

BENEFITS FOR MANAGEMENT EMPLOYEES

2017 **CHOICEplus** MEDICAL OPTIONS SUMMARY | YOUR HEALTH, YOUR CHOICE

2017 HSA FUNDING		EMPLOYEE ONLY		FAMILY	
HEALTHY BEHAVIORS: Health Survey ¹ : \$50 Tobacco-Free Attestation ² : \$250 Dental Exam Attestation: \$50 Vision Exam Attestation: \$50 Annual physical or prenatal exam: \$100 Colonoscopy (age 50+): \$100 Mammogram (females age 40+): \$100 Cervical screening (females ages 21-65): \$100 Biometric screening (required form on ERC): \$100 Enrollment in Healthy Pregnancy Program: \$100 Enrollment in Coronary Artery Disease Mgmt program: \$100 Completion of 3 Rally Missions: \$100		Up to \$600			
Company Funding		Up to \$400		Up to \$900	
Total Maximum Funding Available		Up to \$1,000		Up to \$1,500	
In-Network Coverage					
ChoicePlus Medical Options		MedChoice 2600		MedChoice 5000	
		Employee Only	Family	Employee Only	Family
Annual Deductible (amount you pay before Company pays) ^{3,4}		\$1,300	\$2,600	\$2,500	\$5,000
Annual Out-of-Pocket Maximum (your out-of-pocket costs will not exceed this limit) ^{3,4}		\$5,000	\$10,000 (\$5,000/person)	\$6,000	\$12,000 (\$6,000/person)
Medical — UnitedHealthcare at www.MyUHC.com					
Annual Physical Exam, Routine Screenings, & Well Baby Care ⁵		Company pays 100% (No deductible)			
Medical Services and Expenses		1. Meet applicable deductible 2. You pay 20% 3. Company pays 80%			
Mental Health & Substance Abuse — Beacon Health Options at www.ValueOptions.com					
Mental Health/Substance Abuse Services and Expenses		1. Meet applicable deductible 2. You pay 20% 3. Company pays 80%			
Prescription Drugs — CVS/Caremark at www.Caremark.com					
Preventive (as defined by CVS/Caremark)	Tobacco cessation products	No Deductible	You pay \$0 when obtained with a prescription		
	Contraceptives		Females pay \$0 when prescribed a device, generic drug or brand name drug that has no exact generic		
	Other prescription drugs		Same Coinsurance and copays as Non-Preventive drugs		
Non-Preventive	Generics	Meet applicable deductible	You pay 10% with \$4 minimum copay and \$200 maximum copay up to a 30-day supply or \$400 up to a 90-day supply		
	Preferred Brands		You pay 20% with \$10 minimum copay and \$200 maximum copay up to a 30-day supply or \$400 up to a 90-day supply		
	Non-Preferred Brands		You pay 40% with \$25 minimum copay		
	Specialty Drugs		You pay 20% with a \$200 maximum copay up to a 30-day supply or \$400 up to a 90-day supply		
Out-of-Network Coverage					
ChoicePlus Medical Options		MedChoice 2600		MedChoice 5000	
		Individual	Family	Individual	Family
Annual Deductible ^{3,4}		\$3,000	\$6,000	\$5,000	\$10,000
Annual Out-of-Pocket Maximum (your out-of-pocket costs will not exceed this limit) ^{4,6}		\$7,000	\$14,000 (\$7,000/person)	\$10,000	\$20,000 (\$10,000/person)
Medical, Mental Health/Substance Abuse Services and Expenses		1. Provider bills you 100% 2. Company reimburses you 60% of allowable charge after you meet applicable deductible			

¹ Required before earning money for any other activities.

² Alternatively, a free tobacco cessation program, or if that is medically inappropriate, an alternative recommended by your physician.

³ Does not include expenses for non-covered services or amounts paid in excess of the Allowable Charge.

⁴ Deductibles & Out-of-Pocket maximums accumulate separately for In-Network & Out-of-Network expenses.

⁵ Includes preventive care required to be covered without cost-sharing. A list of preventive services is available on www.uhcpreventivecare.com.

⁶ Does not include expenses for non-covered services, amounts paid in excess of the Allowable Charge, or prescription drugs.

DENTAL OPTIONS

	Basic	Premium
Deductible	Individual: \$50 Family: \$100	Individual: \$25 Family: \$50
Preventive	100%, no deductible	100%, no deductible
General Care	80%	80%
Major Care	50%	70%
Orthodontic Care (for children under age19)	50%, \$750 lifetime	50%, \$1,500 lifetime
Annual Maximum per Person	\$1,000	\$1,500

VISION OPTIONS

	Basic	Premium
Annual Routine Eye Exam	No Charge	No Charge
Annual Contact Lens Fitting	15% discount	No Charge
Annual Contact Lenses (in lieu of eyeglasses)	Conventional -20% discount Disposable -10% discount	\$100 allowance provided all purchases are made from one network provider per year, plus 15% off any balance
Biennial Eyeglass Frames	Frames equal to or less than \$70, you pay \$40. Frames greater than \$70, you pay \$40 plus the amount over \$70 with 10% discount	Free for Davis Vision Designer/Fashion Collection. \$25 co-payment for Davis Vision Premier Collection or \$100 allowance toward the cost of any other frame (\$150 at Visionworks)
Annual Plastic/Glass Eyeglass Lenses (Single, Bifocal, Trifocal, or Lenticular)	Range from \$35 to \$110	No Charge
Annual Plastic/Glass Eyeglass Lenses (Cataract or Oversize)	No discount	No Charge
Lens Options	See Plan Summary for details	See Plan Summary for details
Additional eyewear	20% discount on non-prescription sunglasses. 10% discount on other ancillary products/solutions	20% discount 10% off disposable contact lenses

SPENDING AND SAVINGS ACCOUNTS WITH TAX ADVANTAGES

Dependent Care Flexible Spending Account	Set aside money on a pre-tax basis to pay for your eligible work-related dependent care expenses.
Health Savings Account (HSA)	Set aside money on a pre-tax basis to pay for qualified medical expenses now or in the future. Earn Company funding. It rolls over indefinitely and goes with you if you retire or leave the company.

LIFE INSURANCE

Group Term Life Insurance	Coverage equal to 3 times salary provided at no cost, or elect \$10,000 (minimum), \$50,000, 1 or 2 times salary and receive cash or credit back.
On-Duty Accident	\$200,000 coverage at no cost to employee. Covers travel and other on-duty accidents.
Optional Accidental Death & Dismemberment	\$50,000 to \$500,000 in \$50,000 increments. Employee only or family coverage.

DISABILITY PLANS

Salary Continuance For short-term illness or injury, based on years of service with the company	After 6 months	Full salary up to 1 month
	After 1 year	Full salary up to 3 months
	After 4 years	Full salary up to 4 months
	After 8 years	Full salary up to 5 months
	After 19 years	Full salary up to 6 months
Long-Term Disability	<ul style="list-style-type: none"> Coverage provided at no cost to employee. 1-year non-agreement service required. 50% salary, less offset for other payments while eligible to receive benefits. Medical, dental, vision, and life insurance continued while eligible to receive benefits. 	

OTHER BENEFITS

Vacation (Based on years of service)	Less than 5 years	3 weeks*
	After 5 years	4 weeks
	After 10 years	5 weeks
	Vacation purchase option	
*pro-rated for new hires		
Pre-Tax Transportation	Contribute to a pre-tax parking account or purchase transit passes on a before-tax basis.	

NOTES

RETIREMENT BENEFITS

 <p>401(K) Thrift and Investment Plan</p>	<ul style="list-style-type: none"> • Eligible immediately. • Automatic enrollment at a 6% contribution level. Contributions will automatically increase annually by 1% up to 10%. May opt out. • May elect to contribute up to the annual IRS contribution limits. • <u>COMPANY MATCHING FORMULA</u> Norfolk Southern will match 100% of the first 1% of pay you contribute to TIP, and 50% of additional contributions up to 6% of your pay. • Immediate vesting. • 13 investment options. • A variety of both free and fee-based investment advisory services.
<p>Retirement Plan (Defined Benefit Plan - 100% Company funded)</p>	<ul style="list-style-type: none"> • A monthly payment for life • In addition to your benefits from Railroad Retirement or Social Security • Vested after 5 years of service • Full benefit at age 62; a reduced amount as early as age 55 with 10 years of service • Based on your nonagreement earnings and service • Credit for previous agreement service at 10% per year (100% after 10 years of nonagreement service)
<p>Retiree Life Insurance</p>	<p>\$5,000 life insurance</p>
<p>Coverage under Railroad Retirement rather than Social Security</p>	<ul style="list-style-type: none"> • You pay an additional 4.9% payroll tax. • You get higher benefit at retirement. • Average monthly employee age annuity awarded in 2015.* <ul style="list-style-type: none"> - \$3,805 under Railroad Retirement - \$1,840 under Social Security

* U.S. Railroad Retirement Board, Pub. 1603, March 2016. Career rail employee with at least 30 years of service.

NOTES

The benefits described herein are in effect at the time this document was printed. Should any conflict arise between this benefit summary and the related Plans or Policies, the terms of the Plans or Policies will govern. Norfolk Southern reserves the right to change or terminate these benefits at any time.



Three Commercial Place | Norfolk, Virginia 23510 | www.nscorp.com
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