

HIPAA RIGHTS AND PROCEDURES PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you are a participant or beneficiary in one or more of the following plans, you are entitled to certain rights and protections under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”):

Norfolk Southern Corporation Comprehensive Benefits Plan
Norfolk Southern Corporation Special Medical Care Plan
Norfolk Southern Corporation Medical Case Management Plan
Norfolk Southern Corporation Drug and Alcohol Rehabilitation Service Program
 (“DARS”)

Please refer to the applicable plan summary for information about the eligibility for, and benefits provided under, each of the above-listed plans. However, generally speaking: DARS and the Medical Case Management Plan cover all employees; the Comprehensive Benefits Plan covers certain nonagreement employees; and the Special Medical Care Plan covers trainees for certain agreement positions and certain former agreement employees who separated under a voluntary separation program.

When we use the term “we” and “our” in this Notice, we are referring to a Plan listed above. “You” and “yours” refer to an individual participant or beneficiary in a Plan.

Notice of Privacy Practices

We are required to provide you with a notice regarding each Plan’s policies and procedures related to your Protected Health Information by providing you with this Privacy Notice. We are required to abide by the terms of the Privacy Notice, as it may be updated from time to time.

Each Plan reserves the right to change the terms of the Privacy Notice and to make the new Privacy Notice provisions effective for all Protected Health Information maintained by that Plan. We will provide you with a new notice if we make a material change to this Privacy Notice. A copy of the Privacy Notice is also posted to the Norfolk Southern Corporation website.

Use and Disclosure of Protected Health Information

Pursuant to the provisions of HIPAA, we are required to take certain steps to protect the privacy of individually identifiable health information, also referred to as Protected Health Information.

Under applicable law, we are permitted to make certain types of uses and disclosures of your Protected Health Information, without your authorization, for treatment, payment, and health care purposes.

- For treatment purposes, use and disclosure may take place in the course of providing, coordinating, or managing health care and its related services by one or more of your

providers, such as when the Plan consults with a physician or facility regarding your condition.

- For payment purposes, use and disclosure may take place to determine responsibility for coverage and benefits, such as when the Plan undertakes activities to determine or fulfill responsibility related to payment or reimbursement for health care provided to you. The Plan may also use your Protected Health Information for other payment-related purposes, such as to assist in making eligibility and coverage determinations, or for utilization review activities.
- For health care operations purposes, use and disclosure may take place in a number of ways involving plan administration, including for quality assessment and improvement, vendor review, underwriting activities, to assist in the evaluation of Plan performance, or to explore alternatives for improving Plan costs. Your information could be used, for example, to assist in the evaluation of one or more vendors who support the Plan or to evaluate the performance of the Plan. The Plan also may contact you to provide reminders or information about treatment alternatives or other health-related benefits and services under the Plan.

The Plan also may disclose your Protected Health Information to the Company (as the Plan Sponsor) in connection with these activities. The Company has designated a limited number of employees who are the only ones permitted to access and use your Protected Health Information for plan operations and administration.

When appropriate, the Plan may share the following Protected Health Information with the Company:

- Enrollment/disenrollment data – information on whether you participate in the Plan or whether you have enrolled or disenrolled from a Plan option.
- Summary Health Information – summaries of claims from which names and other identifying information have been removed.

The Company will not use or disclose Protected Health Information other than as permitted or required by the group health plan components of the Plans or pursuant to HIPAA.

DARS. If you are an employee receiving benefits under DARS, you must execute a HIPAA authorization providing certain Medical Department, other necessary Company representatives and third parties involved in the return to service process access to your Protected Health Information for (i) a determination concerning your compliance with all treatment recommendations for addiction to alcohol and/or controlled substances, if any, and your ability to return to service with the Company, (ii) periodic drug and alcohol testing, and (iii) certain other employment-related determinations. The DARS Program may not condition treatment, payment, enrollment, or eligibility for DARS Program benefits on whether you sign this authorization, and you have the right to refuse to sign the authorization. If you do not execute the authorization, you may continue participation in the DARS Program, but you will not be eligible at any time for return to service with the Company.

Medical Case Management Plan. If you are an employee receiving benefits under the Medical Case Management Plan, a HIPAA authorization providing certain Medical Department and other Norfolk Southern Corporation representatives access to

your protected health information is required for a determination concerning your ability to return to work with Norfolk Southern Corporation. The Medical Case Management Plan will not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization, and you have the right to refuse to sign the authorization. If you do not execute the authorization, however, you will not be eligible at any time for re-employment by Norfolk Southern Corporation.

We may use or disclose Protected Health Information without your authorization under conditions specified in federal regulations, including:

- as required by law, provided the use or disclosure complies with and is limited to the relevant requirements of such law;
- for public health activities;
- disclosures to an appropriate government authority regarding victims of abuse, neglect or domestic violence;
- to a health oversight agency for oversight activities authorized by law;
- in connection with judicial and administrative proceedings and other lawful processes;
- to a law enforcement official pursuant to a subpoena and other law enforcement processes;
- to a coroner, medical examiner or funeral director;
- to cadaveric organ, eye or tissue donation programs;
- for research purposes, as long as certain privacy-related standards are satisfied;
- to avert a serious threat to health or safety;
- for specialized government functions (e.g., military and veterans activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations);
- for workers' compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault; and
- as required by the U.S. Department of Transportation regulations concerning substance abuse professional (SAP) reports to an employer.

We may use your medical information to contact you with information about related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your medical information to a business associate to assist us in these activities.

We may disclose to one of your family members, to a relative, to a close personal friend, or to any other person identified by you, Protected Health Information that is directly relevant to the person's involvement with your care or payment related to your care. In addition, we may use or disclose the Protected Health Information to notify a member of your family, your personal representative, another person responsible for your care, or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you otherwise do not have the opportunity to agree to or object to this use or disclosure, we will do what in our judgment is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your health care.

Other uses and disclosures will be made only with your written authorization, and you may revoke your authorization in writing at any time.

You may ask us to restrict uses and disclosures of your Protected Health Information to carry out treatment, payment, or health care operations, or to restrict uses and disclosures to

family members, relatives, friends, or other persons you identify who are involved in your care or payment for your care. However, we are not required to agree to your request. You may exercise this right by contacting the individual or office identified at the end of this section. They will provide you with additional information.

Your Rights Under HIPAA

You have the right to request the following with respect to your Protected Health Information: (i) inspection and copying of certain information; (ii) amendment or correction of certain information; (iii) an accounting of certain disclosures of your Protected Health Information by the Plan (you are not entitled to an accounting of disclosures made for payment, treatment or health care operations, or disclosures made pursuant to your written authorization); and (iv) the right to receive a paper copy of the privacy notice upon request.

You have the right to request in writing that you receive your Protected Health Information by alternative means or at an alternative location if you reasonably believe that disclosure could pose a danger to you.

If you believe that your privacy rights have been violated, you may file a complaint with us in writing at the location described below under "Contacting The Privacy Officer," or by mail or fax with the regional office of the Office of Civil Rights of the Department of Health and Human Services (as determined by the region where the alleged violation of your privacy rights took place), or by e-mail with the Office of Civil Rights at OCRCComplaint@hhs.gov. You will not be retaliated against for filing a complaint.

Contacting the Privacy Officer

You may exercise the rights described in this section by contacting the Privacy Officer identified below. They will provide you with additional information. The contact is:

Assistant Vice President - Human Resource Services

Norfolk Southern Corporation
Three Commercial Place
Norfolk, Virginia 23510-2191
Phone: 757-664-2004

For Vision Benefits under the Comprehensive Benefits Plan, the contact is:

Chief Privacy Officer
Davis Vision - Privacy Office
P.O. Box 1416
Latham, New York 12110-1416
Phone: 1-800-571-3366
Fax: 1-866-999-4640
E-mail: PRIVACY@DAVISVISION.COM

Effective Date of Notice: November 15, 2007