AMENDMENT AND SUMMARY OF MATERIAL MODIFICATION TO THE CAREDX, INC. HEALTH & WELFARE BENEFIT PLAN (THE "PLAN")

This Amendment is adopted to reflect certain carrier or administrator changes for the Component Benefit Programs identified below.

NOW, THEREFORE, the Benefit Program Appendix to the Plan is modified as follows effective January 1, 2026:

Component Program	Insured or Self-Insured	Insurance Carrier or Administrator
Medical/Rx	Level-Funded	Cigna Address: P.O. Box 188061 Chattanooga, TN 37422-8061 Contract Number: 00660007 Phone Number: 866-494-2111
Medical/Rx	Insured	Kaiser Permanente Address: P.O. Box 12923 Oakland, California 94604 Contract Number: 607913 Phone Number: 800-464-4000
Dental	Insured	Cigna Address: P.O. Box 188037 Chattanooga, TN 37422-8037 Contract Number:

		00660007 Phone Number: 800-244-6224
Vision	Insured	VSP Address: 3333 Quality Drive Rancho Cordova, CA 95670 Contract Number: 40165330 Phone Number: 800-877-7195
Life and AD&D	Insured	Unum Address: P.O. Box 100196 Columbia, South Carolina 29202 Contract Number: 944016 Phone Number: 866-679-3054
Voluntary Life and AD&D	Insured	Unum Address: P.O. Box 100196 Columbia, South Carolina 29202 Contract Number: 944016 Phone Number: 866-679-3054
Long Term Disability (LTD)	Insured	Unum Address: P.O. Box 100196 Columbia, South Carolina 29202

		Contract Number: 944013 Phone Number: 866-679-3054
Short Term Disability (STD)	Insured	Unum Address: P.O. Box 100196 Columbia, South Carolina 29202 Contract Number: 944013 Phone Number: 866-679-3054
Accident	Insured	Unum Address: P.O. Box 100196 Columbia, South Carolina 29202 Contract Number: 944017 Phone Number: 866-679-3054
Critical Illness	Insured	Unum Address: P.O. Box 100196 Columbia, South Carolina 29202 Contract Number: 944019 Phone Number: 866-679-3054
Hospital Indemnity	Insured	Unum Address: P.O. Box 100196 Columbia, South Carolina 29202

		Contract Number: 944019 Phone Number: 866-679-3054
Fidelity Investments FSA	Self-Insured	Fidelity Investments Phone Number: 800-544-3716

In all other respects, the Plan shall remain in effect.

IN WITNESS WHEREOF, the undersigned Plan Sponsor has caused this amendment to be executed by its authorized representative.

CareDx, Inc., "Plan Sponsor"

Signed by:
By: Jennifer Harvey
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Title: VP, Human Resources
Date: 02-Feb-2026