

PTO (Paid Time Off)

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

PTO is awarded annually based on an employee's hire date, subsequent anniversary date and years of employment according to the schedule outlined below. When transitioning from one level of PTO benefit to another, the increase in earning rate will begin on the employee's service anniversary date.

Continuous Service	Annual Hours for Production EE's	Annual Hours for Non-Production EE's
90 days (hired 9/1/13 or after)	40 hours	40 hours
0-4 full years (hired prior to 9/1/13) 1-4 full years (hired 9/1/13 or after)	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

PTO should be taken prior to the employee's anniversary date; hours not used prior to this date will be forfeited.

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 (ADP)

When are employees eligible to enroll?	1st of the month following 3 months of service
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 (Liberty Mutual)

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

Short Term Disability (Liberty Mutual)

- 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 (Liberty Mutual)

- 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

Liberty Mutual	Life and AD & D Benefits for Employees & their Dependents
Voya	Accident and Critical Illness Coverages
Flores & Associates	Flexible Spending Account (FSA)
Liberty Mutual	Employee Assistance Program (EAP)
Health Equity	Health Savings Account (HSA)

Contact Information

Kimberley Port
 Director of Human Resources
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Pre-employment drug testing and physical required.

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.



Accelerated Cooking Products

CHANGING THE WAY THE WORLD COOKS

Company Information

and

BENEFITS SUMMARY

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Welcome to ACP, Inc.

History

Amana was originally established in 1934. In 1965, Amana became a wholly-owned subsidiary of Raytheon Company. Raytheon had technology that complemented the manufacturing and marketing capabilities of Amana. Through this collaboration, Amana introduced the **WORLD'S first** 115-volt portable countertop microwave oven. In 1969, Amana launched the first countertop commercial microwave oven. Raytheon later sold the Amana Appliance business and over the years the group went through ownership changes including Maytag and Whirlpool Corporation. In December 2007, we became part of Ali North America./Ali-Spa, an Italian based commercial foodservice equipment company. Ali-Spa is the largest European group in the foodservice industry, employing more than 10,000 people in 29 countries.

Today

Today, we are ACP, Inc. (Accelerated Cooking Products). At ACP, Inc., we deliver accelerated cooking solutions, manufacturing and distributing commercial high speed combination ovens and microwaves under the Amana® Commercial and MenuMaster® Commercial brands.

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.

Medical (BCBS of North Carolina)

ACP, Inc. offers four medical plans. All four plans offer no deductible and 100% coverage for routine physicals. Mail order prescription drug program available with all plans.

BCBS of North Carolina Plan 1

In-Network:	
Individual Deductible	\$500
Family Deductible	\$1,000
Individual Out-of-Pocket	\$3,750
Family Out-of-Pocket	\$7,500
Office Visit Copay	\$20/\$40
Co-Insurance	90%
ER copay	\$250
Prescription Tiers (1-4)	\$10 / \$35 / \$55/25%

BCBS of North Carolina Plan 2

In-Network:	
Individual Deductible	\$750
Family Deductible	\$1,500
Individual Out-of-Pocket	\$4,750
Family Out-of-Pocket	\$9,500
Office Visit Copay	\$25/\$50
Co-Insurance	80%
ER copay	\$250
Prescription Tiers (1-4)	\$10 / \$40 / \$65/25%

Medical (Cont'd)

BCBS of North Carolina Plan 3

In-Network:	
Individual Deductible	\$1,250
Family Deductible	\$2,500
Individual Out-of-Pocket	\$5,750
Family Out-of-Pocket	\$11,500
Office Visit Copay	\$30/\$60
Co-Insurance	70%
ER copay	\$250
Prescription Tiers (1-4)	\$10 / \$45 / \$75/25%

BCBS of North Carolina Plan 4 (HSA)

In-Network:	
Individual Deductible	\$1,500
Family Deductible	\$3,000*
Individual Out-of-Pocket	\$4,500
Family Out-of-Pocket	\$9,000
Office Visit Copay	Deductible then 20%
Co-Insurance	Deductible then 20%
ER copay	Deductible then 20%
Prescription Tiers (1-4)	Deductible then 20%

*All family members' expenses will count toward the family deductible before the plan begins to pay a benefit.

Teladoc Services Available to all employees and dependents who are on ACP medical benefit plans. Allows you to talk to a doctor for minor medical conditions, FREE of charge, by phone or video consult 24/7/365! www.Teladoc.com (\$45 fee applies to Plan 4 participants).

Vision (VSP)

Frequency of Service		
Exam	1 per 12 months	
Materials:		
Lenses	1 per 12 months	
Frames	1 per 24 months	
Contact Lenses (in lieu of frames & lenses)	1 per 12 months	
Benefits		
	Plan 1	Plan 2
Eye Exam	\$10 Copay	\$10 Copay
Standard Lenses	\$25 Copay	\$25 Copay
Progressive Lenses	\$25 Copay	Not covered
Safety Lenses	\$25 Copay	Not covered
Safety Frames	\$80 Allowance then 20% discount	Not covered
Frames	\$150 Allowance	\$150 Allowance
Contact Lenses:	\$150 Allowance	\$150 Allowance
Lens Fitting & Eval	Up to \$60 Copay	Up to \$60 Copay

Dental (Delta Dental of NC)

	Plan 1	Plan 2
Deductible	\$25	\$50
Family	\$75	\$150
Benefit	\$2,000	\$1,000
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	60%	50%
Orthodontics	Ded then 50% to \$2,000 Lifetime Max.	Not Covered

2018 Contributions

Monthly and Weekly Pre-Tax Payroll Deductions

Monthly (12 pay periods)

Coverage Tier	Medical With Wellness	Medical Without Wellness	Dental	Vision
Plan 1				
Employee	\$255.76	\$295.76	\$8.83	\$10.18
Employee + Spouse	\$519.05	\$599.05	\$17.66	\$13.36
Employee + Child(ren)	\$482.00	\$522.00	\$20.04	\$13.41
Employee + Family	\$779.31	\$859.31	\$26.00	\$21.18
Plan 2				
Employee	\$183.12	\$223.12	\$6.22	\$6.76
Employee + Spouse	\$371.53	\$451.53	\$12.66	\$10.11
Employee + Child(ren)	\$345.66	\$385.66	\$14.40	\$10.15
Employee + Family	\$558.04	\$638.04	\$18.00	\$17.73
Plan 3				
Employee	\$123.14	\$163.14		
Employee + Spouse	\$249.72	\$329.72		
Employee + Child(ren)	\$233.08	\$273.08		
Employee + Family	\$375.32	\$455.32		
Plan 4				
Employee	\$76.37	\$96.08		
Employee + Spouse	\$154.75	\$234.75		
Employee + Child(ren)	\$145.31	\$185.31		
Employee + Family	\$232.87	\$312.87		

Weekly (52 pay periods)

Plan 1				
Employee	\$59.02	\$68.25	\$2.04	\$2.35
Employee + Spouse	\$119.78	\$138.24	\$4.08	\$3.08
Employee + Child(ren)	\$111.23	\$120.46	\$4.62	\$3.09
Employee + Family	\$179.84	\$198.30	\$6.00	\$4.89
Plan 2				
Employee	\$42.26	\$51.49	\$1.44	\$1.56
Employee + Spouse	\$85.74	\$104.20	\$2.92	\$2.33
Employee + Child(ren)	\$79.77	\$89.00	\$3.32	\$2.34
Employee + Family	\$128.78	\$147.24	\$4.15	\$4.09
Plan 3				
Employee	\$28.42	\$37.65		
Employee + Spouse	\$57.63	\$76.09		
Employee + Child(ren)	\$53.79	\$63.02		
Employee + Family	\$86.61	\$105.07		
Plan 4				
Employee	\$17.62	\$22.17		
Employee + Spouse	\$35.71	\$54.17		
Employee + Child(ren)	\$33.53	\$42.76		
Employee + Family	\$53.74	\$72.20		