§ 369-k. Definitions. As used in this section:

1. "Health insurance" shall mean insurance or an employee benefit plan against sickness, ailment or bodily injury of the employee and, if covered, his or her dependents, other than (i) insurance or an employee benefit plan providing disability benefits; or (ii) medical assistance benefits received under title eleven of this article.

2. "Health insurance costs" means the premiums or contributions paid for health insurance by or on behalf of a person with AIDS.

3. "Household" means the person with AIDS and all other persons residing in the same dwelling for whom such person would be responsible pursuant to section one hundred one of this chapter, or for whom such person has assumed responsibility.

4. "Persons with AIDS" means persons who are diagnosed as having acquired immune deficiency syndrome (AIDS) or who have human immunodeficiency virus (HIV)-related illness, as defined in regulation by the state department of health.

5. "Poverty line" means the federal income official poverty line (as defined and annually revised by the federal office of management and budget).

6. "Program" means the health insurance continuation program for persons with AIDS established by section three hundred sixty-nine-l of this article.