Investor Webinar

NASDAQ: AIDX

July 1, 2026

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Congress Creates a Pathway for Medicare Reimbursement for Multi-Cancer Tests by 2028

On Feb. 3, 2026, the *Multi-Cancer Early Detection Screening Coverage Act* passed Congress and was signed by the President

- Establishes the first statutory pathway for Medicare coverage of MCED blood tests
- CMS authority to reimburse MCEDs beginning in 2028
- Applies to FDA-approved MCED tests deemed clinically appropriate by CMS
- Initial rollout to older Medicare cohorts, with potential expansion over time

A Major Growth Catalyst for MCEDs

•~67 million Medicare beneficiaries in the U.S. today
• Should accelerate private payer and Medicare Advantage coverage
•Supports MCEDs moving from employer- and self-pay funding into routine preventive care over the next 3+ years
•We believe OneTest may be well-positioned for reimbursement under the 2028 CMS pathway, subject to obtaining FDA authorization and satisfying CMS clinical appropriateness criteria.

Grail's NHS-Galleri Data at ASCO Signals Trouble for Medicare Coverage of Galleri

At ASCO 2026 (May 30), Grail reported full results from its randomized *NHS-Galleri trial* of 142,000+ NHS participants

- Primary endpoint missed — no drop in combined Stage III/IV cancers overall
- Stage I–II diagnoses rose just 16% when added to standard screening — unlikely to translate into a meaningful mortality benefit
- ctDNA misses many early tumors that shed little DNA (Stage I ~10–20%)
- Requires 2 full tubes of whole blood making serial (more than yearly) screening impractical
- Expensive: $949 per test list price

These results raise questions about the clinical utility profile of ctDNA-based approaches for broad Medicare population screening.

OneTest™ for Medicare:

Biomarker Tracking + Machine Learning + Anti-Inflammatory Diet

Medicare

Biomarker Panel: 12 Markers

Cancer protein tumor markers (PTMs)

- **AFP** — liver, testicular, ovarian
- **CEA** — lung, pancreatic, GI
- **CA 19-9** — pancreatic, liver, GI
- **CA 125** — ovarian, lung
- **CYFRA 21-1** — lung, head/neck, breast
- **CA 15-3 (women) / PSA (men)** — breast / prostate
- **HE4** — ovarian

Inflammation Associated markers

- **CRP, ApoA1, B2-Microglobulin, Prealbumin**

Serial Testing & Biomarker Velocity

Repeat testing every 3 or 4 months

- Three tests per year track each marker as a trajectory over time, not a single snapshot.
- Velocity algorithms score each marker's rate of change, flagging tumors as levels begin to rise.

Higher sensitivity

- Rising trends surface early-stage cancers a one-time test within the normal range would miss.

Higher specificity

- Sustained upward trajectories are separated from transient, benign elevations, cutting false positives.

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OneTest™ for Medicare:
Biomarker Tracking + Machine Learning + Anti-Inflammatory Diet

Medicare

The first MCED aligned w/ CMS' MAHA ELEVATE Nutritional Mandate

Score the diet: DII + FFQ

- A Food Frequency Questionnaire (FFQ) converts habitual intake into a Dietary Inflammatory Index (DII): negative is anti-inflammatory, positive is pro-inflammatory.
- Re-scored at each repeat blood draw, the DII confirms diet changes are lowering inflammation.

Biomarker-guided targets

- **hs-CRP** — lead inflammation marker; target <1.0 mg/L (1-3 average, >3 high).
- **ApoB / ApoA1** — atherogenic particles; target <90 mg/dL via soluble fiber and less saturated/trans fat.
- **CEA / PSA / CA 15-3** — inflammation and smoking can raise both; calming inflammation supports clearance and prostate health.

"Our study suggests that inflammation is associated with cancer risk and mortality, and combining inflammatory biomarkers into a score is a robust method of elucidating this association."

Inflammatory biomarker score and cancer: A population-based prospective cohort study - PMC

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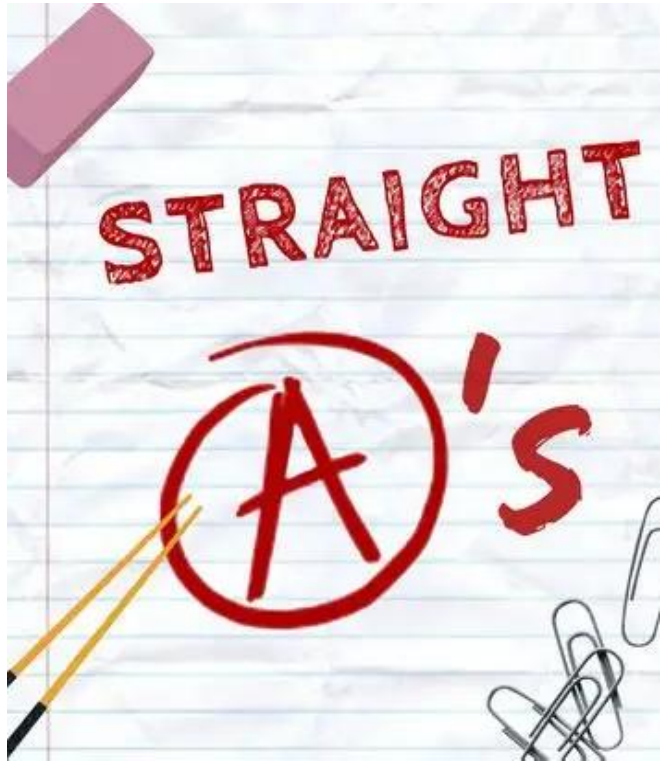
OneTest Advantages Over ctDNA – Our "Straight A's"

- **A**ccuracy for Earlier Stage Cancers
- **A**ffordability
- **A**cceleration over Time
- **A**ggregates Data from Multiple Sources
- **A**ccess at Home & Workplaces
- **A**I Compatible for Consumers & Clinicians



Types of Evidence Supporting FDA Authorization & CMS Coverage

A totality-of-evidence package, not randomized trials: We intend to support FDA De Novo or PMA authorization and CMS coverage through a totality-of-evidence approach incorporating analytical validity, clinical validity, and real-world evidence from multiple data sources

CGMH Taiwan	**Real-world East Asian screening data.** OneTest's protein-marker algorithms run on Roche Cobas analyzers in Chang Gung Memorial Hospital labs, providing clinical validity from large asymptomatic check-up populations.
BIOINFRA Korea	**Licensed algorithm & cancer-type resolution.** Inflammatory-biomarker algorithms behind OneTest Premium add organ-specific risk scoring, validated on a large real-world Korean screening dataset.
Look Alike Panels Published studies	**Peer-reviewed, cross-platform validation.** MD Anderson MCAST. SeekIn's multi-center published study across 15,122 participants reinforces independent clinical validity and robustness of protein-marker MCED testing. Hundreds of PTM panel studies (especially China)
NCI PLCO NCI biobank	**Blinded pre-diagnostic validation.** The NCI Prostate, Lung, Colorectal & Ovarian trial (~155,000 participants) supplies banked pre-diagnostic samples with linked outcomes for gold-standard, U.S. validation.
30,000+ Firefighters U.S. cohort	**U.S. real-world evidence in a high-risk cohort.** Over 30,000 American firefighters tested by 2026, linkable to the CDC/NIOSH National Firefighter Registry for Medicare-relevant, prospective outcome follow-up.

Testing U.S. Firefighters also Provides Real-World Data

- Over 35,000 American firefighters will have been tested by the end of 2026
- Nearly 35% of Fire Departments reorder yearly
- CDC's National Firefighter Cancer Registry may provide "one-stop shopping" for reliable outcome data enabling the same approach pioneered by our collaborators in Taiwan

OneTest for Medicare: Modeled Earlier Stage Sensitivity & Specificity by Testing Frequency

Cancer (early-stage sensitivity)	Test Once (1 test)	Yearly × 3 yrs (3 tests)	2× / yr × 3 yrs (6 tests)	Quarterly × 3 yrs (12 tests)
Liver	55%	75%	84%	88%
Lung	40%	58%	68%	73%
Colorectal	45%	63%	72%	77%
Pancreatic	50%	68%	80%	86%
Ovarian	50%	70%	80%	85%
Program specificity*	**95%**	**97%**	**98%**	**99%**

AI Modeled estimates for illustration only — not measured trial results. Cells show estimated early-stage (1-3) sensitivity; the bottom row shows program-level specificity (probability a non-cancer individual avoids any false positive across the full 3-year program) assuming ~99% per-test specificity with a personalized velocity algorithm. Cumulative sensitivity rises while program specificity also improves as false positives from benign conditions resolve over time. Baselines anchored to OneTest EDRN 2025 early-stage data and the serial-testing studies on the prior slide.

At Home Capillary Collection Now Makes Quarterly Testing Practical & Velocity Algorithms Impactful

OneTest for Longevity Makes It Easy to Stay on Top of Overall Health

Biomarker Trends

Individual inflammatory biomarker levels, including trends from previous tests through our lab.

DII Score

Dietary Inflammatory Index™ (DII) score to understand how your diet impacts inflammation.

Personalized Analysis

Comprehensive science-based diet and lifestyle analysis to help you achieve your longevity goals.

Easy Self-Collection

Pain-free self-collection of sample in the comfort of your home.

M&A Strategy

Expect to "bolt-on" or acquire other companies that are vertically or horizontally integrated with 20/20 (e.g., suppliers, distributors, or related products)

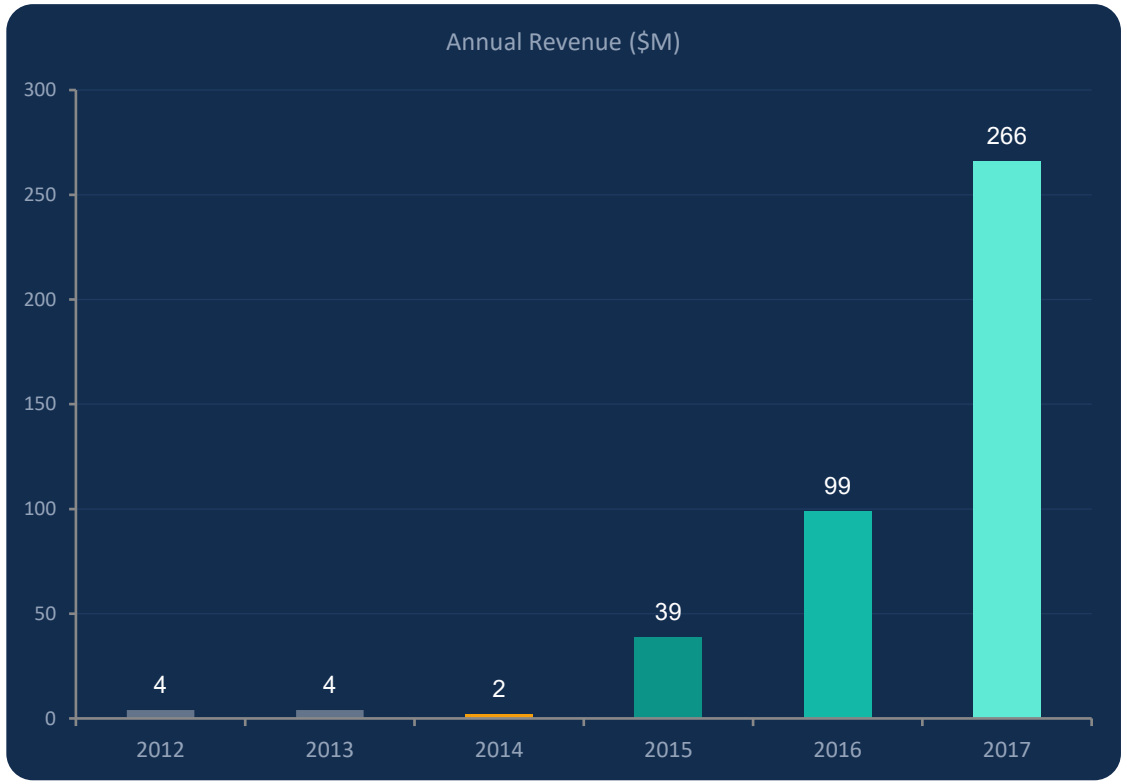
Desired Attributes for Acquired Companies

- Health & wellness customer base overlaps with those of 20/20
  - Early Cancer Detection
  - Longevity Testing
  - Healthy Whole Foods that positively impact Biomarker Levels
- $2 to $8 million in annualized revenues
- Proven year-over-year growth likely to accelerate with modest cash infusions over time
- Line of sight to profitability
- Shareholders eager for liquidity with limited "exit" options

Structure & Operation of Acquired Companies

- Mostly stock transaction
- Each business to initially operate as a wholly-owned subsidiary (rather than an operating division)
- Equity to flow between subsidiaries based on quarterly financial performance
- Cost sharing and economies of scale to reduce overhead and burn of each subsidiary
  - Marketing
  - AI Development & Deployment
  - Accounting, Audit, & HR
  - Legal and IP Development
  - Government Advocacy

How Cologuard's 2014 Medicare Coverage Ignited Exponential Revenue Growth



← Medicare Coverage October 2014

FDA Approval

Aug 11, 2014 — First stool DNA test approved

Medicare NCD Issued

Oct 9, 2014 — Coverage for 50M+ beneficiaries

Revenue Explosion

$2M → $266M in 3 years (133x growth)

133x **Revenue Growth**
2014 to 2017 post-Medicare

Exact Sciences' historical revenue growth is presented for contextual purposes only. AIDX's OneTest is at a fundamentally different stage of development, and past performance of another company's product is not indicative of AIDX's future results. There can be no assurance that OneTest will achieve similar regulatory outcomes, market adoption, or revenue growth.

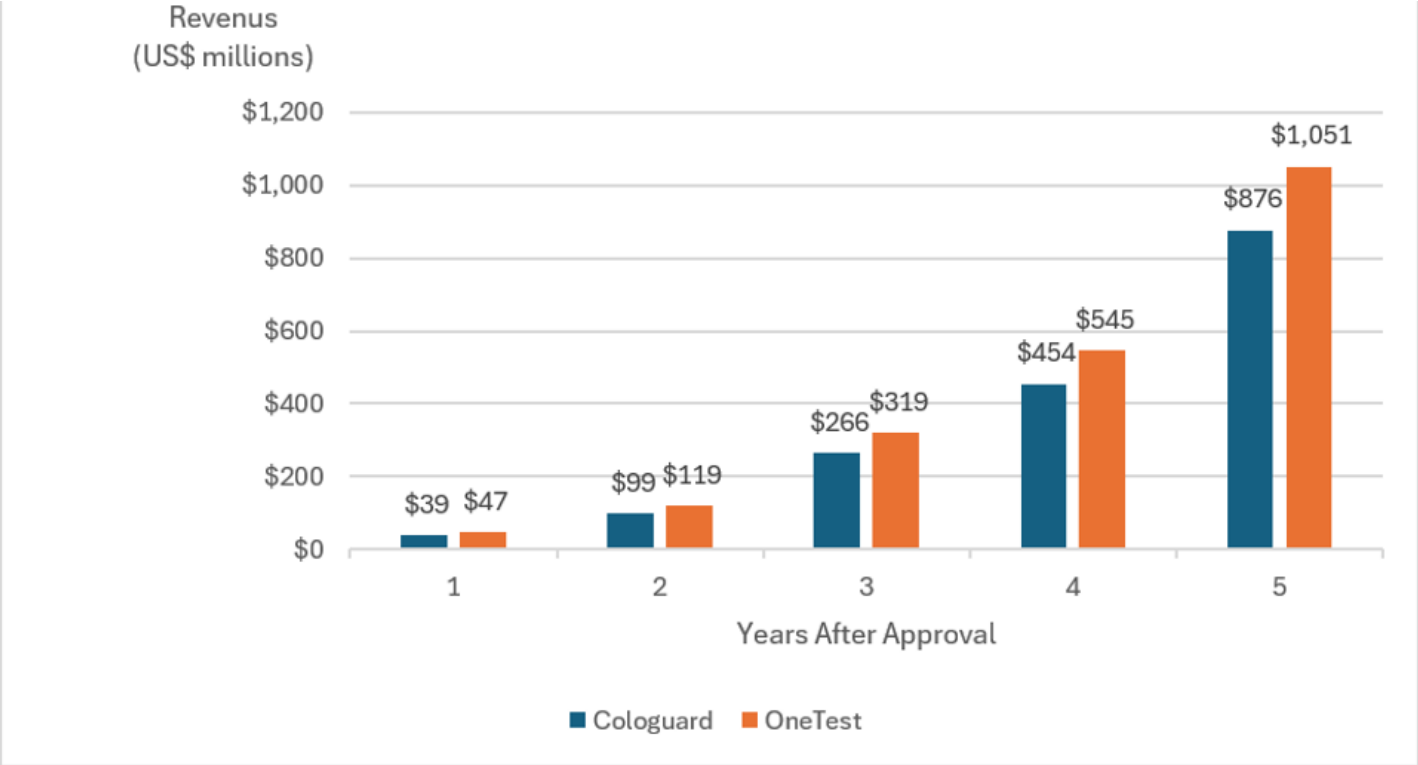
Revenue Projections & Royalty Pool Sharing Following Medicare Reimbursement

Based on 20% Premium over Exact Sciences (Cologuard)

Five percent royalty pool on revenues over first 5 years ~ **$100 million**

Royalty pool to be shared with "data investors" on a pro-rata basis

Revenue projections (in $millions) :



These projections assume that 1) the Company obtains FDA approval, 2) the Company obtained CMS reimbursement, and 3) the test has a broader addressable market based on the number of cancers being tested for. We cannot provide assurance that these will be met.

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Key Takeaway: ***AIDX has the upside potential of a biopharmaceutical company (in Phase II clinical trials) with the downside protection of an early revenue stage Dx or medtech company***

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2020biolabs.com

Jonathan Cohen
CEO
240-453-6343
Investors@2020Biolabs.com