

Medicare Advantage (MA) dental benefits for 2024

Refer to the table below to find the 2024 MA dental benefit document that matches the six-character DEN code on the back of the Humana MA ID card. These documents, listed in numerical order, provide the covered American Dental Association (ADA) codes and benefit frequencies.

SELECT THE CORRESPONDING DEN NUMBER LINK BELOW TO ACCESS A LIST OF THE 2024 HUMANA DENTAL BENEFITS

DEN002	DEN003	DEN008	DEN010	DEN012	DEN019	DEN038	DEN042	DEN044	DEN046
DEN050	DEN051	DEN052	DEN053	DEN057	DEN059	DEN061	DEN070	DEN072	DEN074
DEN076	DEN078	DEN080	DEN081	DEN082	DEN084	DEN086	DEN088	DEN089	DEN091
DEN093	DEN098	DEN140	DEN141	DEN142	DEN143	DEN144	DEN145	DEN150	DEN158
DEN204	DEN205	DEN210	DEN211	DEN212	DEN213	DEN214	DEN215	DEN216	DEN217
DEN218	DEN219	DEN220	DEN221	DEN227	DEN228	DEN229	DEN230	DEN235	DEN237
DEN243	DEN245	DEN246	DEN276	DEN277	DEN278	DEN279	DEN280	DEN281	DEN282
DEN283	DEN284	DEN286	DEN287	DEN288	DEN289	DEN290	DEN291	DEN293	DEN310
DEN311	DEN312	DEN313	DEN316	DEN319	DEN322	DEN323	DEN325	DEN328	DEN329
DEN330	DEN331	DEN332	DEN333	DEN334	DEN335	DEN337	DEN338	DEN339	DEN340
DEN342	DEN343	DEN344	DEN346	DEN347	DEN348	DEN349	DEN350	DEN351	DEN353
DEN354	DEN355	DEN356	DEN359	DEN360	DEN361	DEN364	DEN365	DEN368	DEN369
DEN370	DEN371	DEN372	DEN373	DEN374	DEN375	DEN376	DEN377	DEN378	DEN379
DEN380	DEN385	DEN386	DEN388	DEN389	DEN411	DEN412	DEN413	DEN414	DEN415
DEN416	DEN417	DEN418	DEN419	DEN432	DEN441	DEN444	DEN447	DEN448	DEN449
DEN458	DEN459	DEN468	DEN478	DEN489	DEN490	DEN491	DEN492	DEN493	DEN494
DEN495	DEN496	DEN497	DEN498	DEN502	DEN503	DEN504	DEN506	DEN510	DEN511
DEN526	DEN537	DEN562	DEN564	DEN567	DEN569	DEN570	DEN571	DEN613	DEN616
DEN617	DEN619	DEN622	DEN628	DEN631	DEN632	DEN634	DEN637	DEN650	DEN651
DEN653	DEN654	DEN660	DEN665	DEN671	DEN674	DEN684	DEN686	DEN688	DEN690
DEN750	DEN757	DEN760	DEN781	DEN790	DEN791	DEN792	DEN794	DEN805	DEN810
DEN814	DEN835	DEN837	DEN845	DEN888	DEN890	DEN898	DEN906	DEN914	DEN917
DEN929	DEN933	DEN935	DEN946	DEN947	DEN948	DEN949	DEN951	DEN958	DEN959
DEN961	DEN963								

The shaded cells above indicate dental allowance plans with no frequency limitations on covered services. Clinical process and clinical review still apply.

The Humana MA dental benefit summary documents may update throughout the year. Therefore, it is best to access them using the links provided above (select the DEN code to open link) rather than downloading or printing the documents.



Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

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الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك