

PTO (Paid Time Off)

Time off with pay, or PTO, is available to eligible employees to provide opportunities for rest, relaxation, personal pursuits or to recover from illness (PTO Sick).

Continuous Service	Annual Hours for Production EE's	Annual Hours for Non-Production EE's
90 days	40 hours	40 hours
1-4 full years	80 hours	104 hours
5-9 full years	120 hours	144 hours
10-14 full years	160 hours	184 hours
15+ full years	200 hours	224 hours

Holidays

Production employees will be given a total of 100 hours of company holiday PTO (10 holidays at 10 hours per day) including: **New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Eve Day, Christmas Day, Holiday Shutdown (TBD each year) & New Year's Eve Day.**

Non-production/office employees receive 9 paid holidays as follows: **New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Eve Day, Christmas Day & New Year's Eve Day.**

401k Retirement Savings Plan (Empower)

When are employees eligible to enroll?	After 30 days of employment
How much can an employee contribute?	1% to 80% of eligible pretax pay
Does the company match employee contributions?	Company will match 100% of the 1st 3% of employee contributions & then 50% of the next 4%
When are employees vested?	Employees are 100% vested immediately

Traditional and Roth 401(K) Options Available

Life & Disability

Costs are paid by ACP, Inc.

Life/AD&D

- 2 x salary to \$250,000 (exempt salaried)
- 1 x salary to \$50,000 (non-exempt/hourly)

Short Term Disability

- Coverage Begins: 8th day of accident or illness
- Coverage Duration: 13 weeks
- Coverage Level: 60% of covered earnings to a maximum benefit

Long Term Disability

- Coverage Begins: 91st day of disability
- Coverage Duration: Social Security Normal Retirement Age
- Coverage Level: 60% of covered earnings to a maximum benefit

Other Voluntary Benefits

Lincoln Financial	Life and AD&D Employees & Dependents
Unum	Accident, Critical Illness and Hospital Indemnity Coverages
Flores & Associates	Flexible Spending Account (FSA)
Lincoln Financial	Employee Assistance Program (EAP)
LegalShield	Legal and Identity Theft Protection
Truist Momentum	Personal Financial Wellness Program/Free

Contact Information

ACP, Inc.—Human Resources

225 49th Ave Dr SW

Cedar Rapids, IA 52404

www.acpsolutions.com

<https://www.acpsolutions.com/careers/>

We are the hidden gem employer in SW Cedar Rapids!

The benefits provided by ACP, Inc. are subject to revision, modification, or termination at anytime or for any reason. The information stated in the Summary Plan Document prevails. *Benefits are effective the first of the month following an employee's hire date, unless otherwise stated.*

Thank you for your interest in ACP, Inc.

EOE

Pre-employment physical and drug screen required



Accelerated Cooking Products

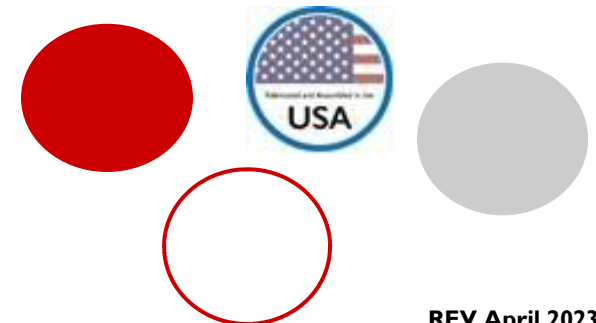


Join America's #1 Maker of World-Class Speed-Ovens

Company Information and

Benefits Summary

225 49th Ave. Dr. SW
Cedar Rapids, Iowa 52404
Phone: (319) 368-8120
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REV April 2023

Welcome to ACP, Inc.



WHO IS ACP, Inc.? We are the 'hidden gem employer in SW Cedar Rapids' and believe that the quality of our products is directly related to the quality of the people that make them. From Cedar Rapids, Iowa, our team provides restaurant operators around the world the very best in accelerated cooking ovens!

ACP is a member of the Ali Group—a privately held company based in Milan, Italy that specializes in designing, manufacturing, and servicing of commercial foodservice equipment.

We are a team of approximately 170+ employees who are proud to be 'Made in the USA', and the only US manufacturer of commercial high-speed oven equipment. We are the leader in our equipment category; and we have been designing and manufacturing our products, here in Iowa, since 1969!

Benefits Summary

Following please find a summary of the benefits offered to all full-time ACP, Inc. employees. ACP, Inc. prides itself in offering an engaging and fun work environment, as well as a very competitive compensation and benefits program.

2023 Monthly Employee Contributions

Benefit Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
MEDICAL – BCBSNC – with Wellness				
Plan 1 - PPO	\$287.84	\$584.19	\$542.26	\$877.05
Plan 2 – PPO	\$210.62	\$427.36	\$397.32	\$641.79
Plan 3 – PPO	\$146.85	\$297.84	\$277.63	\$447.55
Plan 4 - HDHP	\$97.12	\$196.88	\$184.31	\$296.08
MEDICAL – BCBSNC – without Wellness				
Plan 1 - PPO	\$327.84	\$664.19	\$582.26	\$957.05
Plan 2 – PPO	\$250.62	\$507.36	\$437.32	\$721.79
Plan 3 – PPO	\$186.85	\$377.84	\$317.63	\$527.55
Plan 4 - HDHP	\$137.12	\$276.88	\$224.31	\$376.08
DENTAL – DELTA DENTAL				
Plan 1	\$8.83	\$17.66	\$20.04	\$26.00
Plan 2	\$6.22	\$12.66	\$14.40	\$18.00
VISION - VSP				
Plan 1	\$10.18	\$13.36	\$13.41	\$21.18
Plan 2	\$6.76	\$10.11	\$10.15	\$17.73

Dental (Delta Dental of NC)

Delta Dental of North Carolina – Premier or PPO Network		
	Plan 1	Plan 2
Annual Plan Year Deductible		
Individual	\$25	\$50
Family	\$75	\$150
Annual Plan Year Maximum	\$2,000 per member	\$1,000 per member
Preventive Services <i>Exams, cleanings, X-rays</i>	100% deductible waived	100% deductible waived
Basic Services <i>Fillings, simple extractions</i>	20% after deductible	20% after deductible
Major Services <i>Oral surgery, root canal, crowns</i>	40% after deductible	50% after deductible
Orthodontia <i>Deductible does not apply Coverage available for children and adults</i>	50% after deductible \$2,000 lifetime maximum	Not covered

Medical (BCBS of North Carolina)

BlueCross BlueShield of NC – Blue Options Network				
Plan Features	BCBSNC PPO Plan 1	BCBSNC PPO Plan 2	BCBSNC PPO Plan 3	BCBSNC HDHP Plan 4
Plan Year Deductible	\$500 Individual \$1,000 Family	\$750 Individual \$1,500 Family	\$1,250 Individual \$2,500 Family	\$1,500 Individual \$3,000 Family*
Coinsurance	10%	20%	30%	20%
Out-of-Pocket Maximum <i>(includes deductible, coinsurance and copays)</i>	\$3,750 Individual \$7,500 Family	\$4,750 Individual \$9,500 Family	\$5,750 Individual \$11,500 Family	\$4,500 Individual \$9,000 Family
Primary Physician Office Visit	\$20 copay	\$25 copay	\$30 copay	20% after deductible
Specialist Physician Office Visit	\$40 copay	\$50 copay	\$60 copay	20% after deductible
Virtual Visit with Your Local Physician	\$20 / \$40	\$25 / \$50	\$30 / \$60	20% after deductible
Teladoc	\$0	\$0	\$0	\$45 fee
Preventive Care Services	\$0	\$0	\$0	\$0
Hospital/Emergency Room/Urgent Care				
Inpatient	10% after deductible	20% after deductible	30% after deductible	20% after deductible
Outpatient	10% after deductible	20% after deductible	30% after deductible	20% after deductible
Emergency Room Charges	\$250	\$250	\$250	20% after deductible
Urgent Care	\$50	\$50	\$75	20% after deductible

Vision (VSP)

VSP – Signature Network		
	Plan 1	Plan 2
Exam Copay	\$10	\$10
Contact Lens Fitting & Evaluation	Up to \$60 copay	Up to \$60 copay
Frequency		
Eye Exam	Once per 12 months	Once per 12 months
Lenses – Eyeglasses or Contact	Once per 12 months	Once per 12 months
Frames	Once per 12 months	Once per 24 months
Eyeglass Lenses & Frames		
Standard Lenses	\$15 copay	\$25 copay
Standard Progressive Lenses Premier Progressive Lenses	\$0 copay \$25 copay	\$0 copay \$80 - \$160
Eyeglass Frames	\$175 allowance \$195 allowance (featured brands)	\$170 allowance \$190 allowance (featured brands)
Safety Glasses Lenses Frames	\$25 copay \$80 allowance	Not covered
Contact Lenses	\$200 allowance	\$170 allowance