

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

Email: careers@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.

Equal Opportunity Employer/Veterans/Disabled

Pre-employment physical and drug screen required

ACP INC.

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
Fax: (319) 368-8198



REV April 2024

Welcome to ACP, Inc.



Accelerated Cooking Products

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/Welbilt 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 120+ 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.

2024 Monthly Employee Contributions

Benefit Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Medical with Wellness				
Plan 1	\$293.60	\$595.88	\$553.11	\$894.59
Plan 2	\$214.83	\$435.91	\$405.26	\$654.63
Plan 3	\$149.79	\$303.80	\$283.18	\$456.50
Plan 4	\$99.07	\$200.82	\$188.00	\$302.00
Medical without Wellness				
Plan 1	\$333.60	\$675.88	\$593.11	\$974.59
Plan 2	\$254.83	\$515.91	\$445.26	\$734.63
Plan 3	\$189.79	\$383.80	\$323.18	\$536.50
Plan 4	\$139.07	\$280.82	\$228.00	\$382.00
Dental				
Plan 1	\$8.83	\$17.66	\$20.04	\$26.00
Plan 2	\$6.22	\$12.66	\$14.40	\$18.00
Vision				
Plan 1	\$10.18	\$13.36	\$13.41	\$21.18
Plan 2	\$6.76	\$10.11	\$10.15	\$17.73

Medical (BCBS of North Carolina)

In-Network	BCBSNC PPO Plan 1 You pay:	BCBSNC PPO Plan 2 You pay:	BCBSNC PPO Plan 3 You pay:	BCBSNC HDHP Plan 4 You pay:
Deductible (first dollar cost for covered in-network services)				
Individual / Family	\$500 / \$1,000	\$750 / \$1,500	\$1,250 / \$2,500	\$1,600 / \$3,200*
Coinsurance (after you reach your deductible)				
You Pay	10%	20%	30%	20%
Out-of-Pocket Maximum (includes deductibles, copays, prescriptions costs, and coinsurance)				
Individual / Family	\$3,750 / \$7,500	\$4,750 / \$9,500	\$5,750 / \$11,500	\$4,500 / \$9,000
Plan Features				
Preventive Care**	Covered in full	Covered in full	Covered in full	Covered in full
Primary Care Visit	\$20 copay	\$25 copay	\$30 copay	20% after deductible
Specialist Visits	\$40 copay	\$50 copay	\$60 copay	20% after deductible
Teladoc Virtual Visits	\$0	\$0	\$0	\$55 fee
Urgent Care	\$50	\$50	\$75	20% after deductible
Emergency Room	\$250 first visit \$500 subsequent visits	\$250 first visit \$500 subsequent visits	\$250 first visit \$500 subsequent visits	20% after deductible
Inpatient Hospital	10% after deductible	20% after deductible	30% after deductible	20% after deductible
Outpatient Surgery	10% after deductible	20% after deductible	30% after deductible	20% after deductible
Labs and X-rays	10% after deductible	20% after deductible	30% after deductible	20% after deductible

Dental (Delta Dental of NC)

Plan Features	Delta Dental of NC	
	Plan 1 In-Network / Out-of-Network You pay:	Plan 2 In-Network / Out-of-Network You pay:
Annual Deductible		
Individual	\$25	\$50
Family	\$75	\$150
Annual Maximum Paid by Plan	\$2,000	\$1,000
Diagnostic and Preventive Services (X-rays, cleanings, exams)	Covered in full	Covered in full
Basic Services (Fillings, extractions)	20%	20%
Major Services (Crowns, bridges, implants)	40%	50%
Endodontic Services (Root canals)	20%	50%
Orthodontia (Adults & Children-no age limit)	50%	Not covered
Orthodontia Lifetime Maximum	Plan pays up to \$2,000	N/A

Vision (VSP)

Plan Features	VSP Vision	
	Plan 1 You pay:	Plan 2 You pay:
Exam Frequency	\$10 copay once every 12 months	\$10 copay once every 12 months
Frames Frequency	Amounts over \$175 allowance once every 12 months	Amounts over \$170 allowance once every 24 months
Lenses (once every 12 months)		
Single Vision	\$15 copay	\$25 copay
Standard Progressive Lenses	\$0 copay	\$0 copay
Premium Progressive Lenses	\$25 copay	\$25 copay
Safety Glasses		
Lenses	\$25 copay	Not covered
Frames	Amounts over \$80 allowance	Not covered
Contact Lenses—In lieu of lenses and frames (once every 12 months)		
Elective	Amounts over \$200 allowance	Amounts over \$170 allowance