



# ISLAND SMILES DISCOUNT PLAN

## GOVERNMENT EMPLOYEES GROUP PLAN

**Individual**

**\$4 per paycheck**

**Couple / 2 Party**

**\$5 per paycheck**

**Family**

**\$6 per paycheck**

**Bi-weekly via your paycheck**

### Dental Plan Provider

*Paradise Dental, the highest rated dental clinic in the CNMI has over 75 years of collective experience. We truly believe that everyone should have access to affordable dentistry with exceptional care, using state-of-the-art technology. Call us today at (670) 234-4040 to schedule your appointment and experience the Paradise Dental difference.*

- ✓ Most Affordable Discount Dental Plan in the CNMI
- ✓ Conveniently located on Middle Road in Gualo Rai, across from Chong's Refrigeration.
- ✓ Members receive at least 20-50% discounted fees for ALL dental procedures, including cosmetic dental services
- ✓ NEVER a charge for office and emergency visits, digital x-rays, exams, oral cancer screenings, periodontal exams, consultations, and second opinions
- ✓ No deductibles, no claim forms, no annual maximums
- ✓ No waiting periods - discounts are available immediately
- ✓ No cancellation fees

☎ (670) 234-4040

☎ (670) 488-1044

✉ [paradisedentalsaipan@gmail.com](mailto:paradisedentalsaipan@gmail.com)

📍 6647 Chalan Pale Arnold  
PO Box 10001  
PMB 213  
Saipan MP, 96950

🌐 [www.paradisedentalspa.com](http://www.paradisedentalspa.com)

📘 Paradise Dental Spa

📷 @paradisedentalspa



# ISLAND SMILES DISCOUNT PLAN

## Sample Summary of Discounted Fees (Page 1 of 2)

The following dental services are offered at the specified fees:

Services	Full Fees	Savings	Member Pays
<b>Diagnostic and Preventive</b>			
Full Mouth Digital X-Rays	\$155.00	\$155.00	No Charge
Oral Examination and Diagnosis	\$104.00	\$104.00	No Charge
Office Visit & Emergency Visit	\$88.00	\$88.00	No Charge
Periodontal Evaluation	\$156.00	\$156.00	No Charge
Oral Cancer Screening	\$197.00	\$197.00	No Charge
Second Opinion	\$88.00	\$88.00	No Charge
Prophylaxis (Cleaning & Polishing) - Adult	\$106.00	\$57.00	\$49.00
Betel Nut / Smoker	\$130.00	\$50.00	\$80.00
Sealants (per tooth)	\$64.00	\$45.00	\$19.00
<b>Restorative Dentistry (Fillings)</b>			
Composite Restorations (Posterior Teeth)			
One Tooth Surface	\$216.00	\$141.00	\$75.00
Two Tooth Surfaces	\$253.00	\$158.00	\$95.00
Three Tooth Surfaces	\$307.00	\$187.00	\$120.00
Veneers (per tooth)	\$1,361.00	\$566.00	\$795.00
<b>Endodontics (Root Canal)</b>			
Single-rooted Canal Therapy	\$887.00	\$439.00	\$448.00
Bicuspid Root Canal Therapy	\$999.00	\$493.00	\$506.00
Molar Root Canal Therapy	\$1,379.00	\$755.00	\$624.00
Pulpotomy	\$253.00	\$134.00	\$119.00

\*Based on the Hawaii Dental Service Fee Schedule

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## Sample Summary of Discounted Fees (Page 2 of 2)

The following dental services are offered at the specified fees:

Services	Full Fees	Savings	Member Pays
<b>Periodontics (Gum Disease)</b>			
Perio Maintenance	\$160.00	\$85.00	\$75.00
Scaling and Root Planing (Per Quadrant)	\$300.00	\$175.00	\$125.00
<b>Prosthodontics (Dentures &amp; Partials)</b>			
Complete and Immediate Denture (Each Denture)	\$2,060.00	\$1,510.00	\$550.00
Partials	\$1,608.00	\$883.00	\$725.00
Adjustments	\$105.00	\$105.00	No Charge
Office Reline - Cold Cure - Acrylic	\$442.00	\$232.00	\$210.00
Denture Reline - Laboratory Processed	\$550.00	\$269.00	\$281.00
Broken Denture Repair (No Teeth Involved)	\$253.00	\$173.00	\$80.00
Replace Teeth - Complete Dentures (Each)	\$225.00	\$156.00	\$69.00
<b>Crowns and Bridges</b>			
Porcelain Fused to Metal Crown	\$1,245.00	\$695.00	\$550.00
All Porcelain Crown	\$1,344.00	\$564.00	\$780.00
Plastic Core / Buildup	\$319.00	\$179.00	\$140.00
<b>Oral Surgery (Extractions)</b>			
Extractions:			
Simple	\$209.00	\$114.00	\$95.00
Surgical	\$326.00	\$138.00	\$188.00
Impaction, Soft Tissue	\$367.00	\$147.00	\$220.00
Impaction, Partial Bony	\$456.00	\$184.00	\$272.00
Impaction, Full Bony	\$557.00	\$237.00	\$320.00

\*Based on the Hawaii Dental Service Fee Schedule



# ISLAND SMILES DISCOUNT PLAN

## GOVERNMENT EMPLOYEES ENROLLMENT FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Employer: \_\_\_\_\_

### ELIGIBLE DEPENDENTS

Last Name	First Name	Middle Initial	Relationship to Subscriber	Sex	Date of Birth

**RETURN THIS FORM TO PARADISE DENTAL**  
**or email [paradisedentalsaipan@gmail.com](mailto:paradisedentalsaipan@gmail.com)**  
**or fax (670) 488-1044**

- Individual Plan [\$4.00 per paycheck]
- Couples / 2 Party Plan [\$5.00 per paycheck]
- Family Plan (3 or more) [\$6.00 per paycheck]

**RETURN THIS FORM TO PARADISE DENTAL**  
**or email paradisedentalsaipan@gmail.com or fax (670) 488-1044**



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
 DEPARTMENT OF FINANCE  
**APPLICATION AND AUTHORIZATION**  
**TO MAKE OR DISCONTINUE FROM PAY OF CIVILIAN EMPLOYEES**



Name of Allotter (Last Name, First Name, Initial)			Name of Allotter (Last Name, First Name, Initial)		
Social Security No.			Social Security No.		
Department or Activity			Department or Activity		
Amount of Bi-Weekly Allotment (Amount in words)			Amount of Bi-Weekly Allotment (Amount in words)		
Amount in Figures \$			Amount in Figures \$		
Begin Allotment (Pay Period Starting )			Begin Allotment (Pay Period Starting )		
Name of Bank First Hawaiian Bank, Gualo Rai Branch			Name of Bank		
Bank ABA No. 121403065			Bank ABA No.		
Address of Allottee (Number, Street, City, State)			Address of Allottee (Number, Street, City, State)		
Account No. 17-090658	Checking <input checked="" type="checkbox"/>	Savings	Account No.	Savings	Checking
<b>REQUEST AND APPROVAL TO START ALLOTMENT</b>			<b>REQUEST AND APPROVAL TO DISCONTINUE ALLOTMENT</b>		
I Hereby request and authorize allotment to be paid at the end of each pay period from my pay, as the above subject to approval and to continue for the period started or until revoked by one in writing.			I Hereby request and authorize discontinuance of previously authorized and approved allotment from my pay as indicated above.		
Signature in full of Allotter		Date	Signature in full of Allotter		Date
Approved (Payroll)		Date	Approved (Payroll)		Date



# ISLAND SMILES DISCOUNT PLAN

Hafa Adai yan Tirów,

Paradise Dental, the highest-rated dental clinic in the CNMI, is thrilled to introduce the Paradise Dental Island Smiles Discount Plan. It's where affordable dentistry meets exceptional experience. Our plan is the most affordable in the CNMI.

With our Paradise Dental Island Smiles Discount Plan, you can enjoy up to 50% discounts on all our dental services. We have the newest dental technology and a team of highly experienced professionals to ensure you receive the best care possible.

For more information, visit our office, give us a call at (670) 234-4040 or check out our website at [www.paradisedentalspa.com](http://www.paradisedentalspa.com). Our team is here to help answer any questions you may have.

Join the Paradise Dental Island Smiles Discount Plan today!

Donna Krum, President