item 1b. bidders are asked to provide copies of our licenses to operate in all 50 states. See extract of your text below. Rather than providing copies of all documents, would it be acceptable to provide proof of licensure in Maine, with written statement that we are in good standing and will maintain good standing in all 50 states for the duration of the agreement ?

ANSWER: Proof of licensure in Maine is acceptable, along with your suggested written statement, and will meet the minimum requirements.

2. In Exhibit 2, line 49 indicates that you are in a “retention” dental plan and need assistance moving to a self-insured plan. Note that UMS currently has a self-insured dental plan.

ANSWER: That is correct.

3. The Bid Specification outlines the expectation that the selected Consultant will attend Monthly Committee Meetings (assumes this refers to the current Employee Health Plan Task Force (EHPTF)). The Bid Specification does not outline required attendance at the following (see list below). Should bidders assume continuation of the following :

- Attendance at Monthly Retiree Committee Meetings
- Development of Scorecards and Presentation to LR/HR Meeting
- Presentation of Stop Loss Marketing Results to LR/HR

ANSWER: It was intentionally general to be inclusive of any monthly meetings that UMS requires consultant support. Traditionally, the consultant took a formal active role in EHPTF and this will be transitioning to be more supportive in nature. Development of presentations, scorecards, and stop loss are examples of the support necessary for these meetings.

4. Traditionally, the selected consultant is not in attendance / does not participate in Collective Bargaining Sessions. Please confirm / clarify your expectations around the selected Consultant's role in this regard.

ANSWER: The consultant is not typically expected to attend a collective bargaining session unless specifically requested by UMS in advance. If a consultant were asked to be available for a bargaining session, they may be asked to provide information on a pre-determined topic in which they are considered a subject matter expert. Commonly, the consultant may be asked to assist with gathering certain healthcare benefits data (i.e. participant data, claims data, premium data, industry trends) in advance of negotiations for the purpose of proposal development by the UMS labor team.

5. Please confirm that Actuarial Services pertain to the active self-insured Medial Plan and does not pertain to formal valuation of the Post-65 Retiree Program.

ANSWER: Actuarial services provided by the consultant generally pertain to the active benefit program, on an informal basis to assist with strategic planning and decision-making. The formal actuarial evaluation is conducted by UMS' actuary.

6. Is there interest or opportunity to allow selected consultant to provide pricing to take over the Alight Retiree Exchange program ?

ANSWER: When UMS desires to pursue a competitive procurement process related to its UMS Medicare Exchange solution, qualified respondents will be welcome to present a proposal.

7. Can UMS disclose current total compensation for the scope of services encompassed in this RFP, or corresponding budget?

ANSWER: It is not in the University's best interest to share that information.

8. If selected, where would presentations take place? And, can we please ask, if selected, to present April 29th as we have identified a team to provide the required services and that team is not available April 28th.

ANSWER: Presentations will be via Zoom. We will address scheduling challenges only after the evaluation team has selected Respondents for presentation.

9. With respect to pharmacy, does UMS have specific expectations with respect to the frequency of recurring audits and check-ins ?

ANSWER: Audits should occur at least once per year and more regularly depending on the severity of the results or findings.

10. How long is UMS contracted with Capital Rx? Put another way, where are you in the contract term?

ANSWER: December 31, 2028 with options for renewal

11. Are we required to complete the provided submission packet, or can we utilize our own document, assuming it follows the same format?

ANSWER: Yes the submission packet is a requirement

12. Please provide any open enrollment material or employee communication pieces. Is this material created internally or by your current consultant?

ANSWER: The material is created internally in collaboration with the consultant. The [2026 Open Enrollment materials](#) and additional information on the Health and Prescription transition we had this year are available at www.maine.edu/benefits.

13. Do you have your own data warehouse or is this being provided by your current consultant?

ANSWER: UMS uses the current consultant's data warehouse, and we also have a membership with the Healthcare Purchaser Alliance of Maine for additional analysis of the trends and claims spend.